

Psychotherapy Guidebook

# PASTORAL COUNSELING

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e-Book 2016 International Psychotherapy Institute

From *The Psychotherapy Guidebook* edited by Richie Herink and Paul R. Herink

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# Pastoral Counseling

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## DEFINITION

Pastoral Counseling is a specialization engaged in by clergymen who have had special training in counseling under supervision. Because most of the training has been in clinical settings, the practice is usually marked by some of the characteristics of clinical relationships. That is, Pastoral Counseling is usually done in a counseling room on a one-to-one basis at appointed times and with at least minimal objectives concerning desired psychological movement.

## HISTORY

Religious guides and counselors have from ancient times worked with troubled people to help them meet the problems of life. Originally, the main objective was to aid in resolving moral and spiritual problems and the main interest of the counselor was in this area of inner stress or outer behavior. Traditionally, the priest or pastor used the authority invested in him to manipulate people toward generally accepted codes of morals or patterns of religious practice.

In recent years there has been modification of the practice of Pastoral Counseling. The recent history of the behavioral sciences, particularly psychology, has thrown light on the casual factors that lie behind observed behavior. This has led to a reassessment of the pastor's role in working with people. Instead of the authoritative and manipulative role, the counselor has been increasingly concerned with antecedents of behavior in the family history and the personal history of the counselee. This has led to specialized training, usually in a hospital or other institutional setting. Much of the instruction has been from persons with extensive psychological training but limited religious insight and understanding. This has led to a change in the focus of Pastoral Counseling. It has become increasingly clinical in its stance and the basic concerns of religion as it has been traditionally understood have been held in abeyance.

## TECHNIQUE

The recent history of Pastoral Counseling has had a major impact on the techniques employed. Many of those who have been certified in clinical pastoral education find that their special skills seem to be out of place in the parish context. They tend, therefore, to seek employment in institutional settings, where the limited, protected, and authoritative role of the clinical counselor is preserved. Much Pastoral Counseling is done in hospitals, penal institutions, homes for the handicapped, and on college campuses. However,

in more recent years, there have been numerous cooperative ventures among churches to set up community counseling centers that have many of the characteristics of mental health clinics. People aware of needs make appointments and see a counselor for their appointed hour. The length of the relationship may vary with the nature of the problem and the method of intervention used by the counselor.

## APPLICATIONS

Probably the major problems that appear at the pastoral counselor's office have to do with interpersonal relationships, usually spouses or child-parent relationships with an increasing number of concerns of how to manage the aging. Depressions seem to lead the list of emotional problems. Often the first contact concerning a social problem is made with a pastoral counselor, who may refer the client to the appropriate social service agency. In specialized settings, the setting tends to determine the role of the counselor. The hospital chaplain focuses on identity, anxiety, problems of suffering, and finding a meaning for the experience of pain and anxiety. The penal institution tends to center on the problems of stress in a restricted and hostile environment. The mental hospital offers the opportunity to try to achieve relationships where they have been shattered by personal tragedy or social accident. Pastors with special training who remain in the community have a broader range of opportunity to work with people.

Training in Pastoral Counseling is carried on under qualified supervisors in hundreds of hospitals and other training centers throughout the country. Thousands of pastors have had this form of supervised clinical education for periods usually ranging from three months to two years. They may represent the first line of defense against mental and emotional illness not only because of their training in diagnosis and emergency therapy but also because they have developed skills in how to refer, and to whom referral may be wisely made.