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ESSAY

What Is Catholic Psychotherapy and How Should It Move Forward?

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Abstract: Catholic psychotherapy is a critically important specialization that underscores the need for culturally competent best practices. It integrates state-of-the-art psychotherapeutic professional services with the rich religious, spiritual, and cultural contributions and traditions of the Roman Catholic Church. Since the Church is the single largest religious denomination in the world and represents about a quarter of the United States population, there is ample need for Catholic-informed and engaged psychotherapists with expertise in working thoughtfully and sensitively with Catholic clients, including laypersons and clerics, and with Church institutions such as schools, hospitals, and charitable groups. While the Catholic Psychotherapy Association has been an important organization to promote Catholic psychotherapy, a new journal dedicated to this topic provides a mechanism to share quality peer-reviewed science, practice, and reflection on how to move the field forward in a way that serves the most people possible. This article reflects on two central questions: What is Catholic psychotherapy, and who are good candidates to provide and receive these specialized services? It also offers examples of cases that fit well into the Catholic psychotherapy approach, and it discusses future directions as well as potential ethical challenges.

Keywords: Catholic psychotherapy, Roman Catholic Church, ethics

WHAT IS CATHOLIC PSYCHOTHERAPY AND HOW SHOULD IT MOVE FORWARD?

This article leads off the premier issue of *Integratus*, the Catholic Psychotherapy Association's peer-reviewed quarterly journal devoted to integrating mental

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health sciences and Catholic thought. The growing professional association and new journal inevitably raise the question, what exactly is Catholic psychotherapy anyway, and how should it be delivered? The purpose of this reflection is to discuss what Catholic psychotherapy is and what it is not, and to provide strategies for the ethical and evidence-based growth of the approach. It does so in the spirit of providing quality culturally competent care (i.e., culturally aware, informed, and sensitive services) to those who seek Catholic influences and perspectives within their professional mental health services.

WHAT IS CATHOLIC PSYCHOTHERAPY?

Catholic psychotherapy is essentially culturally competent and value-added psychotherapy. All licensed mental health professionals must be well trained and competent to provide services in keeping with evidence-based best practices following established clinical guidelines and community standards in their assessment, consultative, and treatment practices and procedures (e.g., American Psychological Association, 2002, 2003, 2017; Young, 2017, 2020). They must follow both the legal guidelines of professional practice within their licensed jurisdictions and the ethical guidelines associated with their particular mental health discipline and specialty (e.g., psychology, psychiatry, social work, marriage and family therapy, counseling, nursing). In essence, they must be able to provide quality and state-of-the-art professional mental health services within their scope of training and competence, and do so within a typically secular environment. They must be as skilled as any licensed mental health professional in their communities.

Catholic psychotherapy goes beyond these basic professional standards and expectations, offering a value-added and culturally sensitive approach. Catholic psychotherapists tend to be active and engaged Catholics who integrate their faith tradition into their professional clinical activities in a high-quality (i.e., evidence-based best practices) and culturally competent, ethical, and respectful manner. Of course, being a member of any religious or spiritual tradition, such as Roman Catholicism, in and of itself does not make anyone an expert in the integration of a faith tradition into professional work (Plante, 2009). Catholic psychotherapy is much more than psychotherapists who happen to be Catholic. It involves adequate training and experience in the integration of Catholic perspectives and sensibilities into general professional clinical practice.

The Catholic Psychotherapy Association, the primary professional association highlighting this integration, includes in their mission statement that

members are expected to maintain “fidelity to the Magisterium of the Catholic Church” (<https://catholicpsychotherapy.org/>). The magisterium, centered in the Vatican, is tasked with making clear the tenets, teachings, and expectations of the Roman Catholic Church (Hardon, 2011; Ratzinger, 2014; Spindelböck, 2021). However, the enormous size and global diversity of the Catholic Church underscores how different groups and individuals interpret Catholic teachings, expectations, and implementations (Allen, 2009; Burns, 1996; Hennesey, 1983). For example, some focus on sexual ethics (e.g., abortion, homosexuality, contraception), while others focus more on social justice for the poor and marginalized of society (Scannone, 2016). Some Catholics focus on liturgical celebrations and behavioral purity while others are more focused on expressing their faith outside of Church environments rather than within them (e.g., homeless shelters, clinics, refugee camps). Additionally, since the majority of Catholics across the globe are now located in the southern hemisphere, the focus of northern hemisphere Catholics (e.g., Europeans) has shifted to the interests and needs of those from Africa, the Philippines, South America, and elsewhere, often within the developing world (Allen, 2009). How Catholicism is understood and practiced is often contingent upon the cultural background and traditions of diverse peoples across the globe.

Furthermore, Catholicism is also affected by societal culture wars and both political perspectives and various personal or group identifications (Carey, 2004; Steinfels, 2004). This is true not only among laypeople but also among clerics. Tensions arise between conservative- and liberal-minded Catholic clerics, including priests, bishops, and cardinals. Public conflicts between some bishops and cardinals with Pope Francis, for example, have made frequent headlines in both the Catholic and secular presses (e.g., Landrum & Vasquez, 2020). Thus, Catholics are hardly all on the same page when it comes to their interpretation of how to be Catholic. These differences are likely to occur also among Catholic psychotherapists and any mental health professional who offers Catholic psychotherapy.

WHO ARE GOOD CANDIDATES TO PROVIDE CATHOLIC PSYCHOTHERAPY?

Obviously, active, engaged, and committed Catholics who are licensed psychotherapists may wish to consider providing Catholic psychotherapy. However, they must be careful to do so with important ethical guidelines and challenges in mind. Catholic psychotherapists must be sure that they practice within the scope of their training, licensure, and areas of competence, including

when it comes to treating people within the Catholic tradition. They must be hypervigilant to both transference and countertransference issues, perhaps especially if they are treating patients who are different kinds of Catholics than they themselves identify with (e.g., conservative vs. progressive). Boundary crossings and boundary violations can easily occur, especially if both the therapist and the patient are members of the same Catholic faith community or parish, or are both active in the same Catholic organizations, clubs, or ministries (e.g., Knights of Columbus, Knights of Malta, Catholic Charities, and Catholic Worker houses). Boundary crossings may also occur when a Catholic therapist weighs in on theological matters and beliefs outside of their area of professional competence and licensure. They may integrate their personal beliefs and practices into their professional work in a way that is inappropriate, unprofessional, unethical, and potentially exploitive. To avoid these problems or temptations, Catholic psychotherapists may encourage their Catholic clients to receive ongoing and separate consultation with a spiritual director, cleric, or other appropriate representative within the Church to supplement the psychotherapeutic work conducted by the psychotherapist. This more coordinated team effort may help to avoid many of the typical and challenging ethical dilemmas that might arise (Plante, 2009, 2020).

It is important to mention that a clinician does not necessarily have to identify as a Catholic to provide Catholic psychotherapy, since this type of therapy is identity-inclusive, involving a series of approaches, skills, and perspectives, and a rich knowledge base that may be embraced by non-Catholics in addition to those who identify as Catholics. Clinicians, Catholic or not, who wish to offer and specialize in Catholic psychotherapy must be excellent clinicians first but also must be knowledgeable in the traditions, perspectives, beliefs, practices, and imagination of the diverse Catholic worldview to best assist their clients with the challenges that they face and wish to discuss in psychotherapy.

WHO ARE GOOD CANDIDATES TO RECEIVE CATHOLIC PSYCHOTHERAPY?

Certainly Catholic laypersons who want their psychotherapist to understand and respect their faith tradition and integrate their beliefs, practices, and traditions into their psychotherapy would likely be good candidates for Catholic psychotherapy. They may seek out psychotherapists who specialize in this area or who are at least known for their skills in working well with engaged and active Catholics. Additionally, Catholic clerics (e.g., priests, deacons) as

well as others in religious life (e.g., religious brothers and sisters) may want Catholic psychotherapy when they are in need of professional mental health services. Additionally, the Catholic Church may wish to have a number of psychotherapists on hand to help when they need consultations or referrals. Psychotherapists specializing in Catholic psychotherapy can work closely with local parishes, dioceses, archdioceses, religious orders and communities, and other Catholic groups (e.g., Catholic schools, universities, hospitals, social service organizations) as consultants and collaborators. Finally, individuals who are interested in pursuing religious life as ordained clerics or religious brothers or sisters typically are required to have a psychological screening evaluation prior to being admitted to seminary or to their religious communities. Catholic psychotherapists who specialize in these evaluations and are competent in appropriate psychological assessment can be invaluable to the Church in screening these applicants (Isacco et al., 2022).

EXAMPLES OF CATHOLIC PSYCHOTHERAPY

Perhaps a few case examples would be helpful to illustrate how Catholic psychotherapy might be conducted and under what circumstances. All of the examples are based on actual cases. Names and other minor details have been altered to maximize confidentiality.

Case 1: Dick is an executive who travels frequently for business purposes. Although he is married and is a new father, Dick has found himself engaging with sex workers during his travels; it has become a long-standing pattern of behavior. He reports that he initially got involved with pornography, but he learned that engaging with sex workers was remarkably easy and convenient to do during his many trips. He justified his actions with various rationales, but now that he is a father, with a daughter at home, he feels guilty about his behavior. He decided to go to confession at his local Catholic parish. The priest who heard his confession encouraged him to seek psychotherapy with a Catholic psychotherapist who could help him with his desired behavior change yet also be attentive to Catholic perspectives about sexual ethics and marital fidelity.

Case 2: Grace is an older married woman who has had a long-standing history of agoraphobia and panic attacks. She never learned to drive, hold down a job, fly in an airplane, or leave her home state. Although a devout Catholic, she stopped attending mass because of her fear of having a panic attack, especially sitting in the middle of a crowded pew. She felt terribly guilty about missing mass, and about committing other sins in her mind, and

the feelings of guilt increased her anxiety and panic. Working with a Catholic psychotherapist, she learned cognitive-behavioral strategies to better manage her anxiety and fears; her therapy included a variety of evidence-based interventions such as exposure and response prevention tools. She was encouraged to attend a less crowded mass, sit at the end of the last pew in the church for an easy escape if needed, and use diaphragmatic breathing, guided imagery, and recitations of both the Hail Mary and the Jesus prayer to relax.

Case 3: Brother Mark is an 80-year-old monk living in a cloistered community. After receiving a terminal illness diagnosis of stage 4 cancer, he wanted to review his life with a Catholic psychotherapist in addition to his spiritual director and confessor, along with engaging in other preparatory activities conducted within the walls of his monastery. His religious superior granted his request to leave the monastery for Catholic-informed psychotherapy to reflect on his life and life decisions and help settle his mind before his passing. A Catholic psychotherapist who understood, respected, and appreciated his monastic life was essential to Brother Mark and to his religious superior.

Case 4: Bruce is a middle-aged engineer who has a temper problem that creates stress in his marriage. He is an active and engaged Catholic, and he sought out a Catholic psychotherapist referred to him by his parish priest, who was offering him pastoral care as well as confession. Bruce struggles with obsessive-compulsive personality tendencies, and his frustration about imperfections periodically leads him to angry outbursts (Greenberg & Huppert, 2010). Bruce wanted his psychotherapy to integrate his faith traditions and practices. Thus, a variety of strategies including ongoing spiritual direction and Catholic-adapted behavioral techniques (e.g., reciting the Jesus prayer when frustrated, attending daily mass) were used in treatment. Additionally, strategies such as reflecting on Gospel stories about how Jesus and his followers managed frustration and anger were included to supplement more secular, traditional, and evidence-based anger management strategies.

Case 5: Fr. Lee was discovered by the church IT staff to have adult pornography on his parish computer. When Fr. Lee was confronted with the discovery, he readily admitted that he gets lonely at times and, after several cocktails, engages in pornography and masturbation. Fr. Lee was referred to a Catholic psychotherapist to help manage his loneliness and alcohol use and develop more healthy and productive strategies for stress management. Fr. Lee felt comfortable with a Catholic psychotherapist who shared and respected his faith tradition and understood his unique challenges and stressors serving as a celibate diocesan priest.

Case 6: Rod is a highly conservative Catholic and gay man struggling with his sexual impulses. When tempted to act on his homosexual urges he

uses mortifications that he received from his Opus Dei contacts and intensive prayer to cope (Agamben, 2013). He wants to work with a Catholic psychotherapist who will understand and appreciate his faith and beliefs and provide more productive and evidence-based strategies for managing his sexual impulses. Rod also is interested in pursuing conversion therapy to try to become heterosexual in sexual orientation and wants a professional psychotherapist's take on this highly controversial approach to working with homosexual clients (Plante, 2022; Zucker, 2003).

Case 7: Sister Marie is living in a cloistered community with a dozen other religious sisters. While Sister Marie thought that monastic life would be perfect for her as a devout, but highly introverted, Catholic interested in a life of prayer, contemplation, adoration, and meditation, she came to realize that living with a group of religious sisters was much more challenging than she thought it would be. After several episodes of tension and conflict, including a few angry outbursts, the Mother Superior of the convent insisted that Sister Marie receive professional counseling. Both Mother Superior and Sister Marie wanted to work with a Catholic psychotherapist who would understand and respect their faith and monastic lifestyle and integrate Catholic values and perspectives into the counseling sessions.

These case examples provide some idea of the types of clinical situations and cases that are well suited for Catholic psychotherapy. There are many more, but these provide the reader with some common realistic examples. Catholic psychotherapy can also integrate much of the wisdom of the Catholic tradition regarding human behavior, such as the importance of forgiveness and reconciliation, the need to respect all life in various forms and especially those who are on the margins of society, and the desire for humble service to others. Insights and perspectives about human relations and human psychology from the Catholic tradition can be employed with clinical cases with or without specific references to Catholic theology or traditions. While these case illustrations explicitly involve Catholic-identified clients and therapists, clients do not have to be expressly Catholic to benefit from Catholic psychotherapy. Additionally, many Catholic communities, parishes, dioceses, religious orders, and so forth often need periodic or ongoing consultation from mental health professionals who are engaged, active, and thoughtful Catholics, or who are knowledgeable and skilled in Catholic psychotherapy even if they are not Catholic identified themselves. These professionals can provide advice about a variety of issues that might arise with parishioners, fellow clerics, and both the Church and secular communities (Plante, 2020). Working in trusting partnership and solidarity offers many advantages for coping with the many challenges of Church life.

Catholic psychotherapists are also excellent candidates to serve on vocation committees or Church-based child protection review boards, for example. Furthermore, after the clerical sexual abuse crisis unfolded and received national and international press in 2002 (Rezendes, 2004), the resulting United States Conference of Catholic Bishops (USCCB) Dallas Charter for the Protection of Children and Young People required all Catholic dioceses in the United States to use lay review boards to manage all cases of reported sexual exploitation of minors, youth, and vulnerable adults perpetrated by Catholic clerics (United States Conference of Catholic Bishops, 2002). These review boards required the addition of experts in child protection and child sexual abuse such as mental health professionals. Catholic mental health professionals and those who specialize in Catholic psychotherapy were perfectly suited for service on these important committees.

PRINCIPLES OF SUCCESS FOR CATHOLIC PSYCHOTHERAPISTS

There are a variety of principles of success for Catholic psychotherapists. First, they must be excellent clinicians in general. They must have excellent training and provide state-of-the-art clinical services using evidence-based best practices attentive to approved clinical guidelines and community standards. Their professional skills must be second to none, and they must follow all the dictates of the discipline-specific ethics codes as well as the laws offered within their professional jurisdictions. Second, Catholic psychotherapists must be mindful and ever vigilant about the scope of their professional practice and be careful to avoid any potential dual or multiple relationships or boundary crossings or violations as they integrate their faith tradition, whether Catholic or not, with their clinical work (American Psychological Association, 2002, 2003; Young 2017, 2020). Third, they must work collaboratively with those trained and skilled within the Church to coordinate care (Plante, 2020). Thus, they must refer to and work with clerics, pastoral care professionals, and various Church officials and employees as needed by their clients. Finally, Catholic psychotherapists must be careful to not allow their own personal beliefs and faith practices to interfere with the work that they do with their clients. The Catholic Church is a big tent with highly diverse groups of followers. Inevitably, some fellow Catholics feel like family to us while others feel like strangers. We share many similarities with some but not all Catholics. Perhaps one of the more challenging current aspects of Catholic diversity is based on the political differences between various groups. Catholic psychotherapists

must be careful not to impose their own political leanings onto their clients, especially if the clients' views diverge from their own. Staying within their professional lanes is critically important for all Catholic psychotherapists or anyone who specializes in Catholic psychotherapy, regardless of their faith identities, beliefs, and practices

TRAINING IN CATHOLIC PSYCHOTHERAPY

There are very few training programs for mental health professionals that specifically offer Catholic psychotherapy training. Those programs that are available are certainly not part of mainstream clinical training for psychologists, psychiatrists, social workers, marriage and family therapists, or various forms of counselors. While it may be easier to secure training within Catholic-affiliated institutions such as universities, hospitals and clinics, and Church-affiliated training centers, there are no specific training protocols, guidelines, or best practices readily agreed upon or approved by accreditation bodies. Thus, students and professionals need to be vigilant about securing the training, supervision, and coursework in an ethical manner with ongoing consultation from those who have found their way to specialize in this area of service. The Catholic Psychotherapy Association, among other professional faith-based organizations, may wish to work toward a program of competency-based specialty guidelines. The program should be evidence-based and agreeable to Church officials as well as to accreditation bodies and leaders in the field.

CONCLUSION AND A LOOK TO THE FUTURE

Catholic psychotherapists and all those who practice Catholic psychotherapy, regardless of their faith traditions and identities or the type of professional license they hold, are needed to help address issues related to mental health and behavioral health with cultural competence. Catholic psychotherapy is a benefit that mental health professionals can offer to the faithful and to those who wish to draw on the 2,000-year-old wisdom of the Catholic worldview regardless of their religious identity and perspective.

The Catholic Church certainly needs Catholic psychotherapists to be readily available and to actively engage in all aspects of service, making their presence known and appreciated. The Catholic Church is often dismissed, and sometimes vilified, within both the professional mental health community

and the secular community (Jenkins, 2003; Martel, 2019; Steinfelds, 2019). Stereotypes abound. Catholic psychotherapists can help to push back on these stereotypes and offer quality services to all who seek them. These professionals have important gifts that can be offered to help make the world, and the Church, a better place for all.

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