

## A Comparative Analysis of the Psychological Literature on Collaboration Between Clergy and Mental-Health Professionals—Perspectives From Secular and Religious Journals: 1970–1999

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*A search of the psychological literature was conducted to obtain a better understanding of the issues surrounding collaboration between clergy and psychologists. An electronic search of PsycINFO for 1970–1999 ultimately yielded 52 articles in secular journals and 37 articles in religiously oriented journals that discussed collaboration. Whereas interest in collaboration peaked in religious journals during the 1980's, the number of articles on collaboration appearing in secular journals increased significantly from 1970 to 1999. Content analysis confirmed six major themes about collaboration found by A. J. Weaver, K. J. Flannelly, L. T. Flannelly, and J. E. Oppenheimer (2003). One of the most common themes was the clergy's role as frontline mental-health workers, which was mentioned significantly more often in secular than religious journals. The need for greater education and knowledge was also mentioned significantly more often in secular than religious journals. Insufficient knowledge or education was frequently seen as an obstacle to collaboration. Other factors affecting collaboration are discussed.*

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**KEY WORDS:** clergy; collaboration; mental health referrals; religion.

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Over the past forty years numerous studies have shown that tens of millions of people in the United States seek assistance from clergy when they have mental-health concerns (Weaver, 1995). As such, the clergy may be regarded as front-line mental health workers, serving four out of ten Americans with mental-health problems (Weaver, 1995). Indeed, surveys conducted by the National Institute of Mental

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Health have found that clergy are more likely than both psychologists and psychiatrists combined to be approached for help by a person who has a mental-health diagnosis included in the Diagnostic and Statistical Manual III-Revised (Hohmann & Larson, 1993).

The frequent reliance on clergy is not surprising given their accessibility (Weaver, Revilla & Koenig, 2002), and the high degree of trust Americans have in the clergy (Gallup & Lindsay, 1999). The clergy also are a readily available resource to most Americans (Weaver, Revilla, & Koenig, 2002). In 1998, the U.S. Department of Labor reported there are approximately 353,000 Jewish and Christian clergy serving religious congregations in the U.S.

A review of ten research studies found that clergy spend an average of 15% of their working time in pastoral counseling, based on a 50-hour work week (Weaver, 1995). In total, this represents approximately 138 million hours of counseling services each year. In addition to the time they devote to counseling, the fact that clergy often have long-term relationships with individuals and their families can enable them to observe changes in behavior that may indicate early signs of distress (Weaver, Revilla, & Koenig, 2002). It would be useful for clergy to use this knowledge to refer individuals in crisis to mental-health professionals. It also could be useful for mental-health professionals to establish collaborative relationships with clergy in order to provide preventive interventions.

In the last few years, several articles have appeared in the secular psychology literature about collaboration between psychologists and clergy. Several of these described examples of such collaborative arrangements (Benes, Walsh, McMinn, Dominguez, & Aikins, 2000; Budd, 1999; Edwards, Lim, McMinn, & Dominguez, 1999; McMinn, Chaddock, Edwards, Lim, & Campbell, 1998; Plante, 1999), and one described a training program to prepare psychology graduate students to be better able to work with religious professionals and organizations (McMinn, Meek, Canning, & Pozzi, 2001). A survey of training directors of APA-accredited clinical programs found that only 13% of the 98 directors who responded said their program offered a course that specifically addressed religion/spirituality (Brawer, Handal, Fabricatore, Roberts, & Wajda-Johnston, 2002).

The purpose of the present study was to try to obtain a better understanding of the issues surrounding collaboration between clergy and mental-health professionals in the literature in psychology and related fields. From an electronic search of the articles on Medline, Weaver, Flannelly, Flannelly, and Oppenheimer (2003) identified 44 articles in secular scientific journals published between 1980 and 1999 that addressed collaboration between clergy and mental-health professionals. Apart from the need for interdisciplinary "referrals," which was included among the search terms, six themes emerged from a content analysis of the text of the articles. The six major themes that were identified were: (1) recognition

of clergy as frontline mental-health workers or gatekeepers to the mental-health system, (2) obstacles to collaboration, (3) the importance of shared values, (4) the need for more education or knowledge for the clergy and/or mental health professionals, (5) the benefits of collaboration to the professions, and (6) the role of clergy and mental-health workers in prevention. A qualitative survey of psychologists and clergy identified some of the same themes (McMinn et al., 1998). The current study consisted of a broader review (1970–1999) of all articles contained on PsycINFO in order to allow us: (1) to compare the views expressed in secular and religious behavioral journals; and (2) to examine changes in perspectives or themes that might have occurred over time.

## METHODS

An electronic search was conducted on the American Psychological Association's database (PsycINFO) of articles published between 1970 and 1999 in English-language journals. The search phrase we used was: (collaborat\* OR referral\*) AND (clergy OR church OR synagogue OR chaplain OR priest OR minister OR rabbi\*) NOT rabbit. A manual examination of the *Journal of Religion and Health* was conducted to supplement the electronic search because Weaver, Flannelly, Flannelly, and Oppenheimer (2003) found that PsycINFO's coverage of this journal was incomplete. Once the search results were obtained, we followed the procedures for selecting articles for inclusion in the study that were described by Crithey et al. (1999) in a systematic review of the literature on Medline about palliative care.

The electronic search produced an initial list of 154 citations whose titles were printed. The list of titles was read by two judges who mutually agreed to select or reject an article for further examination based on the information contained in the title. Abstracts were then retrieved and printed for the selected articles. If either judge thought the title provided insufficient information for making a decision, the abstract was printed.

Then, two judges read the retrieved abstracts and followed the same procedure to decide if an article should be rejected or whether the full-text of the article had to be read before the decision to include or exclude it from the sample was made. Copies were obtained of all the selected articles and all those articles on which no decision could be made before reading the entire text of the article. The final selection of articles for the study was made by mutual consent after each article was read by two judges.

The articles were classified by the year of their publication, type of journal (either secular or religious), type of article, and professional discipline. Discipline was operationally defined by the title of the journal: counseling/therapy, gerontology, psychology, psychiatry, social work, etc. The articles were classified into three

broad types: (1) research (qualitative and quantitative); (2) clinical (case studies and program descriptions); and (3) reviews and commentaries. Content analysis was conducted to assess the major themes discussed in each article that were identified by Weaver, Flannelly, Flannelly, and Oppenheimer (2003): (1) recognition of clergy as frontline mental-health workers or gatekeepers to the mental health system, (2) obstacles to collaboration, (3) the importance of shared values, (4) the need for more education or knowledge for the clergy and/or mental-health professionals, (5) the benefits of collaboration to the professions, and (6) the role of clergy and mental-health workers in prevention.

The data were grouped into 5-year intervals in order to calculate the percentage of articles that discussed each theme in religious and secular journals. The percentages of articles that mentioned each theme were analyzed separately by analysis of variance, using a 2 (secular by religious)  $\times$  6 (5-year intervals) design. Frequency data were analyzed by chi-square or Fisher's exact probability test. Pearson's correlation coefficient also was conducted on some of the data.

## RESULTS

The electronic search yielded a total of 154 articles in English-language journals that met the search criteria. After systematically reading and screening abstracts and actual articles, 89 articles were found that addressed collaboration and/or referral between the clergy and mental-health professionals. Table 1 shows the distribution of articles by professional discipline and type of journal. As seen in the table, 52 of the articles were published in secular journals, with the majority coming from psychology, psychiatry and other mental-health journals. In all, the 52 articles appeared in 32 different journals, with 30 of the articles being published in just eight journals. More than half of the psychology and psychiatry articles were published, respectively, in *Professional Psychology* and *Hospital and Community Psychiatry*, now called *Psychiatric Services*. Of the 37 articles that appeared in

**Table 1.** Distribution of Articles About Collaboration With Clergy by Professional Discipline and Type of Journal (Secular or Religious)

	Secular		Religious	
	Number	Percent	Number	Percent
Psychology	14	26.9%	21	56.8%
Psychiatry	15	28.9%		
Counseling/Therapy	7	13.5%	2	5.4%
Other mental health	10	19.2%		
Gerontology	2	3.8%	2	5.4%
Social work	2	3.8%		
Other health	2	3.8%	12	32.4%
Total	52	100.0%	37	100.0%

religious journals, all but three of them were published in the *Journal of Psychology & Christianity*, the *Journal of Psychology & Theology*, *Pastoral Psychology*, the *Journal of Religion & Health*, or *The Journal of Pastoral Care*, which recently was renamed *The Journal of Pastoral Care and Counseling*.

Overall, 41.6% of the articles were research, 25.8% were clinical, and 32.6% were reviews and commentaries. No significant difference was found among types of articles published in religion-oriented and secular journals.

Whereas interest in collaboration (as evidenced by the number of published articles) peaked in the religious journals during the 1980's, the number of articles on collaboration appearing in secular journals increased from 1970 to 1999,  $r(28) = .49, p < .01$ . Content analysis confirmed the six major themes that were found by Weaver, Flannelly, Flannelly, and Oppenheimer (2003).

Table 2 presents the percentage of articles in secular and religious journals that mentioned each theme by decade. Articles in secular journals were significantly more likely to acknowledge the role clergy play as frontline mental-health workers. This theme became less salient in secular and religious journals over time, although it remained one of the most prominent themes.

The need for greater education and knowledge was a consistent theme across time, appearing significantly more often in articles published in secular journals.

**Table 2.** Percentages of Themes Found in Articles on Collaboration Published in Secular and Religious Journals by Decade

Six major themes	Type of journal	1970's	1980's	1990's	Main effect of Journal Type ( $p <$ )	Type by year interaction ( $p <$ )
Frontline/Gatekeeper role of clergy	Secular	90.0%	68.0%	71.8%	.01	.05
	Religious	76.4%	52.3%	41.7%		
Need for more education or knowledge	Secular	65.0%	60.3%	59.1%	.05	ns
	Religious	47.2%	47.7%	41.7%		
Obstacles to collaboration	Secular	50.0%	39.7%	52.0%	ns	ns
	Religious	65.3%	56.8%	58.3%		
Importance of having shared values	Secular	0.0%	23.7%	35.3%	ns	.05
	Religious	12.5%	21.6%	41.7%		
Benefits of collaboration	Secular	0.0%	23.7%	35.3%	ns	.06
	Religious	5.6%	18.2%	16.7%		
Role of clergy in prevention	Secular	10.0%	19.2%	56.4%	ns	ns
	Religious	27.8%	0.0%	16.7%		

Two thirds of the articles that appeared in secular journals thought clergy needed more knowledge about mental-health problems or resources, and just 20.0% of the articles in secular journals thought both professions needed more knowledge about each other's respective fields. In contrast, nearly double the percentage of articles in religious journals that discussed education thought clergy and mental-health professionals needed better knowledge of each other's field (38.4%). Insufficient knowledge or education was frequently seen as an obstacle to collaboration. No difference was found in the percent of articles that discussed obstacles to collaboration in each type of journal.

Other factors that were thought to affect collaboration were the similarities and differences in values between clergy and mental-health professionals. The discussion of this theme increased in both types of journals from the 1970's through the 1990's. Articles that emphasized the different values of the two fields were more likely to say these differences were obstacles to collaboration, whereas those that emphasized the similarities in values were more likely to say the commonality of values helped to foster collaboration (Fisher's exact probability = .006).

The percentage of articles that discussed professional benefits of collaboration also increased over time. Nearly half of the articles that discussed the topic said both professions benefited from collaboration (48.2%), while a third only mentioned the benefits to mental-health workers. As seen in the table, the percentage of articles that addressed the potential role of clergy in mental-health prevention was relatively low.

Although 44.2% of the articles in the secular journals provided specific examples of collaboration, only 24.3% of the articles in religious journals did so,  $\chi^2 = 3.72, p < .06$ . Articles in secular journals also were more likely to offer recommendations to facilitate collaboration between clergy and mental-health professionals, with 51.9% of articles making recommendations compared to 32.4% of articles in religious journals,  $\chi^2 = 3.36, p < .07$ .

## DISCUSSION

The current findings confirmed the major themes found by Weaver, Flannelly, Flannelly, and Oppenheimer (2003). The same themes were expressed to varying degrees in both secular and religious journals. The percentage of some themes increased while others decreased over time. Two articles about collaboration since 1999 address all six themes (Benes et al., 2000; McMinn et al., 2001). A 1998 qualitative survey of psychologists and clergy identified some of the same themes, including, importance of common values, and the benefits and obstacles to collaboration (McMinn et al., 1998). McMinn and his colleagues also identify four major primary contexts for collaboration between psychologists and clergy: mental health services, parish life, community concerns and academics (Edwards et al., 1999).

One of the most frequently identified obstacles to collaboration in our sample was lack of education, not only for clergy, who obtain little if any psychological education in their training, but also for psychologists, who may lack an awareness of spiritual issues. A recent article by Brawer, Handal, Fabricatore, Roberts, and Wajda-Johnston (2002) emphasizes the need for professional psychologists to have training in religion and spirituality, noting that these topics are rarely covered to a satisfactory extent in most accredited clinical programs. McMinn, Meek, Canning, and Pozzi (2001) also address the lack of training that is available for psychologists who are interested in collaborating with clergy. To meet this need the authors established the Center for Church-Psychology Collaboration, which trains doctoral students in effective collaboration, and to provide service to religious communities worldwide. Both groups of authors encourage programs to increase psychologists' sensitivity to religion and spirituality topics, and to create more opportunities to incorporate religious and spiritual issues into coursework.

Another common obstacle to mutually beneficial collaboration has been the discrepancy in the direction of referrals, which tend to be unidirectional, from clergy to psychologists (McMinn et al., 1998). The paucity of referrals to clergy by psychologists might suggest that psychologists are territorial when it comes to people seeking help, and they are sometimes unwilling to see certain problems as needing only spiritual help (Hulme, 1974). Liberal clergy who are among those most willing to refer, expect mental-health professionals to share the values, morals, and religious beliefs of their potential clients (Mannon & Crawford, 1996). Though conventional Protestant clergy have significantly more favorable attitudes toward mental-health problems and their causes than do conservative and fundamentalist Protestants, many clergy still have attitudes and opinions that might interfere with psychologically oriented referral policies (Hulme, 1974). Meylink and Gorsuch (1988) found that clergy in larger churches were more likely to make referrals than those in smaller ones, possibly because of the different roles clergy play in larger versus smaller churches (Meylink & Gorsuch, 1988).

Another major concern often found in the literature is the lack of knowledge about one another's roles; the absence of training in how, when, and where to make referrals is a significant obstacle to collaboration (Virkler, 1979; Mueller, Cameron, & Joransen, 1971). For instance, parish clergy are often unprepared to recognize the suicide potential of persons who seek their care, and clergy show the same level of knowledge about the symptoms of emotional distress as a group of college undergraduates in an introductory psychology class (Weaver & Koenig, 1996). Clergy with higher levels of education appear more willing to acknowledge their clinical limitations, and they often make more referrals (Gottlieb & Olfson, 1987). On the other hand, whereas ministers have extensive training in religious concepts, the average mental-health professional is uninformed in theology. There is valid concern that these professionals need explicit training in recognizing issues rooted in commitment to religion. As noted earlier, a recent survey found that relatively

few clinical programs have courses that specifically cover religion and spirituality, but there is movement in that direction (Brawer et al., 2002).

Clinical pastoral education programs provide clergy with a psychiatric orientation and some clinical tools to help them make more appropriate referrals and provide supportive counseling to emotionally distressed parishioners (Orthner, 1986). About half of clergy report such training (Ellor & Coates, 2001). Conversely, a basic knowledge of religious customs, values, and rituals will enable psychotherapists to make more effective and appropriate diagnoses, referrals, and interventions in their clinical work (Hoffman, Laub, & Zim, 1990).

Divergent values between religious and psychiatric practitioners are significant obstacles to collaboration (Gottlieb & Olfson, 1987). Clergy report that shared beliefs and values are important to them—even more so than to psychologists—when considering entering into a collaborative relationship (McMinn et al., 1998). In their extensive work on collaboration between psychologists and clergy, McMinn and his colleagues have stressed the importance of shared values (Benes et al., 2000; Edwards et al., 1999; McMinn et al., 1998, 2001).

The concern about values is especially true among pastors of smaller churches (Rumberger & Rogers, 1982). In general, clergy express concern that there are mental-health professionals who might undermine or show contempt for the faith of individuals who might be referred to them (Mannon & Crawford, 1996). This concern may be valid, since therapists can sometimes establish goals for client change that clash with a client's theistic systems of belief. Psychoanalytic theorists have especially shown negativity towards those who value religion. Lack of interaction and disparate values and beliefs between clergy and psychologists bring about a lack of trust between professionals (McMinn et al., 1998), and recent studies discuss ways to foster trust (Benes et al., 2000; McMinn et al., 2001).

In order to overcome the obstacles described by various authors, several recommendations have been made. Since churches and temples represent a huge potential resource, it is important to involve clergy in the mental-health system (Lau & Steele, 1990). In order to accomplish this, therapists and religious counselors must have good working relationships and their respective roles must be clearly defined (Giglio, 1993, Benes et al., 2000). Clergy should be better trained in making assessments and referrals (Mannon & Crawford, 1996), but psychologists also need better training in the clinical dynamics of religion, and religion in general (Weaver et al., 1997; McMinn et al., 2001). In order to supply necessary services, mental-health professionals could reserve a portion of time for training other professionals in carefully conceived programs (Shapiro, 1970). In addition, mental-health associations might organize seminars or discussion groups to broaden perspectives (Mueller, Cameron, & Joransen, 1971). Medical colleges could even organize seminars to familiarize local pastors with services and facilities available to their constituents (Mobley, Katz, & Elkins, 1985).

Overall, the themes we observed here and in our earlier paper illustrate the need to increase the awareness of mental-health professionals about the role community clergy play in the mental-health arena. From the clergy's perspective, they also indicate the need to improve the education of mental-health professionals to increase their sensitivity to religion and spirituality. Both professions recognize that the training and education of clergy should be improved so they are better able to recognize psychological disorders, and are more familiar with existing mental-health resources in their communities to enable clergy to make appropriate referrals to mental-health professionals.

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### REFERENCES

- Benes, K. M., Walsh, J. M., McMinn, M. R., Dominguez, A. W., & Aikins, D. C. (2000). Psychology and the church: An exemplar of psychologist-clergy collaboration. *Professional Psychology: Research and Practice, 31*(5), 515-520.
- Brawer, P. A., Handal, P. J., Fabricatore, A. N., Roberts, R., & Wajda-Johnson, V. A. (2002). Training and education in religion/spirituality within APA-accredited clinical psychology programs. *Professional Psychology: Research and Practice, 33*(2), 203-206.
- Budd, F. C. (1999). An air force model of psychologist-chaplain collaboration. *Professional Psychology: Research and Practice, 30*(6), 552-556.
- Critchley, P., Jadad, A. R., Taniguchi, A., Woods, A., Stevens, R., Reyno, L., et al. (1999). Are some palliative care delivery systems more effective and efficient than others? *Journal of Palliative Care, 15*(4), 40-47.
- Edwards, L. C., Lim, B. R. K. B., McMinn, M. R., & Dominquez, A. W. (1999). Examples of collaboration between psychologists and clergy. *Professional Psychology: Research and Practice, 30*(6), 547-551.
- Ellor, J. W., & Coates, R. B. (1999). Ministry with the elderly: Training needs of clergy. *Journal of Religious Gerontology, 12*(2), 29-36.
- Gallup, G. H., & Lindsay, D. M. (1999). *Surveying the religious landscape: Trends in U.S. beliefs*. Harrisburg, PA: Morehouse Publishing.
- Giglio, J. (1993). The impact of patients' and therapists' religious values on psychotherapy. *Hospital and Community Psychiatry, 44*(8), 768-771.
- Gottlieb, J. F., & Olfson, M. (1987). Current referral practices of mental health care providers. *Hospital and Community Psychiatry, 38*(11), 1171-1179.
- Hoffman, S., Laub, B., & Zim, S. (1990). Collaboration of clergy and psychotherapists in treating psychiatric patients. *International Journal of Psychiatry and Related Science, 27*(3), 180-185.
- Hohmann, A. A., & Larson, D. B. (1993). Psychiatric factors predicting use of clergy. In E. L. Worthington Jr. (ed.), *Psychotherapy and religious values* (pp. 71-84). Grand Rapids, MI: Baker Book House.
- Hulme, T. S. (1974). Mental health consultation with religious leaders. *Journal of Religion and Health, 13*(2), 114-127.
- Lau, G. K., & Steele, R. (1990). An empirical study of the pastoral mental health involvement model. *Journal of Psychology and Theology, 18*(3), 261-269.

- Mannon, J. D., & Crawford, R. L. (1996). Clergy confidence to counsel and their willingness to refer to mental health professionals. *Family Therapy, 23*(3), 213-231.
- McMinn, M. R., Chaddock, T. P., Edwards, L. C., Lim, B. R. K. B., & Campbell, C. D. (1998). Psychologists collaborating with clergy. *Professional Psychology: Research and Practice, 29*(6), 564-570.
- McMinn, M. R., Meek, K. R., Canning, S. S., & Pozzi, C. F. (2001). Training psychologists to work with religious organizations: The center for church-psychology collaboration. *Professional Psychology: Research and Practice, 32*(3), 324-328.
- Mobley, M. F., Katz, E. K., & Elkins, R. L. (1985). Academic psychiatry and the clergy: An analysis of ministerial referrals. *Hospital and Community Psychiatry, 36*(1), 79-80.
- Mueller, J., Cameron, K., & Joransen, D. (1971). Community caretakers as mental health casefinders. *Mental Hygiene, 55*(2), 214-218.
- Orthner, D. K. (1986). *Pastoral counseling: caring and caregivers in the United Methodist Church*. Nashville, TN: The General Board of Higher Education and Ministry of The United Methodist Church.
- Plante, T. G. (1999). A collaborative relationship between professional psychology and the Roman Catholic Church: A case example and suggested principles for success. *Professional Psychology: Research and Practice, 30*(6), 541-546.
- Rumberger, D. J., & Rogers, M. L. (1982). Pastoral openness to interaction with a private Christian counseling service. *Journal of Psychology and Theology, 10*(4), 337-345.
- Shapiro, D. S. (1970). Mental health professionals' hang-ups in training mental health counselors. *Mental Hygiene, 54*(3), 364-369.
- Virkler, H. A. (1979). Counseling demands, procedures, and preparation of parish ministers: A descriptive study. *Journal of Psychology and Theology, 7*(4), 271-280.
- Weaver, A. J. (1995). Has there been a failure to prepare and support parish-based clergy in their role as front-line community mental health workers? A review. *The Journal of Pastoral Care, 49*(2), 129-149.
- Weaver, A. J., Flannely, K. J., Flannely, L. T., & Oppenheimer, J. E. (2003). Collaboration between clergy and mental-health professionals: A review of professional health-care journals from 1980 to 1999. *Counseling and Values, 47*, 162-171.
- Weaver, A. J., & Koenig, H. G. (1996). Elderly suicide, mental health professionals, and the clergy: A need for clinical collaboration, training, and research. *Death Studies, 20*, 495-508.
- Weaver, A. J., Revilla, L. A., & Koenig, H. G. (2002). *Counseling families across the stages of life: A handbook for pastors and other helping professionals*. Nashville, TN: Abingdon Press.
- Weaver, A. J., Samford, J. A., Kline, A. E., Lucas, L. A., Larson, D. B., & Koenig, H. G. (1997). What do psychologists know about working with the clergy? An analysis of eight APA journals: 1991-1994. *Professional Psychology: Research and Practice, 28*(5), 471-474.