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The psychological assessment of applicants for priesthood and religious life

Thomas G. Plante, Ph.D.

The recent clergy sexual abuse scandals in the Roman Catholic Church have focused a great deal of attention on how we evaluate applicants to the priesthood and religious life. The crisis has underscored the critical need to ensure that men who have a sexual predilection towards children be barred from entering religious life and priesthood. Additionally, men who have other significant psychiatric conditions that put them at risk of harming children or others have no place as Church leaders or clergy in positions where they have access to and power over vulnerable others.

So how does the Catholic Church currently ensure that applicants to religious life and priesthood are psychologically “fit for duty?” The formation and vocation directors of all religious congregations and dioceses use a variety of ways to evaluate those who seek to serve the Church as priests, brothers, deacons, sisters, and so forth. Even within each religious congregation or between adjacent dioceses there can be wide variations in terms of the policies and procedures developed to evaluate these applicants. Furthermore, new vocation directors, new bishops, and other changes in personnel often mean shifting policies and procedures for conducting these evaluations. There is no one universally accepted protocol to assess these applicants for religious life or priesthood in the Catholic Church.

The lack of a universal evaluation protocol is not necessarily a bad thing. Individual religious congregations and dioceses may wish to evaluate applicants

differently for very good reasons. Furthermore, specific psychological tests may be more suitable for some groups or individuals than others. Nonetheless, most vocation and formation directors typically turn to the professional psychological community to assist them in their evaluation process. Usually they request that a licensed psychologist or psychiatrist, who is well versed in Catholic culture and tradition, conduct a psychological evaluation to determine if the applicant is psychologically healthy enough to enter the seminary or formation program. No consistent national policies exist to determine exactly how these evaluations are conducted or what, if any, psychological assessment procedures or tests are used. These decisions are most often left to the discretion of the mental health professional conducting the evaluation in consultation with the vocation or formation director for the local religious community or diocese.

The recent clergy sexual abuse crisis in the Catholic Church offers a timely and much needed opportunity to reflect on the evaluation processes used to screen applicants for religious life and priesthood. There are three goals that must be kept in mind as we reflect on these procedures.

Goal 1: Does the applicant have a psychological or psychiatric disorder?

Perhaps the most important goal of the evaluation process is to determine if applicants have a psychiatric or psychological condition that would prevent them from being productive and successful members of the clergy or religious congregation. For example, all reasonable persons would clearly agree that sex offenders should be kept out of ministry —most especially when the ministry involves any contact with children or vulnerable others. There are many other psychiatric or psychological conditions that may also preclude someone from being selected for ministry. These include psychotic

illnesses such as schizophrenia, severe substance abuse and dependence such as on alcohol, significant personality disorders (e.g., antisocial, borderline, or paranoid personalities), active, severe, and untreated affective or mood disorders (e.g., major depression, bipolar illness), homicidal or suicidal tendencies and behaviors, sexual disorders (e.g., pedophilia), impulse control disorders that involve gambling, anger management, sexual fetishes, and so forth. Therefore, the first goal of the psychological evaluation is to determine if the applicant is free of major psychopathology or psychiatric disturbance.

So, how does one determine if someone is free from psychopathology or psychiatric disturbance? First, in the behavioral sciences we often refer to the notion that “the best predictor of future behavior is past behavior.” Thus, if someone has a history of behavioral, psychiatric, and emotional problems, then the odds are reasonably high that these behaviors and problems will reappear in the future. For example, if someone has had a pattern of inappropriate sexual expression with minors, the odds are high that these struggles will continue in the future. Therefore, closely examining an applicant’s psychological and psychiatric history through clinical interview or some appropriate kinds of documentation (e.g., medical or psychiatric records) can help to determine a history or pattern of problematic behaviors or conditions. This is easier to accomplish now than in the past since the average age of applicants to religious life is much older today than in years gone by. Therefore, there are more years of living to evaluate and examine. Most of the problems listed above will appear by adulthood, and thus there should be some record of these troubles prior to applying for religious life. This was not

the case in earlier eras when minor seminaries admitted teens who had not yet fully matured and developed.

Second, psychological testing that specifically examines psychological and psychiatric dysfunction is important to include in any evaluation process. Tests such as the Minnesota Multiphasic Personality Inventory-2nd Edition (MMPI-2) are likely to be the best option to achieve this goal. It is a very well established and frequently used test that measures a wide variety of psychological and personality issues. In addition to validity measures that determine a respondent's manner or approach to the test (e.g., defensive), the MMPI-2 provides a long list of measures such as anxiety, depression, oppositionality, psychotic thinking, paranoia, manic behavior, and much more and compares the individual's responses to both general national norms and to seminary applicant norms. I would suggest that all serious applicants to seminary or religious life be required to complete this test in order to examine their psychological and personality functioning. The MMPI-2 is, in my opinion, the best measure of psychopathology available today.

If personality disorders are of primary interest to those with the responsibility for evaluating applicants, then the Millon Clinical Multiaxial Inventory- 3rd Edition (MCMI-III) is a useful addition to the MMPI-2. The MCMI-III is a well researched and frequently used test that specifically focuses on personality disorders. It can indicate the chances that an applicant experiences personality disorders such as paranoia, antisocial personality, borderline personality, histrionic personality, obsessive-compulsive personality, and so forth. Both of these tests need to be administered by a trained licensed psychologist, but since the tests are self-report (i.e., fill-in true-false questions) and are usually computer

scored, they take minimal professional time to administer, score, and interpret. Wholesale costs are about \$40 per test per administration.

Two problems can often emerge when using these testing devices. First, since applicants are usually trying to present themselves in a favorable and often virtuous light, applicants can often appear highly defensive and not admit to typical problems, concerns, and conflicts to which the average person would admit. This defensive, and sometimes pious, posture often can invalidate the testing results thereby making the use of the tests worthless. Secondly, these tests assume a solid basic understanding of the English language. Both language and cultural differences can make it inappropriate to use these tests. Because many of the applicants for religious life and priesthood in U.S. seminaries and formation programs today were born in Vietnam, the Philippines, Mexico or Latin America, language and cultural assimilation issues must be very carefully considered prior to administering these tests.

Goal 2: Does the applicant have a psychological profile and disposition that is consistent with priesthood or religious life?

Once it has been determined that the applicant is free of major psychopathology, the next goal of the evaluation is to determine if the person's psychological and personality disposition is consistent with religious life and/or priesthood. The particular details of the type of life for which they are applying must be taken into account when trying to answer the question of psychological "goodness of fit". For example, someone interested in the more contemplative and cloistered life of a Carmelite sister or Benedictine monk would most likely have a personality profile very different from someone more interested in the often highly engaged lifestyle of a Jesuit priest or Mercy

sister. Someone primarily interested in being a parish priest would most likely be very different in terms of personality style from someone drawn to be a university theologian. A clinical interview as well as additional testing may help to answer these kinds of psychological and personality “goodness of fit” questions.

The Sixteen Personality Factors Questionnaire (16PF, 5th edition) has often been used to achieve this goal. It assumes that the respondent does not suffer from significant psychiatric disturbance and measures 16 different personality dimensions (e.g., forthright, sensitive, warm, open to change). Furthermore, a good deal of research has been conducted on the 16PF with seminary applicants. A template seminary profile is available which enables an applicant’s results to be compared with seminary applicant norms. (A reference would be helpful here. Please ask the author to supply.) Additionally, the 16PF offers profiles that are typical of various career categories. Thus, one can determine if the applicant’s profile tends to fit the types of careers in which seminarians and religious might participate (e.g., teaching, counseling, administration). Wholesale costs are only about \$20 per test per administration. As with the MMPI-2 and MCMI-III, language, cultural background, and a highly defensive or virtuous manner can invalidate the 16PF results with particular applicants.

Projective instruments such as the Forer Structured Sentence Completion Test (FSSCT) can also add useful information to the evaluation process in an affordable manner. It includes 100 sentences that respondents are asked to complete (e.g., My mother..., I was most depressed when...). The FSSCT is less labor intensive (and thus less expensive) than other projective tests such as the Rorschach and Thematic Apperception Test (TAT). Clinical interviews can also help determine the personality

style of the applicant (e.g., good or poor social skills, ability to reflect, ability to display empathy).

Goal 3: Does the applicant want to enter the seminary or religious life for good enough reasons?

Once it is determined that applicants are (i) both free of psychopathology or psychiatric disturbance and other risk factors, and (ii) have a personality style or psychological profile reasonably consistent with the religious congregation or diocese, then ~~one~~ the seminary or formation program may wish to evaluate the reasons they want to enter. A clinical interview can help understand applicants' reflection and discernment process and examine the factors that led them to the decision to seek entry into the seminary or religious life. Applicants may have a sense of God's call and have received appropriate spiritual direction along the way. They may wish to serve God and the community in active ministry or perhaps want to focus on a life of contemplative prayer.

On the other hand some applicants inappropriately may seek entry into religious life or priesthood after a traumatic relationship termination or rejection. Some older applicants may want to be taken care of and decide to join hoping that the religious congregation or diocese will do that for them. These are, of course, not very good reasons to enter. Some of the more subtle yet problematic reasons for seeking entry into seminary or religious life can be best evaluated by a psychologist or other mental professional who may ask questions in a probing way that others find difficult or impossible to do.

Ultimately vocation and formation directors and their committees determine who is and who is not fit to enter religious life or seminary. The mental health professionals

who conduct psychological evaluations cannot make these decisions. Rather they can provide useful information about psychological and psychiatric functioning, identify potential risk factors, and help the religious community or seminary have a fuller sense of the person being evaluated. This can be completed in an efficient and cost-effective manner. Doing these evaluations well with state-of-the-art assessment instruments by those who are familiar with Catholic traditions can result in excellent applicants moving onto seminary and religious life while keeping out applicants who are not suited for these vocations. The recent clergy sexual abuse crisis in the Church highlights the need to do all that we can do to evaluate those who seek to enter religious life and priesthood.

Recommended Reading

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