

# THE PSYCHOLOGY OF PASTORAL CARE

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*This article is concerned with the rediscovery of pastoral care, a rediscovery made necessary by what Alistair V. Campbell (1981) calls "a contemporary sense of confusion about the true nature of christian caring and by a feeling of alienation from the traditional understanding of the pastoral task." Traditionally the term pastoral care referred to the broad activities of a pastor in his relationships with parishioners. The confusion has been partly caused by the extraordinary successes of the behavioural sciences - in particular psychology and sociology - in shedding light on the causes of human distress and the nature of helping relationships. I intend to show that insights gained from modern psychology can help to clear the ground for modern pastoral care.*

## *Ambiguities of Pastoral Care*

Today we seem to have a much more sophisticated view of social interaction and of the ambiguities of care and counselling (Lake, 1981) than the simple rural image of a shepherd tending his flock, from which the phrase "pastoral care" derives. Although the sociologist Max Weber wrote of pastoral care as "the religious cultivation of the individual," that individualistic notion tends to be softened considerably in the contemporary life of the church where pastoral care includes caring for society and for other larger systems of life (Struck, 1984, p.14). In our day and age, we often find ourselves reacting against what we regard as unwarranted paternalism and authoritarianism of the not too distant past. We want to discover a style of Christian caring which treats us as adults rather than as errant sheep (Jacobs, 1987). Obviously, much practice of psychology either ignores the person's religious belief system because it is incompetent to handle it, or at worst considers it symptomatic of illness. But this is not to deny that there is much truth in the discoveries of psychology and the other behavioural sciences. They have shed much light on what it means to be human. All science, (but particularly behavioural sciences), is capable of becoming faith's ally (Dominian, 1975), shedding light on the statement in Genesis 1,31: "God saw all that he had made and indeed it was very good."

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*The Nature of Psychology*

Stated briefly, psychology is the scientific study of behaviour and experience (Carlson, 1990). Psychology is relatively a young science. It has been only a little more than 100 years since Wilhelm Wundt established the first psychological laboratory in 1879 at the University of Leipzig. Before that the discipline of philosophy and physiology merged to form the core of psychological studies, studies that dealt primarily with how stimuli from the physical world produced "sensations", the elements of "mental life". From those early beginnings the subject matter of psychology has grown immensely. As the science developed, more complex functions were included, such as learning, emotion, motivation and thinking. World Wars I and II gave impetus to the study and practice of clinical psychology. Today, hardly an area of human behaviour exists which is not subject to psychological scrutiny.

*Dialogue Between Psychology and Theology*

The interface between psychology and religion is a wide open frontier for scientific research. In reality, studies in clinical literature and theological research (Estadt, Compton, Blanchette, 1987) have been striving for quite some time now, to integrate the implications of the fundamentally *religious* character of man's reality and meaning with the profoundly *human* character and needs of every person. However, in the first half of this century (Goreman, 1985), psychologists and religious thinkers engaged in almost constant warfare over the value of religious belief in human life. Freud declared that religions were mass delusions, and many other psychologists were equally critical. For their part, theologians charged that psychology reduced God to a mere psychological phenomenon (Meissner, 1984).

In more recent years, however, there has developed a renewed interest in the dialogue between psychology and theology. This interest is expressing itself in two ways. One way is the psychological investigation of religious phenomena. The other is the integration of psychology and theology - particularly the integration of Christian theology and clinical psychology. Especially the last three or four decades have brought about a spirit of dialogue in areas of concern common to both groups: human development in general, the stages of faith and moral development, guilt, prayer, spiritual health, and religion as a factor of psychological well-being. Theologians usually not noted for their attention to the practical or empirical have been forced to take some notice of mental health and of the fact that the clinician may often lead his patient to consider matters of "ultimate concern". The best-known theologian to encourage dialogue with

therapists was the late Paul Tillich, particularly in his book, *The Courage To Be*. And several great names in psychology, including Carl Rogers, Hobart Mowrer, Erich Fromm and Rollo May have responded to his dialogue.

### *The Biblical Concept of Love*

In the meantime, Psychology has come to a point where certain characteristics of psychological theories correspond to the biblical concept of love and therefore may be used as indicators, if not validators of biblical love (Newton Moloney, 1977). Skilled or experienced therapists of divergent schools of psychotherapy agree on the elements of an ideal relationship, which they characterize as being warm, accepting and understanding. Like our body, our spirit is also interpersonal and is influenced by social factors. Particularly as spirit, we have a respectful reverence for one another. Love, the central motivating force of a healthy and good person, integrates the various dimensions of personhood and enables us to grow together in wholeness (Kelsey, 1981) as well as to suffer and rejoice in community. Prominent psychologists of the stature of William James, Carl Jung, Abraham Maslow, Viktor Frankl and Gordon Allport, all imply or refer to the spiritual process of love.

Hence, spiritual experiences are not an escape into fantasy or an exercise in magical thinking but rather a way of experiencing reality. As a matter of fact every individual born into this world, somehow or other, strives to pursue his or her well-being. Human beings interact with reality in three distinct and interrelated ways: physically, psycho-socially and spiritually. Wellness in its totality calls for a human being to operate optimally as a complete person - physically and physiologically, emotionally, intellectually and volitionally. Everyone wants health and happiness. At the same time, one's spirituality must become as much the focus of attention as one's emotional and body functioning are. Although sick people may have many physical and psychological problems they are able to become involved with reality which draws them out of themselves, making possible for them to experience life beyond their problems.

### *Clinical Pastoral Psychology*

Meanwhile, a great influence on the psychology of religion (W.H. Clark, 1977), one especially strong in theological schools and churches, has been exerted by clinical pastoral psychology. This movement has had an interesting history. In the early 1920's, Anton Boisen, a middle-aged clergyman in the United States, considering his life a failure, was hospitalized with a diagnosis of cathatonic schizophrenia. Through his stay in hospital he became convinced of

the need of many psychologically disturbed patients of adequate pastoral care. His sickness gave him an incomparable opportunity to observe a psychosis from inside. In addition to this, having a scholarly cast in mind, as he recovered Boisen had the occasion to observe his fellow sufferers and to reflect on his observation. The result was his *Exploration of the Inner World*, a contemporary minor classic filled with original observations on the nature of schizophrenia and on the value of religion as a dynamic aspect of many cures. After his recovery Anton Boisen was appointed the first chaplain at a mental hospital in the United States. Shortly after his appointment, the chaplain persuaded several theological students to study this special ministry under his direction.

### *Overlapping Area of Concern*

The two sciences of clinical psychology and pastoral care, share an overlapping area of concern and have quite a number of presuppositions in common. Both are concerned with the efforts of people to give meaning and direction to their lives. Hence the two disciplines have some degree of natural kinship in terms of content and method. Both clinical psychology and pastoral care operate within the practical or applied fields of psychology and theology respectively. If pastoral care may be said to give somewhat more attention to the real than to the ideal, yet both are ultimately concerned with the tension between the real and ideal. If pastoral care-givers might learn something from psychology, the opposite is also true. Any psychological theory includes, in so far as it is complete, some definition of the meaning of life, and of success or failure in achieving this meaning. In other words, the question of values necessarily arises within psychological practice itself, and in this question the pastoral care-giver specializes. So, the two disciplines ought to be able to correct and enrich each other. And it is only natural, that when it comes to mental health, the role of the priest, as a primary pastoral care-giver, appears to be very similar to that of the clinical psychologist.

### *Similarity of Roles*

We often hear it said that in the contemporary, secular world, the psychotherapist has assumed the role and functions of the priest, as confessor and interpreter of subjective reality (Cole, 1984). Psychoanalysis has even been accused of being a substitute religion for some, an accusation that is valid in those instances in which the analyst and analysis become the final court of appeal, where questions of value and meaning are concerned. Today Freud's attempts to reduce the Eucharist, rites, and hope of eternal life to cannibalistic fantasy, obsessional mechanisms, and wishful thinking are common knowledge.

But since the two vocations are so often counterposed, it seems refreshing to consider some of their commonalities.

Particularly, the role of the priest and the clinical psychologist in mental health could be stated simply if there was not so much overlap of interest and training. These two professions are interested in helping a person live a fuller life. The distinction of interest, then becomes a matter of emphasis. The training of these professionals cannot neglect any aspect of personality without ending up with a lopsided view of man. The priest who realizes that grace builds on nature will be interested in grasping the fundamentals of psychology. The clinical psychologist explicitly devoted to the promotion of mental health cannot neglect the religious aspect of man since man's universal concern for religion is a fact.

### *Adjustment*

Hence, we should recognize that the essential function of both priest and psychotherapist towards the person who requires care is to provide a secure environment that allows the greatest possible freedom of choice as a hallmark of ego autonomy and personal adjustment. Many psychologists researching the field of personality development consider the encouragement of ego autonomy to be the goal of human growth and development. Ego autonomy is a concept that means a person is able to control his or her own life by adaptive choice and independent action. With ego autonomy, one has the inner freedom to develop one's potential both emotionally and intellectually. This is a capacity to acknowledge reality in the process of making choices, far from the simple "adjustment" to the status quo or to the specific social environment. Ego autonomy implies the ability to accept interdependence with other persons, and in the process to benefit from these dependencies rather than be crippled by them.

Obviously, adjustment both by the individual and his group is essential to personal development (Feldman, 1989). But while group development changes with changing circumstances, no human being is exactly like any other and so there must be some individual component in his or her new acts. Often, the individual will do well to conform with group adaptation: on occasion he would do better to act alone. A compromise must be struck between his tendencies to conformity and his individuality. But the most important principle is that the individuality of every person is valuable and must be defended when it is attacked by pressures in order to conform.

*Unique Position*

From the point of view of many psychologists one of the greatest assets to therapy is to find a patient sympathetic priest who will try to understand the difficulties confronting a person who is thoroughly confused in matters of religion. It would seem that of all professional persons, the priest should be more concerned about promoting mental health than any other person. Charity demands this of him. But he is in the unique position of having the answers to the most profound problems affecting the life of the individual as well as society. The priest knows by reason of his profession the meaning of life, suffering and death. Although the principal skill of the clinical psychologist is research, diagnosis and psychotherapy, his efforts will never tell us what "ought" to be. The best he can do is to confirm the fact that by following the teaching of Christ, man gets along better in his environment.

*Integration*

Perhaps we are moving out of an age of excessive specialization into an age of integration. The opposite of "to integrate" is "to compartmentalize" - that remarkable capacity which we human beings have to take things which are properly related to each other and stick them in separate airtight compartments in our mind so they don't rub up against each other and cause any pain. In the meantime though, integrity is never painless. It requires that we do let things rub against each other - that we fully experience life's conflicting demands and attempt to integrate them into resolutions of integrity. The way of integrity is a way of tension. It is inevitable therefore, that there should exist some tensions as we strive to integrate the insights of psychology and religion. Through their integration pastoral carers could become 'generalists' rather than 'specialists' - a need for the pastoral worker to continue to be willing to suffer the tension of an identity that is not always clear but remains often open to new possibilities. Perhaps, moving in the direction of integration and integrity, those working in the field of pastoral care today, will need to come to think of themselves not only as psychotherapists who are people of God but also as scientists.

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