

ON PASTORS AS COUNSELORS

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Counseling is more and more coming to be recognized as an essential element of pastoral care.¹ Nevertheless, the very notion of pastors doing counseling seems to remain anathema to many. At any rate, I have frequently been accosted by those who vigorously oppose either training pastors for, or encouraging them to function in, counseling capacities.

Thus, there remains a group of clinicians and other professionals who contend that the typical pastor—whose preparation has largely been theological and only minimally psychological—has no business presuming to dabble in the highly potent processes of trained psychotherapists. (This is not to imply that all clinicians decry some counseling activity by pastors. Many seem to welcome it—if there has been some preparation for it.)

There is a second group who resist pastoral involvement in the doing of counseling. These acknowledge that pastors must, of course, deeply value ministry to individuals. Nevertheless, they maintain that a pastor's obligations to a whole congregation of believers must preclude his/her involvement in such time-consuming and exclusive relationships with individuals as are entailed in effective therapeutic counseling.

Thus, both groups tend to deplore any tendency among practicing pastors to become involved in the doing of counseling. The first group are particularly concerned with what they perceive to be the potential in damage that may be done to persons by uninformed, untrained attempts at "playing psychiatrist." The second group, on the other hand, are troubled by their fears that preoccupation with personal counseling will inevitably impoverish the pastor's more traditional ministry of proclamation and congregational nurturance.

¹See William E. Hulme, *Pastoral Care & Counseling* (Minneapolis, 1981), pp. 7-9.

This article focuses primarily on the concerns of the former group. At the same time, I would urge that if in fact the pastor is going to engage in personal counseling at all, then certainly the more informed and skilled he/she can be, the better.

1. *The Need for Competent Counseling*

It seems undeniable that counseling as therapy either has potential to affect persons and their behavior for good or for ill, or else is sheer quackery! If it does have even a modicum of such power to affect for ill—as well as for good—then the possibility of a practitioner's actually doing harm, is very real. In that light, the prospect of having a horde of pastors running around "playing psychiatrist" could indeed be truly frightening!

Of course, there has been no lack of researchers who challenge psychotherapists to show that even professional clinicians can really be depended on to make a positive difference. Among the foremost of these challengers has been H. J. Eysenck.² Especially in the 1960s, he and colleagues authored a considerable body of literature contending that while over any two-year period two-thirds of those who are mentally or emotionally disturbed recover with no treatment, the best average that therapy could establish was a similar two-thirds recovery rate!

Subsequent research and literature, however, has shown that the *average* was established by combining the results from a distinguishable group of therapists and approaches achieving much better than the two-thirds recovery rate, with the results of other therapists who were actually doing so much damage as to reduce the statistic to the final average.³ If, then, practitioners with sophisticated training can do significant damage, what must be feared from pastors, many of whom at best have only a brief course or two in "Pastoral Counseling" while in seminary! It is important to make a clear distinction here between (a) those professional "pastoral counselors" whose preparation enables them to hold such

²H. J. Eysenck, "The Effects of Psychotherapy: An Evaluation," *Journal of Consulting Psychology*, 16 (1952): 319-323.

³Robert R. Carkhuff and Charles B. Truax, "Toward Explaining Success and Failure in Interpersonal Learning Experiences," *Personnel and Guidance Journal*, 44 (1966): 723-728.

credentials as, for instance, are issued by the American Association of Pastoral Counselors (AAPC) and the Association for Clinical Pastoral Education (ACPE), and (b) practicing parish pastors, very few of whom have such preparation and credentials.

A vigorous protest, however, must herewith be registered against any across-the-board opposition to giving pastors and pastors-to-be an increasingly sophisticated introduction to counseling theory and practice. It seems that professional counselors and psychotherapists who suggest that the givers of pastoral care cannot be greatly benefited when informed by their expertise are selling themselves terribly short!

Pastors regularly encounter individuals who are temporarily handicapped or disabled to one degree or another by their emotional response to crisis-precipitating events or situations. In fact, an active pastor may well encounter a larger number of these in a single month than will a professional therapist in many months of ongoing treatments. Has the counseling/clinical profession nothing whereby it can inform the pastor for the enriching and effectualizing of the pastoral care he/she must render to these individuals? It seems inescapable that even if his/her counseling care for an individual is limited to a single occasion, and is free from all diagnosis or prescription, there is promise that the effectiveness of that care can be greatly enhanced if it is in fact informed by the research, understanding, and processes of psychotherapy.

2. *"Relationship" as Method*

There are numerous findings of counseling research and practice that could afford enrichment to the giving of pastoral care. Counseling and other clinical professionals are familiar, for instance, with the findings that point to the significance of the relationship between therapist and counselee/patient. For pastors schooled in the tradition of proclamation, exhortation, and instruction in righteousness, informing their ministry by such findings might tend to revolutionize their pastoral-care giving.

Addressing themselves to the statistics which suggest that professional treatment does no more for recovery rates than does time combined with spontaneous social interaction, both Charles Truax and Robert Carkhuff describe these findings regarding relationship

and therapy effectiveness.⁴ The data indicate that whatever other techniques and approaches be used, and whatever the theoretical orientation of the clinician or his methods, there is a highly significant difference in recovery rates when a designatable quality of relationship is afforded, as against when it is not afforded. It will be shown below that in fact the relationship which Carkhuff and Bernard Berenson have distinguished is very similar to what is delineated as vital by a wide variety of clinical approaches and methods.⁵

It is now commonly recognized that essential elements of the effective relationship distinguished by Carkhuff and Berenson include (1) genuineness, (2) empathy, (3) positive regard, and (4) concreteness. James Hansen, et al., have shown that with the addition of a single further element—namely, unconditionality or nonpossessive positive regard—it is possible to cover the relationship elements specified as essential by a comprehensive range of orientations and clinicians.⁶ These range all the way from psychoanalytic theory (e.g., Alfred Adler, Karen Horney, Harry S. Sullivan) through learning theory (e.g., John Dollard and Neal Miller, John Wolpe, Edward Shoben) and client-centered theory (Carl Rogers), to existential theory (Edward Dreyfus, Rollo May).

The significant point indicated here is, of course, that *without* provision of such a relationship, little by way of therapeutic intervention or change toward health can be expected to occur, whereas *with* the relationship, healthy change tends consistently to occur, whatever else may be used by way of techniques. The implication is that counseling and its techniques could very possibly be reduced to possession of these qualities and especially to the process of conveying them to the counselee. If in fact it is largely by the affording of such relationship that readiness for and capacity to change are

⁴Charles B. Truax, "Effective Ingredients in Psychotherapy: An Approach to Unraveling the Patient-Therapist Interaction," *Journal of Counseling Psychology*, 10 (1963): 256-263; and Robert R. Carkhuff, "Toward a Comprehensive Model of Facilitative Interpersonal Processes," *Journal of Counseling Psychology*, 14 (1967): 67-72.

⁵See Robert R. Carkhuff and Bernard Berenson, *Beyond Counseling and Therapy* (New York, 1967).

⁶James C. Hansen, Richard R. Stevic, and Richard W. Warner, Jr., *Counseling: Theory and Process* (Boston, 1972).

enhanced, then it would seem that schooling pastors in attitudes and skills contributing to such relationship could only enrich their giving of pastoral care—however much or little they actually engage in doing formal counseling.

3. "Listening" as Pastoral Care

It is widely recognized that the process of listening to and responding to feeling is fundamental to formation of such relationship as is change-enabling.⁷ Along with numerous others, Thomas R. Gordon has defined and described "active listening" and shown its value for conveying the essential relational qualities.⁸ I would propose that a further helpful consideration derives from making a distinction between "topic hearing" and "people (person) hearing." When the relationship builder focuses on, and responds to, what another person may be conveying about his or her internal self—whatever that person's topic—the result is "people hearing." Thus, for instance, a boarding school student complaining about cafeteria food just may be indicating homesickness—though ostensibly talking about the cafeteria. "People hearing" would focus on such messages about the person, rather than on talk about the topic.

As William E. Hulme has recognized, "The basic approach of listening to feelings, although new to pastoral education a few decades ago, is now common knowledge even if not common practice."⁹ It seems beyond debate that for introduction to this listening approach, the givers of pastoral care are greatly indebted to the research and practice of psychotherapists. Understanding of the approach and consistent practice of that approach can be (and unquestionably *are*) two separate things, however. I would vigorously maintain that the giving of pastoral care greatly needs, not only constant reminders, but also continuing instruction, training, and practice in this listening approach of ministry.

The givers of pastoral care may well find occasion for exhortation, advice-giving, and duty-prescription in their ministry. Nevertheless, the evidence from research reveals that pastoral care is

⁷See Carl R. Rogers, *On Becoming a Person* (Boston, 1961).

⁸Thomas R. Gordon, *Parent Effectiveness Training* (New York, 1970).

⁹Hulme, p. 7.

much more helpful when it places a major emphasis on that kind of listening which conveys empathic understanding, gives release from anxious defensiveness, and fosters formation of change-enabling relationship.

4. *Release from Defensiveness*

It is here suggested that a primary contribution of the therapeutic relationship, including the active listening so widely seen as fundamental to it, is the tendency to afford the counselee/patient/parishioner release from defensiveness. It will be remembered that the biblical narrative of Jesus' encounter with the woman about to be stoned for adultery (see John 8:3-11) has him assuring her that however disgraced and degraded she might feel, he holds no condemnation whatever for her. One can almost feel her taut nerves uncoiling as it dawns on her that she is released from any need to defend herself from attack. Then Jesus invites her to that change in her life which must forever escape her so long as the rigidities born of defensiveness bind her. Jesus' words "Go and sin no more" have traditionally been viewed as an injunction. In the light of his non-condemning acceptance (though not approval), that expression "Go and sin no more" would seem to emerge more accurately as an invitation—an invitation to live the life she no doubt had all along yearned to live. When pastors, schooled in theological imperatives and identified so generally as the traditional defenders of moral values, have had their theological sensitivities to divine reconciliation informed and reinforced by research-based counseling concepts, they can afford "openings-to-change" that are uniquely potent because of that very theological orientation.

I would here further suggest that clinicians just might find pastors more ready to make referrals to them if the pastors were not themselves prompted into a defensive position by their clinician friends. In other words, if "pastoral counseling" attempts are scorned, pastors may fear that the Christian thrust of their values is being challenged, as well. They wonder if clinicians who belittle their attempts to confront a parishioner with Christian values can be sufficiently trusted for purposes of making a referral.

In contrast to this, I may point out the effect and value of cooperative effort as evidenced by a personal experience in which

the clinician initiated the cooperative effort. Some years ago, a psychiatrist in a community where I was pastoring referred one of his patients to me in connection with what appeared to be the patient's conflicts regarding Christian values and teachings. This, in turn, led me as a pastor to make a significantly increased number of referrals to that psychiatrist, because of my perception that the clinician recognized the value of some mutuality in caring for his patient. (A significant factor in the psychiatrist's referral was, no doubt, his awareness that the pastor had had a meaningful degree of exposure to the basics of behavioral and counseling science.)

5. *Conclusion*

In conclusion, I would here propose, in contrast to both groups who have tended to resist the training of pastors in the disciplines of counseling, that what is needed is more rather than less of such training. Although in this essay I have in no way sought to propose that pastors dabble in depth therapy, it must nevertheless be recognized that pastors are going to give—indeed, they must give—pastoral care. Surely, along with being alerted to the very real dangers inherent in their “dabbling in psychiatry,” their giving of pastoral care can yet be greatly enhanced, if they be carefully schooled in the contributions the counseling discipline can make to their work.

I would want to acknowledge, of course, that in fact the prospect of a horde of minimally qualified pastors running around “playing psychiatrist” is for me truly frightening. Far more frightening, however, is the prospect of a horde of pastors *and* psychologists, psychiatrists, and other professionally trained clinicians running around “playing GOD”—unwittingly or otherwise!

Sometimes, and unfortunately, the more expertise one has, the more likely is he/she to presume to absolute judgments, diagnoses, prescriptions, etc. To forget that the best that psychological or personality tests and inventories have to offer is probability data, and to forget that clinically derived data about a person can never be complete—to forget such things and then to presume certainty in projection, in label of condition, in prescription of duty or of remedy, is little less than presuming to “play God.” Not all practitioners subscribe, of course, to all the notions of non-directive counseling. But maybe that approach can warn all finite human

beings from dabbling in the certainties that belong solely to the infinite!

It is here submitted that one very likely way to avoid such God-playing, at least for pastors, is to provide them (and pastors-to-be) with more—not less—exposure to the best that counseling research and practice can offer. In so doing, there will also undoubtedly be an enrichment of the pastoral care these pastors afford individuals and congregations.