Consensus

Volume 8 | Issue 3 Article 3

7-1-1982

All in the family: clerics, clinicians, conflicts

Dieter Kays

ALL IN THE FAMILY — CLERICS, CLINICIANS, CONFLICTS

Dieter Kays

A common experience of clergy is to find that clinicians[1] do not have a clear conception of the role and function of clergy in the healing process. The converse is equally as true. Clergy do not often understand what the psychotherapist does and under what circumstances he can help. This situation is bad enough but add to it the open hostility that is evidenced on occasion by stereotyping the other profession.

BASIS OF THE CONFLICT

Authority to answer the question "what is truth" or put in its various forms, "what is the nature of man"; "how does the world work"; "how do people change?" is certainly one of the basis for conflicts between clinicians and clerics today.

Before the 17th century it was quite clear that the Church was the sole authority and on the basis of Aristolean philosophy, the Ptolemaic view of the universe and the bible it interpreted and spoke on all questions of science, religion, and in some cases even on government. In 1630, however, Galileo published his book, "Dialogue on the Two Chief Systems of the World" in which he defended the Copernican theory, that the earth moved around the sun. The book was immediately banned by the church. Galileo was summoned before the Inquisition in Rome and forced to recant his heresy. History goes on to show how Johannes Kepler and Sir Isaac Newton built on his theories and thrust the Western world into the Scientific Revolution and the introduction of the scientific method that was a part of it.[2]

Today there are knowledgeable people on both sides that know the domains of science and religion are related but separate. Discovery of scientific facts and the knowledge of religious truths are two different things, using different methods of verification. A natural outgrowth of this philosophy was the human potential movement, the pop psychology of the 60's and 70's, which promoted a very egocentric, pleasure at all cost type of philosophy. There is evidence to indicate that a correction is definitely occurring, as shown by a renewed interest in religion and more traditional values on the part of society as a whole. In spite of these bridge-builders there exists between the disciplines a general mistrust of the other's source of authority that has its

1. The term "clinicians" is here used to include psychiatrists, social workers and more generally all those helping professionals who are involved in the care and treatment of persons suffering from emotional or mental problems.
2. Alan Richardson, *The Bible in the Age of Science* (Philadelphia: The Westminster Press, 1961), p. 17.

roots in the scientific revolution.

Contributing further to the mistrust is a basic misunderstanding of what the other person does to clients, patients, or parishioners and what his credentials are. Pastors do not understand the difference many times between psychotherapy, psychoanalysis, behaviour therapy, reality therapy, group, individual, marital and family therapy to mention a few. (Therapists are at times a little fuzzy about it as well.) Many a pastor does not understand the difference between a psychologist, a social worker, a psychiatrist, or a counsellor, and what they do.

Clinicians on the other hand, look with confusion at the clergy of the various denominations. They do not understand what the training of the clergy is all about. For it can vary all the way from a pastor having received a call from the Holy Spirit and having been ordained by a denomination to serve in the church, with very little formal academic training, to a pastor having received a B.A. with four years of seminary training resulting in a Masters degree — or any other combination of the above.

Clinicians are not helped in their understanding when they encounter deaconesses, lay workers, worker-priests, brothers, bishops, presidents, sisters, rabbis, captains, and pastors involved in a variety of functions. Not having opportunities for dialogue and not working to create these opportunities perpetuates the misunderstandings and the conflict.

Another significant basis for the conflict lies in how the disciplines tend to view the nature of man. Since John Locke, the 17th century philosopher and father of modern psychology, enunciated his theory that all children when born are like impressionable blank slates, humanistic psychology has been at variance with the Christian view of man. The secular clinician tends to view man as inherently good or at worst neutral, a product of his environment, constantly in the process of evolving into a better specimen in interaction with fellow human beings and their world. The Christian theologian on the other hand sees man from the day of birth as sinful, having an innate propensity to do the things that shouldn't be done and to not do the things that should. Man can never be perfectable, in fact, from the time of birth in need of a Saviour, a loving God who forgives.

In the therapeutic relationship then, the clinician views clients' problems in terms of their inner psyche and their relationship with other people. The Christian counsellor also sees it in terms of the horizontal axis, as well as in terms of the vertical. The pain of the parishioner is evidence of the corrupted nature of man and of the need for the redemptive activity of God. This concept is difficult for the secular clinician to grasp and feeds the divisions.

COMMONALITIES OF THE DISCIPLINES

Although conflicts exist, there is no denying the similarities in professions and tasks that confront both clergy and clinicians. It is the similarities that can provide the basis for building understanding and co-operation in the future. One might focus on three major similarities.

The various sub-professions who profess to help people, particularly those in emotional crisis, are coming under attack and are discouraged about their own identity and effectiveness.

Social workers are having difficulty determining what social workers do. At a

membership orientation meeting for the local branch of the Ontario Association of Professional Social Workers, one young person asked, "Who is considered to be a social worker?" The initial answer was, "That is a difficult question to answer. We have a sub-committee of the Association studying that question right now." To add further to this identity crisis, studies have been done that seem to indicate that social work intervention has little or no long-term effect.

Psychiatrists, long revered by the masses, are having their own identity crisis. Many feel under-utilized because they often fulfil the same functions as those performed by nurses, psychologists, psychiatric social workers, pastoral counsellors, and other related professionals. The effectiveness of the various therapies used by them are debated and no one therapy or theory is seen as definitive or prevalent. Psychiatrists are also questioning their effectiveness. In a recent study in the United States involving patients admitted to state psychiatric hospitals, it was found that there was a 65% re-admission rate compared to a re-admission rate of 25% in 1960.[3] Much of this increase is due to the policy of attempting to treat a patient in the community and limiting the stay of the individual in the hospital. Still, the statistics are startling and do little to enhance the image of psychiatry. Time magazine in a cover story entitled, "Psychiatry's Depression — Psychiatry on the Couch" diagnosed psychiatry as having an "identity crisis accompanied by compensatory delusions of grandeur and declining ability to cope. The patient showed an aversion to other therapeutic alliances and an over-reliance on drugs."[4]

With the rapid social and economic restructuring and the re-alignment of values in our society over the last fifteen years the clergy have undergone their own identity crisis. Not unlike psychiatry many pastors examine their profession and lose sight of their mission. They question the effectiveness of their ministries and wonder just how much of an impact they are having on the people they serve. Many feel stuck, isolated, unappreciated not knowing where to turn for understanding. In a survey done in the early 1970's, a well-known paper reported that four out of ten Protestant and Roman Catholic clergymen interviewed were considering leaving the ministry.[5] If such a survey were done today, the results would not be significantly different. It is this perceived discouragement on the part of clergy and seminarians that prompted Dr. Karl Menninger to write the book, "Whatever Became of Sin". In it he attempts to outline not only the significance of the concept of sin but also the very important role that clergy play in our society.[6]

These examples illustrate the difficulty facing those professions attempting to help those in need. The approach with one another should be one of support and mutual understanding.

The second area of our commonality strikes at the very root of why we are here. We are all involved in the task of helping a common group of clients, patients, and parishioners. Our mandate is to help people in pain. We bring different perspectives, different skills, and different levels of sophistication to the task of helping. William Glasser in his book "Reality Therapy" makes the point that the need of all people in

3. *Time*, April 2, 1979, p. 50.
4. *Time*, April 2, 1979, p. 44.
5. *Chicago Sun-Times*, April 9, 1971.
6. Karl Menninger, *Whatever Became of Sin*, p. 224.

distress can be reduced by knowing that one is loved and having the opportunity to love.[7]

No one individual in need can be helped in isolation from the system in which he/she lives. Often this task of treating the system is so much more effective if professionals collaborate. If mother and father are in therapy with a psychiatrist and are contemplating divorce, it may not be very helpful for the pastor to tell them that their son is providing drugs for the youth group Sunday nights and that he is not welcome around the church. If pastor and psychiatrist, however, were working together, the process might be quite different.

Not only do clinicians and clergy share a common population but they also use similar therapeutic tools. Freud identified the process of transference in psychoanalysis as the way healing takes place. Since that time and even before it, clergy and helping agents of all descriptions recognized the importance of the relationship between counsellors and counsellee as a tool in the healing process. Concepts of empathy, trust, honesty, and even confrontation and direction are used genuinely and effectively by both secular clinicians as well as by clergy. Depending on the skill level of the professional and the problem of the client, both disciplines may choose to use a variety of therapies or techniques ranging all the way from supportive counselling to insight therapy to behaviour therapy or any one of its offshoots. No one discipline has a monopoly on the skills although the clergy is deeply indebted to the field of psychology and psychiatry for developing these tools.

DIFFERENCES BETWEEN CLERICS AND CLINICIANS

Where there are similarities, there are also differences. These must be understood, respected, and where possible used in the appropriate way to promote healing in the life of the client.

Values play an extremely important role in the life of the clergy and consequently in the counselling that they do. By definition, for them there is a moral right and wrong and although they can and often do suppress the expression of those values in the interest of the therapeutic process, sooner or later these values will surface either overtly or covertly. It is for this reason that at times clergy may need to say to a client "My values are so radically different from yours that they get in the way of my helping you. Let me refer you to someone else." Clergy represents a belief system as expressed by their church and their counselling activities are a part of the mission and ministry of that community of believers.

The clerics' values will lead them to help their clients examine the impact of their actions on the lives of those around him, (e.g. children, spouse etc.). The humanistic clinician tends to view the problem in terms of impact on the individual. Whereas the cleric's values to a great degree are based on the articulations of the scripture or similar books of authority, a humanistic clinician's values are based on human experience and the principle, do your neighbour no harm. Secular clinicians also have traditionally prided themselves in not imposing their values on their clients but rather letting the clients make up their own mind. Right or wrong is rarely an issue for them. The value that is often transmitted in this process is that any decision or any action is fine as long as it is your decision. For individuals who are clearly entrenched in a

7. Wm. Glasser, *Reality Therapy*.

belief system or who simply need help in clarifying their existing beliefs and values this approach is functional. When one deals with an individual however, who is thoroughly confused and disoriented about what to believe or a child who is still incorporating a belief system, problems can develop.

It is interesting to note the approach of letting children develop and clarify their own values is being adopted at a policy level by a wide range of educators and school systems. Moral Values Education packaged under such titles as values clarification, may prove to be very dangerous for children. Margaret Gow in her book *Yes Virginia, There is a Right and Wrong* shows how this approach can leave children with the impression that, depending on circumstances, all kinds of wrong things are all right. In fact nothing is intrinsically good or bad.[8]

Closely tied to the clerics' use of values and a belief system is their concern with the transcendent. The clergy (or any Christian counsellors) acknowledge the power of God and the guidance that He can give. They draw on this power and guidance for themselves and as it becomes meaningful introduce it into the therapeutic relationship. Clerics then have available to them in the therapy process, all of the concepts and resources that their faith offers, such as prayer, forgiveness, the sacraments and the scriptures. While the secular clinicians in most cases have a much deeper understanding and grasp of the therapeutic process and its techniques, they cannot effectively use the resources available in the clergy's faith.

The importance of faith in one's God as a part of the healing process cannot be overestimated. Freud saw religion as the enemy of science and a danger to people because it made them weak,[9] but Carl G. Jung one of Freud's brightest students, after years of practice came to a different opinion. He said that "after having treated hundreds of patients over 35 years old every one of them fell ill because he had lost that which living religions of every age have given to their followers and none of them has really been healed who did not regain his religious outlook."[10]

Clergy and clinicians see the purpose of their therapeutic intervention differently as well. Clinicians see people's pain and their inability to function, and attempt to alleviate the pain and have the individuals cope with and function in the environment in which they live. Clerics on the other hand are interested in alleviating the pain and enabling persons to cope, but they are also interested in having this healing process result in individuals coming to a deeper understanding of what it means to be children of God. The pastor is there to help the individual gain a better perspective on the worth and meaning of one's life in relationship to one another and to God. The task of the cleric is a mission that is performed on behalf of the larger community of believers who seek to express a belief in a loving God by loving others.

While the highly trained clinicians see their job as being completed once the crisis is overcome and the person again can function, clerics, although less skilled in psychotherapy, see their work as continuing or just beginning. They are now interested in having individuals experience the fulness of new life in a community of believers. It is here that new life is lived out. Now they are supported, and strengthened. Hopefully,

---

8. Virginia Satir, *Brief Family Therapy*.
9. Kathleen Gow, *Yes. Virginia. There is Right and Wrong* (Toronto: John Wiley & Sons, 1980), p. 62.
10. S. Freud, *New Introductory Lectures on Psycho-Analysis*, P. 205.

they will experience a sense of community that will allow them to feel loved and give them the opportunity to love others. It is here that the concept of God's love for them becomes an actual reality. They can now begin to experience the biblical concepts of judgment, repentance, forgiveness, new life, in a way that deepens and strengthens faith and allows them to cope more effectively with their environment on an ongoing basis.

NEEDS OF SOCIETY IN THE 1980's

The business of people coping in today's world continues to be a very demanding task. Coping, often under adverse conditions causes significant amounts of stress which result in mental, social, physical and spiritual breakdowns. It is recognized that between 50 - 80% of all physical diseases are stress related. The implications of stress on the incidence of mental and emotional breakdowns are obvious. Professor Harvey Brenner from John Hopkins University has demonstrated that even a one percent increase in unemployment shows up as increased suicides, cardiovascular diseases and psychiatric hospital admissions.[11]

The implications for clergy and clinicians are obvious — they will have increased opportunities to be of service to those around them. Clergy will need to become more familiar with and receive training in the various techniques of counselling. Counselling will no longer be the optional area it once was. This does not imply that all clergy must now become an expert in psycho-therapeutic technique. However they should have a basic understanding of the process of therapy, and be able to do some counselling at an acceptable standard. They should develop sufficient skill in being able to assess when a parishioner can be helped by them and when the problem is such that a referral should be made to a clinician. Clinicians on the other hand, need to be open to developing the counselling skills of the clergy either through formal training contracts or consultation. They need to see the clergy as fellow professionals with whom they can work in the interest of the client.

To paraphrase a piece of scripture — the vineyard is going to be full of people needing help but the labourers are going to be few. We need all the help we can get.

Secondly, we have a need in our society to re-establish the worth and dignity of the human spirit. The very basis of our industrial society, as illustrated by our system of mass production and the assembly line, has been efficiency. The competition and profit motive behind our progress has resulted in many benefits but it has also resulted in a depersonalization of our individual identity. With a loss of productivity and a tighter economic era there will be increased emphasis on production, efficiency and profit, resulting in increased alienation and depersonalization of individuals. It falls on the shoulders of the clergy to refocus our attention on the individual worth of people, to emphasize the uniqueness of each person as a creation of God. Even clinicians can lose sight of those very important values.

A couple of years ago I had the opportunity as a representative of the Provincial Interfaith Chaplaincy Committee to review the Chaplaincy programme at Penetanguishene. A part of Penetang holds approximately 200 individuals who are

11. C.G. Jung, *Modern Man in Search of a Soul* (New York: Harcourt Bruce & Co., 1936), p. 264.

judged to be the severest criminally insane in all of Ontario. Admittedly this is an extremely difficult and probably depressing population to work with. When we listened however, to the types of treatment and experiments that were conducted with the inmates, it was difficult to discern what positive human values the institution placed on them. Here was a need and an opportunity for the chaplain to refocus clinicians and other professionals on the worth of an individual no matter what he had done. Here was a need for the chaplain to speak about God's forgiveness and love for all men. It was the chaplain's job to articulate the Gospel in secular terms. This task is before the church not only in institutions but in society as well. It is this message that the cleric needs to articulate to the clinician and the clinician needs to be open to hear.

Thirdly, in a world with a somewhat uncertain future where many traditional values have been discarded, there is a need for people to feel anchored, and to have a sense of direction. Karl Menninger in his book *Whatever Became of Sin* advocates returning to some traditional concepts about right and wrong, good and evil. Dr. Quentin Rae Grant, Chief Psychiatrist at Sick Children's Hospital, in a talk to the Ontario Association of Children's Mental Health Centres, stated that the current confusion about what values we accept at a societal level was having a very detrimental impact on the development and growth of today's children. To him it was of lesser importance what specific values were taught as long as it was a value system that was accepted as a standard at a societal level.

It is up to the clergy to help individuals develop and articulate a belief system that can anchor the individual in a sometimes turbulent world. This belief system needs to help the individual deal with the transcendent. It needs to deal with the questions of Whom am I? What is my Worth?, What is the value of others?, Where am I going?, Why am I here?, What lies beyond the grave? For many that anchoring faith will involve a belief in a personal loving God. It is up to the clerics to guide this process. Where necessary and helpful, they must not be afraid to articulate their convictions and give direction, however they must realize that the objective of the therapeutic process is healing, not conversation.

The need for anchoring is one that the clients of clinicians experience as well. In order to help, the clinicians need to be very much aware of their own values and be comfortable with how they have addressed their own spiritual needs. Only in this way can they be aware and open to the spiritual needs and the value system of their clients. Clerics can help the clinicians in dealing with these issues.

The clinicians on the other hand, can help the clerics see at what points the introduction of direction and an external belief system can be detrimental to the healing process. If clerics are open, clinicians can help them see how a belief system can be improperly used by the client to avoid change and can even be the basis for pathology. If clerics in their zeal lose sight of the right of individuals to their own values, they need to be reminded by clinicians that respecting the client's values and wishes is essential in the therapeutic process.

Finally, as the cost of all health care continues to escalate, it becomes increasingly important for professionals to collaborate on the most effective and efficient way to help individuals and where possible to work in the area of preventative services.

Clinicians, because they often work with other professionals, understand the importance of collaboration and are experienced in implementing collaborative planning. The importance of interdisciplinary teams is seldom questioned. Clerics on the

other hand, usually work alone, often are isolated not only from other professionals but even from each other. When the opportunity presents itself for consultation, they are slow to respond. In the interests of client needs, clinicians should therefore take the initiative in showing both the various models as well as the benefits of case conferencing and consultation.

Although clinicians often have a greater conceptual base in the area of prevention, clerics are in a better position to implement the strategy. The parish is an opportune place to implement programmes and structures that can promote health-producing conditions. Clinicians have much to teach clerics about what programmes are effective in what areas. Only through collaboration can they work together for the good of society.

CONCLUSION

In the final analysis, if clergy and clinicians are to be as effective as they might, they need to work together for the good of the people that they serve. This can only come about through understanding each other's roles, mutually respecting their differing perspectives and learning from one another. In this way we can develop a trust of one another that will allow us to see ourselves as all a part of the same family and minimize the destructive conflicts that have occurred in the past to the detriment of the people we serve.

Is it an impossible task? No! Many are effectively doing just what I am suggesting. Many are already attempting to integrate into their practice the best of what the two disciplines have to offer. It is to them that we must look for direction as we seek to build bridges and bring peace and healing into the lives of troubled people.