

Winter 2003

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Recommended Citation

Plante, T. G. (2003). "Psychological consultation with the Roman Catholic Church: Integrating who we are with what we do." *Journal of Psychology and Christianity*, 22, 304-308.

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Psychological Consultation with the Roman Catholic Church: Integrating Who We Are with What We Do

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The purpose of this article is to detail one professional's experience in developing a close and collaborative professional working relationship with the Roman Catholic Church. This article highlights the integration of one's religious tradition with professional activities that are congruent, including assessment, psychotherapy, research and writing. Three principles for effective collaboration with clergy are presented: understand the faith tradition, develop a shared language, and expand the boundaries of professional activities.

"Just as each of us has one body with many members, and these members do not all have the same function, so in Christ we who are many form one body, and each member belongs to all the others. We have different gifts, according to the grace given us. If a man's gift is prophesying, let him use it in proportion to his faith. If it is serving, let him serve; if it is teaching, let him teach; if it is encouraging, let him encourage; if it is contributing to the needs of others, let him give generously; if it is leadership, let him govern diligently; if it is showing mercy, let him do it cheerfully." (Romans 12: 4-6)

As an active and believing Roman Catholic Christian, I have sought to integrate my faith tradition into my professional activities as a psychologist. I have tried to use the God given gifts that I have as a psychologist to contribute in building the Kingdom of God by working closely and collaboratively with the Church. This has not always been easy. Throughout my education and early professional career at secular universities and medical centers (i.e., Brown University, Yale University, the University of Kansas, and Stanford University) during the 1980's and the first half of the 1990's, religious related interests and both the training and practice of clinical psychology were incompatible. In fact, religious

interests and perspectives were often ridiculed. There is a long-standing history of tension between religious and psychological approaches to both the science and practice of psychology (Jones, 1994; Koenig, 1997; Weaver et al., 1997).

However, my experience may have been both a by-product of the times (mostly the 1980's) and location (secular institutions with no religious affiliations). Interest in the interface between psychology and religion has appeared to increase significantly in recent years. For example, new journals such as the *Journal of Psychology and Christianity* and *Mental Health, Religion, and Culture* have emerged and more secular journals such as *Professional Psychology: Research and Practice*, *American Psychologist*, and the *Journal of Health Psychology* have all recently published special issues on the relationship between religion and psychology. Furthermore, the American Psychological Association's (APA) Ethical Principles of Psychologists and Code of Conduct (APA, 2002) has included religious orientation to the list of areas of diversity that should be understood and respected. Therefore, the acceptance of religion and psychology integration appears to have increased a great deal of late.

After establishing myself in the field of psychology, it became easier to find ways to better integrate religious interests into my professional life in a productive manner. First, I will highlight my professional clinical activities regarding this integration and then detail my academic and scholarly activities in psychology and religion.

As an active church member, I have had the opportunity to meet and get to know many Catholic priests in my personal life. Many felt that they could benefit from the expertise of a

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professional psychologist who understood and was sympathetic to issues among Catholics. Some clergy reported having bad experiences with mental health professionals who were antagonistic to Church doctrine or to religiousness in general. Many had the experience of mental health professionals showing personal biases against church values and doctrine. Many also felt that they were challenged about issues that receive a great deal of negative publicity about the Church such as homosexuality, divorce, women clergy, sex offending clergy, and abortion. They were frequently relieved to work collaboratively with a practicing member of the Church who was also a psychologist.

Since 1988 I have provided psychological testing, therapy, and consultation with laypersons and clergy from the Roman Catholic Church. During the past 12 years I have evaluated approximately 100 candidates for religious life (either future priests or sisters) and have evaluated and/or treated approximately 70 priests or sisters who have developed behavioral or emotional problems. These include problems with anxiety, depression, obesity, stress reactions, sexual abuse of minors, sexual involvement with consenting adults, substance abuse, and other problems. I have also consulted with religious superiors (e.g., pastors, bishops, vocation directors) about a wide variety of matters pertaining to emotional and behavioral problems among clergy and laypersons within the Church. Finally, I have evaluated and treated numerous Catholic laypersons referred by their clergy. I have also provided consultative services to clergy and laypersons associated with other religious traditions and organizations such as Episcopal and Jewish groups. Much of this work has emerged from the development of a wide network of interactions with Catholic clergy and laypersons as well as many people interested in religious life from a many faith traditions.

Examples of Collaborating with Clergy

In order to better detail the collaborative relationship discussed, several examples and further details regarding this relationship will follow. Some of these activities have also been described elsewhere (Plante, 1999).

Evaluations of Clergy Applicants

Most, if not all, church vocation offices insist on an extensive clinical interview and psychological evaluation of applicants interested in

becoming a Catholic priest or sister. These evaluations include interviews with a number of representatives from the Church as well as a review of their written application and autobiographical statement. A psychological evaluation is then conducted if the applicant adequately completes the initial evaluation process completed by the Church. The psychological evaluation that I conduct includes an hour clinical interview and a battery of psychological tests such as the MMPI-2, the 16PF, and the Forer Sentence Completion Test. Applicants sign a consent form which details how the information obtained from the evaluation and resulting report will be shared with appropriate Church personnel. While there is no standard process to evaluate clergy applicants acceptable to all church groups, the approach outlined here (i.e., combining a clinical interview with both objective and projective psychological tests) is the most commonly used procedure for evaluating potential clergy (Plante & Boccaccini, 1998).

The Church uses the evaluations to better understand the psychological functioning of clergy applicants as well as help them screen out those who may experience significant psychiatric problems or risks. The Church is especially concerned about applicants who experience personality, substance abuse, and/or sexual acting out disorders. Furthermore, a comprehensive psychological evaluation often highlights the motives for entering religious life as well as information about the ability of the applicant to successfully complete and thrive in a rigorous religious training process (Plante & Boccaccini, 1998).

Evaluation and Treatment of Clergy

Clergy who experience emotional or behavioral problems are usually referred for psychological assessment and/or treatment by a religious superior, vocations or seminary director, or fellow clergy person (Duckro, Busch, McLaughlin, & Schroeder, 1992). Problems might include the sexual victimization of minors or adults, alcohol and substance abuse problems, and personality disorders that impact their ability to work productively with others. Informed consent is outlined to the clergy member highlighting how the material discussed will be shared with the Church. Ethical guidelines for assessment and treatment are used to ensure professional and ethical behavior (APA, 2002).

Two illustrative case examples may prove helpful. Fr. A was referred by a fellow priest for help

with his weight. Fr. A needed to lose about 100 pounds and had been unsuccessful in his weight loss attempts with several high quality medically supervised programs. Fr. A lived in a large religious community where meals were prepared cafeteria style in an all-you-can-eat manner. Fr. A wanted to work with a Catholic psychologist who knew what it was like living in religious community and who could integrate spiritual factors with biopsychosocial issues associated with obesity.

Fr. B was referred by his religious superior because he was having numerous sexual encounters with anonymous men that he met in public places. Although all of the encounters occurred with consenting adults, both he and his religious superior were very concerned about this behavior in light of his priestly vocation. Fr. B wanted to work with a Catholic psychologist who shared his faith tradition, knew a great deal about religious life and the Catholic Church, and knew about compulsive sexual behavior.

Research and Writing

Interest in integrating religious issues and professional psychology has also led me to conduct and publish a variety of research projects including several books in my role as a psychology professor at a Catholic and Jesuit university. These projects emerged out of my clinical activities and interest. For example, after receiving a large number of requests to conduct psychological evaluations and offer treatment to clergy who have been accused of sexual misconduct with minors, I conducted a literature search regarding the scholarly work published in the area of Catholic clergy sexual abuse of minors. I was shocked to find very little empirical or scholarly work available given the enormous amount of media coverage on this topic. This insight led me to initiate and direct several empirical studies on this topic and to publish an edited book, entitled, *Bless Me Father For I Have Sinned: Perspectives on Sexual Abuse Committed by Roman Catholic Priests* (Plante, 1996, 1999; Plante, Manuel, & Bryant, 1996), as well as *Sin Against the Innocents: Sexual Abuse by Priests and the Role of the Catholic Church* (Plante, 2004).

I had a similar experience with conducting psychological evaluations of applicants to religious life. I was asked by several religious orders to conduct these evaluations but again found fairly little recent research about conducting clergy applicant psychological evaluations. This led to a number of research projects as well (e.g.,

Plante & Boccaccini, 1997a, 1997b, 1997c, 1998; Plante, Manuel, & Tandez, 1996).

Finally, interest in my own personal and professional experience with religious coping (e.g., prayer, church service attendance) led to a variety of studies examining how religion may help people cope better with stress (Pardini, Plante, Sherman, & Stump, 2000; Plante, Yancey, Sherman, & Guertin, 2000; Plante, Saucedo, & Rice, 2001, Plante & Canchola, 2004). Recently I co-edited an academic book on the relationship between religious faith and health outcomes entitled, *Faith and Health: Psychological Perspectives* (Plante & Sherman, 2001).

In all of these examples, clinical and personal experience led to research questions leading to empirical studies, essays, and books. These projects led to better clinical understanding and practice. Finally, this clinical work and research then led to invitations for a variety of speaking engagements with diverse professional and lay groups including workshops for continuing education for mental health professionals as well as parent, business, legal, and other organizations.

Principles of Collaboration

In developing professional relationships with members of the Roman Catholic Church, several principles have emerged that might help others interested in closer collaboration with church communities. These include the following:

Understand the Faith Tradition

Skepticism toward mental health professionals by both clergy and church members is often due to bad experiences with bias and ignorance on the part of these professionals (Schultz-Ross & Gutheil, 1997). Some of the doctrine of the Catholic Church is both foreign and strange to many American mental health professionals (Duckro et al., 1992). For example, priestly vows of obedience, chastity, and poverty are very odd in a culture that highly values wealth, freedom, and sex. Church doctrine regarding divorce, homosexuality, abortion, contraception, and female clergy are contrary to many American values (Bergin, 1991). While a mental health professional certainly does not need to agree with all Church teachings (few Catholics do), it is important that they understand and are sympathetic to the activities and mission of the Church. Certainly sharing the same faith tradition as clients has advantages (Dougherty, 1976; Privette, Quackenbos, & Bundrick, 1994; Wikler,

1989). Research has found that clients and therapists who are similar in terms of faith tradition and other demographic similarities are more likely to experience positive clinical outcomes (Bergin, 1991; Dougherty, 1976; Griffith, 1986; Houts & Graham, 1986; Wikler, 1989). Thus, Catholic therapists might be especially good candidates to work with Catholic clients. Catholics often feel more comfortable with Catholic therapists in that they do not have to explain or justify their faith (or convince them of the importance of religion in their lives) to a professional who knows little about the teachings, language, structure, training, and activities of the Church.

At a minimum, it is important to understand the client's religious belief system. Non Catholics can be good candidates to work with Catholics but they must respect and understand their beliefs without overpathologizing Church members. However, sharing the same faith tradition may be more important in certain types of therapy such as coping with the loss of a loved one and somewhat irrelevant with other types of professional services such as intelligence testing (Privette et al., 1994).

Develop a Shared Language

Each faith tradition uses a certain language. It is important for rapport and trust building to be able to understand this language and be comfortable communicating in this manner. For example, biblical parables and quotes are often used among those who are active in religious life. Research on treatment outcome among many diverse populations has emphasized the need for professionals to speak the same language as clients (e.g., Dougherty, 1976).

Expand the Boundaries of Professional Activities

Many mental health professionals underestimate their knowledge and skills in understanding human behavior that could be put to excellent use in consultative arrangements with religious communities. Since most clergy engage in pastoral counseling, they are psychologically sophisticated but could benefit from the unique skills and perspectives of a psychologist or other mental health professional (Young & Griffith, 1989). For example, presentations about parenting, stress management, and marriage enhancement might be useful for church members. Richards and Bergin (1997) published an excellent book on strategies of incorporating reli-

giously sensitive material into professional psychological services. Teaching with clergy may also help church members maximize benefits from both the religious and psychological perspective at the same time.

Conclusion

Collaborative research and practice between professional psychology and religious communities and clergy can be highly satisfying, rewarding, and can provide much needed help to many. Professional psychology is starting to overcome its long held biases against religion and those who are active members of religious communities. Perhaps a new spirit of collaboration will overcome years of neglect and antagonism. Psychology training programs at all levels should also include training in religious diversity as part of their multicultural diversity sensitivity curriculum (Shafranske, 1999). Finally, collaboration provides an excellent avenue for those of us who are active and believing Christians to better integrate who we are with what we do contributing to building the Kingdom of God by using the gifts God has graced us with.

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