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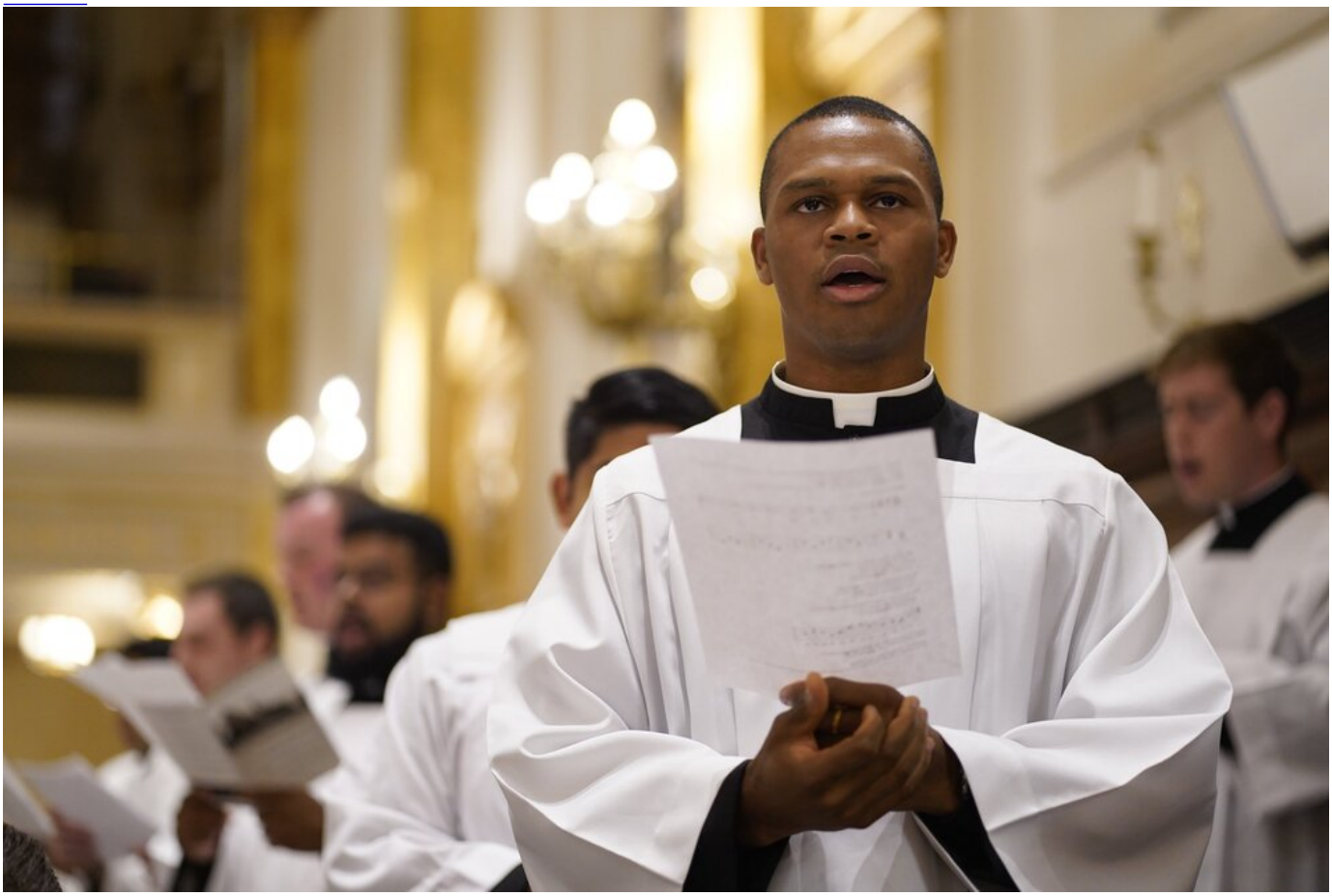

Seminarian Callistus Ibeh of the Diocese of Brooklyn, N.Y., sings during a Mass Sept. 16, 2021, marking the 125th anniversary of the opening of St. Joseph's Seminary in Yonkers, N.Y. (OSV News/CNS/Gregory Shemitz)

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Diocesan bishops and vocations directors are largely satisfied with their seminaries' formation programs — but some gaps remain between clergy and mental health professionals as to the role of ongoing psychological services in assessing candidates' readiness for ordination, according to a new report.

On Sept. 24, the Center for Applied Research in the Apostolate at Georgetown University and the McGrath Institute for Church Life at the University of Notre Dame released "Evaluating the Church's Practices in Assessing the Suitability of Candidates for Holy Orders."

The 171-page report was the fruit of "a larger project/process of the McGrath Institute, which included a Formation Summit," CARA researcher Jonathon Wiggins, one of the principal authors, explained in an email to OSV News.

The project was initiated in 2024 by Fr. Thomas Berg, a visiting professor of the practice at the McGrath Institute, whose research and writings span moral theology, bioethics, the clerical abuse crises and seminary formation.

The report data represents results from five surveys, which polled U.S. diocesan bishops, diocesan vocation directors, seminary rectors, seminary formators and spiritual directors, and mental health professionals who work with seminaries.

Response rates for each group varied, with just over half (53%) of the nation's Catholic bishops, one third (33%) of diocesan vocations directors, and 59% of seminary rectors participating, along with 111 seminary formators and spiritual directors and 59 mental health professionals.

The majority of bishops (90%) and vocation directors (84%) who participated in the study said they were satisfied with the formation programs at their seminaries, and 91% to 96% of the two groups indicating they hold in-depth meetings with the seminaries at least once a year, or more often, to discuss candidates.

Both groups were also "especially likely to have great confidence" in how their seminaries cultivate seminarians' openness to growing spirituality (with 55% to 59% "very confident") and regular engagement in self-reflection (36% to 49%).

But the report found three areas where it said both bishops and vocation directors were "least likely" to express great confidence in their seminaries. Just 19% to 21% were "very confident" in their formation of seminarians' "healthy management of one's neuroses or minor pathologies," "healthy living with medical concerns or physical limitations" (17%) or "dealing with learning disabilities" (16% to 17%).

Rectors, formators and mental health professionals also shared the bishops' and vocation directors' confidence in seminaries' ability to nurture spiritual openness (48% to 62%) and regular self-reflection (22% to 55%).

In addition, 32% to 43% of these three survey groups said they were confident of seminaries' ability to enable seminarians to form healthy relationships with others and to seek treatment for mental health issues such as depression and anxiety.

But the three groups — who are most likely to have regular, day-to-day interactions with seminarians — were least likely to be confident of how seminaries help those in formation to:

— Manage neuroses or minor pathologies (with 11% to 23% saying they were "very confident").

— Grow in understanding what the survey termed their "sexual orientation" (8% to 22%).

— Soundly manage their unhealthy or addictive behaviors (4% to 22%).

— Manage past unethical behaviors, including dishonesty and financial mismanagement (16% to 17%).

Fewer than one fifth (11% to 18%) of mental health professionals surveyed in the report agreed that formators used "effective, measurable formation benchmarks" covering all stages of formation, and that initial psychological evaluations for those entering the seminary were used to personalize formation for those seeking ordination.

Canon law, the Catholic Church's main administrative code, does not specifically mandate psychological evaluations for seminary entrance and ordination, citing instead the "prudent judgment" of the diocesan bishop or competent major superior to discern the candidate's faith, knowledge, morals, virtues and "other physical and psychic qualities" appropriate to the priesthood.

However, following the clerical abuse crisis in the U.S., seminaries began conducting psychological screenings for candidates.

In 2008, the Vatican's Congregation for Catholic Education (now part of the Dicastery for Culture and Education) released its "Guidelines for the Use of Psychology in the Admission and Formation of Candidates for the Priesthood," noting that as far back as 1974, the Vatican had recognized "in all too many cases psychological defects, sometimes of a pathological kind, reveal themselves only after ordination to the priesthood" — and that "detecting defects earlier would help avoid many tragic experiences."

Shortly thereafter, the U.S. Conference of Catholic Bishops released its protocols for implementing the Vatican's 2008 guidelines on the use of psychology in the formation process, with the latter document stressing that consulting mental health professionals must share "the Christian vision about the human person, sexuality" and "vocation to the priesthood and celibacy."

The CARA-McGrath Institute data found that overall, 85% of the nation's Catholic bishops and 74% of vocation directors "agree" or "strongly agree" that psychological services should play a key role throughout the entire formation process in sizing up candidates for the priesthood.

All of the rectors and most (94%) of the formators and spiritual directors surveyed endorsed initial psychological evaluations as necessary, with 68% of bishops and 81% of the vocation directors regarding the assessments as either one of or the most effective tool for spotting issues related to a candidate's suitability.

However, just over half of the bishops (56%) and vocation directors (57%) either agreed or strongly agreed that such evaluations "adequately predict how well a man later functions as a priest," said the study.

The survey found that mental health professionals (65%) "are more likely than rectors (48%) and formators/spiritual directors (44%) to agree ... that, in their experience, some dioceses prioritize the quantity of candidates over the quality of candidates when assessing their suitability for Orders."

Bishops (22%) and vocation directors (33%) said that in the past 10 years, their respective dioceses have at least once advanced a seminarian through formation or to ordination after disagreeing "with the negative recommendation of a seminary."

In both the surveys and follow-up interviews, mental health professionals identified four ways their services could be better utilized: more specific feedback from dioceses and seminaries (48%), formator training on how to maximize evaluations and counseling (23%), more robust and more frequent testing (23%), better integration with seminary formation teams (16%).

Having asked respondents which areas they felt were sufficiently covered in the evaluations, the CARA-McGrath Institute researchers identified several topics "least likely to be sufficiently covered among the five groups."

Those included the following:

— Severe learning disorders or disabilities compounded with lack of intellectual curiosity.

— Relations with self or others, including severely damaged relations that preclude healthy interactions and leadership.

— Pervasive developmental disorders that could lead to behaviors incompatible with priestly ministry.

— Inclination or behavior that could presage sexual activity with, or other harm to, minors.

The survey also found that most of the mental health professionals (94%) and vocation directors (70%) agreed or strongly agreed that they directly asked candidates about any same-sex attraction they had experienced. Less than half of the formators (46%), rectors (39%) and bishops (36%) had done so.

A majority of the bishops (68%), rectors (68%), formators (63%) and vocation directors (57%) said they found the Vatican's 2005 "Instruction Concerning the

Criteria for the Discernment of Vocations with Regard to Persons with Homosexual Tendencies" useful.

Following church teaching, the document distinguishes between homosexual acts, calling them grave sins, and homosexual tendencies, which are "also objectively disordered and ... often constitute a trial" for those experiencing them. It emphasized that these persons "must be accepted with respect and sensitivity," avoiding "every sign of unjust discrimination."

The instruction affirms that those who "practice homosexuality, present deep-seated homosexual tendencies or support the so-called 'gay culture'" cannot be admitted to the seminary or be ordained.

But it said those who experience "homosexual tendencies" as "the expression of a transitory problem" may be considered as candidates for ordination, if "such tendencies" have been "clearly overcome at least three years before ordination to the diaconate." It provided, as its example of a transitory tendency, "an adolescence not yet superseded."

Just over a third of the mental health professionals surveyed (36%) for the CARA-McGrath Institute study said they found the instruction helpful, noting in follow-up interviews they preferred "better definitions of the terms 'transitory' and 'deep-seated.'"

Of 15 possible options, four factors were named by all survey groups as a single reason to disqualify a man for ordination: the need to remain on psychiatric medications "for a more serious psychological condition"; a "dominant" same-sex attraction; a significant past same-sex relationship; and "cyclical semi-compulsive behaviors" such as alcohol misuse and gambling.

The five groups of survey respondents typically indicated that evaluations could be improved in several ways, such as undertaking "more in-depth history and cultural background assessments" and "greater focus on measures of maturity and growth."