On the Technology of Pastoral Counseling

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ABSTRACT: Formal pastoral counseling is developing as a significant and important counseling movement. Yet because of its historical tradition and current secular social climate, the pastoral counselor seems unable to translate theology and the religious model of suffering and illness into a concrete methodology of care-giving. This paper proposes that the "priestly function" or "priest/rabbi/minister-parishioner relationship" is a good place for the counselor to start identifying the religious methods and means of being with and caring for suffering individuals. The traditional practice of borrowing the psychology of the day is challenged as undermining pastoral counseling, as clergy men and women give up their own symbolic language for psychiatric jargon.

This article will attempt to discuss some of the problems existing at the intersection of psychotherapy and pastoral counseling. It is well known that there is an identity crisis in psychiatry and its related fields. Outside of experimental evidence that drugs are effective in treating the major psychoses, little empirical evidence has been forthcoming to support the curative claims of the various psychotherapies. Maybe the "talking therapies" cannot be rooted in scientifically based principles and procedures. It is also possible that the therapist-patient relationship is so complex that "healing" and "curative factors" can never be adequately measured or defined. In any event, the entire psychiatric field is in turmoil; it seems that everyone is doing everyone else's traditional job. It is clear that medical science is gradually removing its stamp of approval from the "soft therapies", while young psychiatrists rush back into the hospital to treat only biologically caused and pharmacologically treatable illnesses. As Bertram Brown, former Director of The National Institute of Mental Health, recently stated in the American Journal of Psychiatry:

I believe that the question of who will deal with the most pervasive, although relatively minor, of our mental health problems will be decided.
in the marketplace. If the nonmedical worker proves as acceptable and efficacious as the physician, as well as less expensive, psychiatry can be expected to play less of a role in treating the so-called problems of living.\(^5\)

Since today's science cannot tell us (and may never be able to tell us) whether a formal pastoral counselor treating a depressed client using a religious means of intervention is more or less effective in relieving that patient's depression than a traditional psychotherapist, we are forced to find other criteria to judge the relative merits of a specific form of intervention. I am not prepared to discuss the many attempts by transcultural psychiatrists to define what healing variables are common to all successful treatment in this paper.\(^6\) On the other hand, I would like to postulate that internal consistency is necessary in translating any model of mental illness into a model of clinical care. I suspect as well that when there is a reasonably tight fit between the theory of suffering and the means and methods of intervention, healing or the relief of suffering is more likely to occur. Furthermore, pastoral counseling appears to be at a crucial point in its development. Because of its historical tradition and our current secular social climate, it is having great difficulty as a field translating pastoral theology into a 'technology' of care-giving that can be used for healing based on its own religious beliefs and principles.

**I. Formal Pastoral Counseling: Borrowing the Psychology of the Day**

One of the most immediate challenges facing the attempts of pastoral counselors to develop their own methodology is the current usurpation of the traditional ministerial role by the physician. The contemporary physician is seen as "priest" by our society, caring for the individual throughout the major crises of his life.\(^7\) In the area of human suffering, the minister has decreased in prestige and status, and his religious role as a caring individual has been limited to a supportive one. One of America's foremost sociologists of medicine states:

> Medicine is not merely one of the major professions of our time. Among the traditional professions established in the European universities of the Middle Ages, it alone has developed a systematic connection with science and technology... Medicine has replaced the law and the ministry from their once dominant positions.\(^8\)

Yet paradoxically, while medicine and psychiatry have advanced in professional and societal status, formal pastoral counseling has con-