Considerable confusion exists regarding the competency of clinically-trained pastors in the area of what traditionally has been called the “the cure of souls.” The language we use in describing varieties of pastoral assistance befuddles us. This document clarifies our terminology and delineates three principal ways that ministers offer themselves pastorally to troubled persons in need.

Due to the complexities of existence, nothing is more human than suffering. We respond to another’s pain with humility and courage – even audacity – accepting the anxiety that accompanies risk. Our response is always an act of faith. Our response is “pastoral” – from the Latin “pascere,” “to feed” – when we shift our focus from self-absorption to the compassionate nurturance of others. Clergy, whether lay or ordained, participate in this nurturant act of faith when they attempt to assist those who are in physical, mental, or spiritual distress. We should not minimize the strength of the pastoral role. Some clergy have sought and obtained specialized clinical training to enhance their competence in providing such help. This document clarifies the broad-based and rich expertise required by clinically-trained clergy.

As the modern pastoral profession has evolved, three types of nurturant intervention have emerged: “Pastoral Care,” “Pastoral Counseling,” and “Pastoral Psychotherapy.” This typology accurately conveys the full range of expertise in the pastoral armamentarium. Each is characterized by a distinct complexity of involvement, depending on the needs of the suffering individual, and requires differing skills and training. However, one type is not to be considered superior to the others. That is, these aspects of ministry are not hierarchical. What is critical is for the pastoral practitioner to insure that the assistance provided is determined by the recipient’s particular needs, which may change over time.

Anton Theophilus Boisen, who founded the clinical pastoral training movement over 75 years ago, was insistent from the very beginning that effective help for others cannot be achieved by assuming that “one size fits all.” Boisen spoke repeatedly of the need for a “systematic attempt to diagnose” where the suffering person stands, so that “we may be able to bring to bear, according to the needs of the particular case, the forces of healing and power” which lie within religion. One must assess the situation in order to apply the most appropriate assistance.

The current tendency to include all therapeutic work of religious professionals under the rubric of “pastoral care” is a retreat from an accurate description of the strong work of which well-trained religious professionals are capable. Since its flowering in the 20th century, “pastoral care” has been a weaker rendition of the more ancient “cure of souls.” In the past decade the category “pastoral care” has been co-opted to assist the current politically-motivated campaign to inhibit parish pastors from counseling work of any sort. This campaign is driven by institutional concerns regarding litigation, salaries, and professional turf. It proposes to radically change the role of religious leadership.

Even less helpful in defining pastoral work is the amorphous “spiritual care.” As popular as the metaphor currently is, it is impervious to definition. The recent surge in popularity of “spirituality” in the media and in the culture at large signifies a widespread reaction against religious professionalism, a reaction that is not entirely undeserved. Religious professionals at times can be smug, seeming to monopolize religious experience and insight. The spirituality movement represents the laicization of religious knowledge and wisdom. A parallel populist movement has attacked scientific medicine and physicians. Every health food store is now a disease treatment bar.

There are pros and cons to this reaction against professionalism. For example, individuals now are more inclined to assume personal responsibility and think for
themselves rather than defer compliantly to experts, some of whom present themselves in an inflated manner. But the current spirituality movement also harbors some irrational resentment toward professionalism that is impenetrable to thoughtful analysis.

Religious traditions have been engaged in the cure of souls since the beginning of history, and for most of history they alone have carried on this task. The “cure of souls” is a construct of Latin and Germanic etymological roots with the same meaning as “psychotherapy” using Greek etymological roots. Through this etymological legerdemain secular professions co-opted the work of the cure of souls. The 20th century introduced the new secular professions of psychologist (theorist of the soul), psychotherapist (healer of the soul), and psychiatrist (physician of the soul). In the face of these new secular professions, religious professionals largely retreated from the task of the cure of souls, leaving it to the secularists. In the middle and upper classes of late 20th century North America, those who gave expression in a social conversation to the fact that a serious personal issue might be troubling them would typically hear a recommendation to consult a “therapist,” certainly not a religious professional. In reality, however, some of the very best psychotherapists of the past century have been pastoral psychotherapists.

The clinical pastoral training movement has partially reasserted the religious professionals’ claim to competency in this work of the cure of souls, and by the end of the century religious professionals had regained some of the lost ground. The training required for a pastoral psychotherapist is on par with that of a secular psychotherapist. In addition to familiarity with basically the same literature, the hours of individual and group supervision required for competency are generally as high or higher than that of many secular psychotherapy programs.

PASTORAL CARE

Pastoral care is often received – as it should be – as a treasure of great price. The more prevalent pastoral care is in the world, the more profoundly we become established as a true community. The less prevalent, the more troubled the human community becomes. Most religions are mandated to provide compassionate care to those in need, and clergy generally have the assigned task of providing pastoral care in all of their relationships, guiding their protégés along the same path. Competency requires a certain level of motivation and emotional stability on the part of the practitioner and is the sine qua non of anyone who seriously seeks to pastor.

Parish ministers, institutional chaplains, and well-trained religious laity provide “pastoral care.” This activity includes the classic concepts of guiding, sustaining, and supporting the suffering person or persons with compassion and kindness. Most importantly, it also involves moving in close enough personally to evaluate the appropriate type of pastoral response that is needed or sought, whether that be psychotherapy, counseling, or care. While “pastoral counseling” and “pastoral psychotherapy” - to be described below - both imply a specific, intentional, considered program of interaction worked out with those in need, pastoral care must flow almost automatically upon contact. Pastoral care is what the well-trained clinical chaplain or pastor can almost “do while asleep” – just as an emergency room physician’s hands and eyes automatically make contact with and start evaluating a patient who comes in the door. Such caring cannot remain intellectual but must become personal. Pastoral care, as Boisen noted, must include personal evaluation with the specific purpose of bringing the appropriate resources to bear.

Minimal Requirements for Competency in Pastoral Care:

- Compassion
- Capacity for bonding with others
- Willingness to give one's time and attention to others
- Tolerance for a variety of religious traditions, and non-proselytizing posture
- Basic self-understanding, so as to limit unconscious imposition of one’s own agenda on others
- 400 hours of clinically supervised ministry or a unit of clinical pastoral education.

Pastoral Care Case Illustrations:

The patient and family leave the hospital but are struggling with how to cope with the next two weeks until the patient can return to full activity at home and at work. Pastoral Care Referral: Parish Pastor.

A child dies in the hospital and the parents are grieving. The clinical staff is sympathetic and supportive but also busy with other tasks. Pastoral Care Referral: Medical Center Chaplain.

A parishioner suffered the death of his mate several months ago. Members of his Sunday School class don’t think he is doing very well. Pastoral Care Referral: Parish Pastor.

A client calls his pastoral psychotherapist upon receiving news that his father has had a massive heart attack and is not expected to live. The therapist is aware that the man’s own pastor is clinically trained and more accessible in this emergency. Pastoral Care Referral: Parish Pastor.
PASTORAL COUNSELING

Pastoral counseling is more focused and more deliberately inquisitive than pastoral care. It seeks to explore motivation. Like pastoral care, it might attend to virtually any problem in the human experience. Pastoral counseling, to a greater extent than pastoral care, responds to signals from the recipient that counseling is desired. It assumes that the counselee bears some responsibility for presenting an agenda. Thus pastoral counseling is more intentional, contractual, and addressed to specific concerns or problems to be parsed; it is usually short-term. Competency in pastoral counseling is not assured by any of the typical post-graduate theological degrees or any academic courses, even those with “counseling” in the title. Hands-on supervision by competent clinicians is essential for the development of pastoral counseling skills. Such supervision is generally accepted as the only effective way to acquire competency.

Clinically trained institutional chaplains and clinically trained parish clergy provide this level of care. It involves pastoral diagnosis, including self-examination to understand and empathize with the suffering of the other, and it provides nurturant guidance toward a more liberated and productive path in life. Social science theory, theology, and the impact of clinical supervision guide this level of care and its dynamics. It is not uncommon for pastoral counselors to have undergone personal psychotherapy in addition to their own clinical training.

Minimal Requirements for Competency in Pastoral Counseling:

• All of the requirements listed above for Pastoral Care
• In-depth understanding of how one’s self shapes one’s pastoral work
• In-depth theological training in at least one religious tradition, represented by a Master of Divinity degree or the equivalent
• Graduate level knowledge of various personality theories
• Working familiarity with varieties of psychological theory
• Ability to engage in processes of values clarification
• Mindfulness of transference, countertransference and projection issues, and an ability to understand and work with resistance in the counseling relationship.
• 1600 hours of supervised ministry or four units of clinical pastoral education is the minimum threshold for acquiring competency in pastoral counseling as here defined.

Pastoral Counseling Case Illustrations:

Three siblings whose 91-year-old mother is comatose with metastatic brain cancer and is on life-support, are in conflict over the physician’s recommendation that life-support be removed. Pastoral Counseling Referral: Medical Center Chaplain.

A couple has been married for two years but they have begun to feel that the “spark” has gone out of their marriage, even though they feel they love one another and are not contemplating divorce. Pastoral Counseling Referral: Clinically Trained Parish Pastor.

A nurse supervisor is feeling burned out and frustrated with nursing. She knows she is angry with her administrator. Pastoral Counseling Referral: Medical Center Chaplain.

A family has begun to feel the effects of a fifteen-year-old daughter who is acting out. Her schoolwork is suffering and she is defiant. The parents cannot agree on what to do. Pastoral Counseling Referral: Clinically Trained Parish Pastor.

PASTORAL PSYCHOTHERAPY

Clinically-trained institutional chaplains or parish clergy do not ordinarily practice this level of care. Issues of transference and countertransference, as well as time constraints, make this level of care impractical for the average chaplain or parish pastor. The pastoral psychotherapist works with the suffering person or persons in a specific, individualized program to illuminate underlying conflicts and assumptions that have impeded freedom, growth and change.

Pastoral psychotherapy does not generally provide overt guidance or direction. Rather, it sets up the conditions under which treatment is possible.

Psychotherapy at its best is a journey of the soul toward well-being, fostered by an intimate relationship between psychotherapist and client or patient, a relationship which when successful is characterized by deep personal bonding, and one in which both therapist and client are inevitably changed. In the course of therapy the experience of well-being is not necessarily within the client’s constant grasp. Periods of regression are an expected part of successful psychotherapy. Focus on unconscious material is essential in any successful psychotherapy.

The pastoral psychotherapist is a specialist, a referral resource for chaplains and pastors whose pastoral counseling has set the stage for persons in their care to make significant use of in-depth treatment. Institutional chaplains consider the pastoral psychotherapist in their discharge planning. Parish clergy consult the pastoral psychotherapist for reflection on their counseling and for referral of those who need help beyond that offered by pastoral counseling.
Minimal Requirements for Competency in Pastoral Psychotherapy:

- All of the requirements listed above for both Pastoral Care and Pastoral Counseling
- Demonstrable ability to sustain the long-term engagement of others in a program of change
- Ability to articulate a theory of pastoral psychotherapy
- Mature, in-depth understanding of one’s own personality and influence on others
- Evidence of having made use of significant personal psychotherapy. A minimum of 250 hours of supervision of no less than 1375 patient hours is generally considered a requirement for certification at this level.

Pastoral Psychotherapy Case Illustrations:

A young woman has had three consecutive engagements over a period of five years, each suddenly broken off for no apparent reason. She suspects that she may be doing something to scuttle these relationships but doesn’t know what it might be. Referral: Pastoral Psychotherapist.

A man has had a series of jobs that he found gratifying, but in each position, after about a year, he gets into a heated imbroglio with his superior and summarily quits. He worries that there may be something wrong with him. Referral: Pastoral Psychotherapist.

A man suffers a coronary blockage and survives. He has been told by the medical team to change his life style “or else.” He feels scared, angry, and wounded. Referral: Pastoral Psychotherapist.

A couple now lives parallel lives after fifteen years of marriage with little sense of commitment and satisfaction. Both are angry and hurt. They are reluctant to divorce because they would be doing the same as their parents, who had troubled marriages. Even though they adopt the “best face” possible for their situation, increasingly their friends are concerned not only about them as a couple but about the impact on them as individuals. Referral: Pastoral Psychotherapist.

A woman knows that her mother had suffered postpartum depression and that she struggled with it on a prolonged basis. She herself often feels alone, lonely, and abandoned, and hesitant about her relationships. Referral: Pastoral Psychotherapist.

SUMMARY

In the current cultural context, clinically trained ministers, lay and ordained, offer themselves to troubled souls through at least three distinct varieties of assistance: pastoral care, pastoral counseling, and pastoral psychotherapy. This document delineates these accepted disciplines, emphasizing the importance of ascertaining, and perhaps re-evaluating, the particular needs and desires of persons who are in physical, mental, or spiritual distress. “Pastoral care,” “pastoral counseling,” and “pastoral psychotherapy” each play an important role in fulfilling the traditional religious mandate for “the cure of souls.”

* This article has been under close review for two years by members of the Governing Council of the CPSP, composed of the Conveners of each of the 34 Chapters, the original Founding Members, and the elected officers. Field testing with students and supervisees has also confirmed its usefulness in clarifying the components of our field.


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