Spiritual counsel: An art in transition

by Rodney J. Hunter in the October 17, 2001 issue

In 1993 John Patton coined the phrase “paradigm shift” to describe a dramatic turn in the practice of pastoral care. Patton pointed out that pastoral care was focusing more and more on social and cultural concerns, moving from a “clinical pastoral paradigm” to one that Patton named “communal-contextual.”

Both models evolved during the second half of the 20th century. Before that, another paradigm had prevailed throughout most of the church’s history. Pastoral care concentrated primarily and often exclusively on the gospel message. It disregarded the concrete particularities and individuality of persons and contexts and tended, as Patton said, to “universalize its understanding of human problems and express them in exclusively religious terms.”

In the 1950s, churches and clergy left the classical paradigm behind and became caught up in the excitement over pastoral care as a healing art, a kind of therapy shaped by a new psychological consciousness. By the ’60s, the pastoral care movement had morphed into an ecclesial and academic establishment. Mainline seminaries employed clinically trained professors of the therapy, and theological students flocked to their courses. A new ministerial profession—professional counseling—appeared, and psychotherapeutic modes of thought pervaded theological reflection and congregational life.

Derived largely from psychotherapy, the clinical paradigm was concerned with the individual’s personality and psychopathology. In the late ’70s, the therapy appropriated family systems theory and a more social approach that focused on the dynamics of relationships. By the ’90s, some version of this approach was included in most seminary instruction, usually in combination with elements of the older, individualistic model.

Narrative theory and theology also made an impact when Charles Gerkin and Donald Capps urged pastoral counselors to have their “clients” (an unfortunate term) create and articulate a narrative of their experiences—to “tell their stories.” Pastors were taught the skill of eliciting these stories, as well as the skill of listening to them.

While it did not abandon psychology or systems theory, the narrative approach emphasized meaning-making as fundamental to human life and to the pastoral role. In this context, pastoral caretakers could reintroduce theological concerns, and identify social and cultural differences.

The most comprehensive change, however, has come in the past decade with the communal-contextual paradigm. In today's liberal seminaries, the pastoral themes are social and cultural: gender, race, ethnicity, aging, together with their associated forms of oppression, abuse and violence. Closely related is a strong emphasis on fostering community that is inclusive, just and caring. Today we aim to "hear all voices." The influx of women into seminary teaching has been key to this shift.

As valuable as the latest developments have been, it would be a mistake to sweep away what was gained in the past, and what was generally good in the earlier paradigms, including the classic one—in which theology was central. Telling and hearing stories, for example, can lapse into uncritical exhibitionism or romanticism if one does not apply the clinical paradigm, with its critical edge of analytic psychologies and empirical assessments. The "communal-contextual" approach requires reflection too. This term has acquired strong interpersonal connotations that tend to idealize and romanticize the often unglamorous task of living together in family, church or civil society.

Missing in much contemporary discussion of pastoral care is the structural element that makes community dependable and trustworthy over time. Terms like *institution* and *organization* suggest what's missing, for these are vitally important for providing the secure boundaries and resources necessary for trustworthy, deep, enduring relationships and for a stable community that encourages healthy and meaningful personal living. By this logic, pastoral care ought to be concerned about fostering personal commitment to religious institutions and organizations, and about shaping personal lifestyle in relation to traditions of moral and spiritual practice. But it is not clear whether the teachers of pastoral care acknowledge this fact or its implications for pastoral care and counseling, even though the "communal-contextual paradigm" is a priority, and creating community is often invoked as a fundamental aim of ministry.

Clinical pastoral education (CPE) remains a central component of training in pastoral care. It complements classroom instruction with pastoral experience in situations of intense need and suffering.

CPE courses continue to increase, apparently driven by an influx of laity—a trend which may suggest a softening, broadening and secularizing of the “pastoral” part of CPE. Minority participation, mainly from African-American and Pacific Rim students, has also increased.

CPE is based, however, on the secular-medical model of professionalism. It does not fit easily with the diverse cultural and spiritual traditions that people bring to hospitals and to CPE programs. CPE must incorporate the reality of cultural pluralism and the presence of non-Christian faith traditions into its process.

The setting for the CPE training is important too. Almost all CPE in the U.S. is located in medical and surgical facilities, with very little of it done in mental hospitals and practically none in prisons. What are the consequences of this reliance on medical settings for shaping pastoral identity and formation? Even those who support an emphasis on a medical context can agree that we need to develop more pastoral care supervision in congregational settings.

Nevertheless, CPE programs have been revised in ways that parallel seminary teaching—a greater emphasis on context, narrative and themes of cultural diversity and gender. I am told that these concerns often overshadow the attention formerly given to psychological analysis. The increasing number of women (they account for half of all CPE units taken) has no doubt contributed to many of the changes. Once known as a confrontational, crisis-inducing mode of learning susceptible to abuses of power, clinical supervision today has a different spirit—more collegial, less authority-centered and more socially, culturally and theologically oriented. In 1990, a dispute over the direction of these changes led to the formation of an alternative clinical pastoral organization, the College of Pastoral Supervision and Psychotherapy.

Beneath all these differences and developments lie fundamental religious questions. What is pastoral caregiving? What makes it religious? How should it relate to the dominant models of care in our culture ? How should it relate to worshiping communities?

Fundamental social and political issues face CPE as well. Who is to be included and considered authoritative in the teaching and learning of the pastoral art? Whose pastoral care practices and traditions should be considered authoritative for pastoral education and why? Responses to these and other questions will determine the shape of CPE’s future, its educational relevance and its spiritual integrity.

Seward Hiltner, one of the patriarchs of the pastoral care movement, worried years ago that pastoral caregiving was losing its religious component. Pastoral counseling was established as a profession in 1963 with the founding of the American Association of Pastoral Counselors (AAPC). Hiltner opposed the move. He feared that creating a separate profession would split the ministry, create distance between pastoral counseling and the church, and secularize the field. Although Hiltner eventually reconciled with AAPC, his concerns have been realized. Specialized pastoral counseling has become, by AAPC's own definitions, a mental health field, a form of psychotherapy. Although it includes theological and spiritual perspectives in its self-understanding, it is only loosely related to the churches.

On one hand, there is no question that specialized pastoral counseling is valuable to people who are trying to sort out their lives and gives them a measure of depth, dignity and integrity. Pastoral counseling is an enormous asset to the churches and deserves more support from them, including financial support. In addition, pastoral counseling reaches persons who might otherwise not venture near a church or pastor. Such "seekers" can begin to take the measure of their lives without fear of being subjected to proselytizing or moralistic judgment. They can work in an intimate, trusting relationship with a psychological healer who by dint of long, challenging training and commitment is able to "enter their pain" and help them toward constructive solutions. At its best, pastoral counseling represents a profoundly important expression of the liberal churches' social mission. Given recent developments in secular psychotherapy and psychiatry, the influence of managed care, and the psychotropic drug revolution, the need for this social service and witness has never been greater.

But who will pay for it? Pastoral counseling is often long-term therapy, but even in the short term it is labor-intensive and costly. To qualify for insurance reimbursement, pastoral counselors need to be licensed and certified through a professional organization such as the American Association of Marriage and Family Therapists (AAMFT). In most states, meeting state qualifications involves accountability to a nonpastoral training and credentialing process. In other words, to earn a living as a pastoral counselor it is necessary to become a certified secular psychotherapist. There is little economic incentive for becoming a *pastoral* counselor.

This setup spells disaster for the pastoral identity of the profession, as evidenced by a 25-percent erosion of AAPC's core clinical membership (full-time practicing

pastoral psychotherapists) in the last ten years. There has also been a precipitous decline in the number of AAPC training centers, and an increase in the number of therapists who meet AAPC theological standards but have not been trained in its centers. A generation of pastoral counselors has been theologically educated but not clinically formed in theologically based, pastorally defined programs. Economic pressures, moreover, continue to make it difficult for pastoral counselors to make their services available to low-income persons (hence the need for church- or community-based subsidies).

It is hard to predict how this will shake out. Perhaps pastoral counseling will reaffirm its pastoral identity through a closer institutional tie to the churches and community organizations, and will develop forms of economic support that are relatively independent of managed care and insurance reimbursement. Studies and experience repeatedly show that there is a large pool of people who specifically seek a theologically based form of psychological help and who are willing to pay for it without insurance—if they can. If they cannot, support from churches and community sources is sometimes available. Perhaps developing such support should be a priority of churches as well as pastoral counseling centers, for without these changes, pastoral counseling could disappear as a profession, and its members could become absorbed into secular professions. This can be averted only by clarifying and reinforcing pastoral identity, connecting more closely with sponsoring churches and developing new funding sources and marketing strategies.

A closely related issue is the proper role of religion in the practice of pastoral counseling. Counselors typically keep a low profile here, avoiding heavy-handed proselytizing and moralizing in order to encourage a wide-ranging, deeply personal and honest soul-searching. Many pastoral counselors do, on occasion and when it seems appropriate, discuss matters of faith and ethics. But the therapeutic or “health” model has so defined the aims and methods of the profession that little room is left for questions of faith and ethics in their own right, questions that cannot be completely subordinated to the psychological healing process and may be in tension with it at points. We need “theologically informed psychotherapy.” But we also need a distinctly pastoral, therapeutically informed art of spiritual and moral counsel. The theoretical and practical problems in all of this are complex and vexing, but basic to the struggles of the field.

Clinically oriented pastoral theology took shape as a discipline in 1985 with the organization of the Society for Pastoral Theology. The society has defined the field

and created a viable, socially inclusive institutional context for supporting pastoral theology as a discipline. Members such as Bonnie Miller-McLemore and Brita Gill-Austern have produced sophisticated publications (see *Feminists and Womanist Pastoral Theology*). Feminism has shaped both the society and the discipline's self-understanding, and has contributed to its inclination toward liberation and narrative forms of theology and pastoral theory.

At the same time, pastoral theology struggles to achieve recognition in the academy, especially in the university-related divinity schools that pride themselves on achieving excellence in traditional forms of research and scholarship. Defining the field is absolutely crucial here, where pastoral theology's theory-practice mix and its interdisciplinary character are not easily understood and appreciated. Sad tales are told of faculty arguments over its legitimacy, and of promotion and tenure reviews that come to grief over the issue. Some believe that the field of pastoral care is in decline and will be replaced by courses and faculty appointments in "spirituality" and other fields.

Is the larger academic field of theology and related traditional disciplines prepared to include, learn from and support the kind of contextualized theological reflection that pastoral theology represents? Will the church and its leaders value and support pastoral theology's integrative, contextual, praxis-oriented theological form of inquiry? The questions have public importance. American society is driven by competitive economic forces that cheapen and exploit the personal dimensions of human relations and community life. Our major academic and religious institutions must support disciplines of inquiry into the nature and practice of caregiving, and into the human needs and problems that prompt this care.

Pastoral caregiving is an important and essential variation on this theme, with its concern for plumbing the depths of meaning involved in caring, in the humanity thus disclosed, and in the divinity. As a hybrid discipline of academy, church and clinic, pastoral theology—and its counterparts of pastoral care and counseling—are of profound importance, however far we are from a full recognition—or even a vision—of its character.