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Pastoral Counselling and Congregation: A Narrative Hermeneutical Approach

Thomas St. James O'Connor

*Assistant Professor, Pastoral Care and Counselling
Waterloo Lutheran Seminary*

Does pastoral counselling belong within the congregation? Up until the beginning of the twentieth century, that question was not asked. In the Christian church, pastoral counselling has always been regarded as a ministry of the church, part of the healing, sustaining, guiding and reconciling functions of the cure of souls.¹ Counselling was done mostly by the church, and so all counselling was pastoral. Freud challenged this dominant discourse. Counselling began to move out of the pastor's office and into the doctor's office. Distinctions were made between pastoral counselling and secular psychotherapy. The changes in who does counselling and where it happens has allowed the question to emerge. This paper addresses the question by examining the historical context, presenting a narrative hermeneutical understanding of pastoral counselling using the works of Charles Gerkin, Don Browning and Peter VanKatwyk, and offering implications for research and congregational ministry.

Historical Context

Historically, pastoral counselling or the cure of souls is a tradition that goes back to the origins of Christianity including the Bible and Patristics. John MacNeill in *The History of the Cure of Souls* shows that in every age of the Christian church, pastoral counselling was

offered to those in need. Pastoral counselling took various forms in the different ages of the church. Yet, it was always tied to the life of the congregation and often performed by the pastor.² Pastoral counselling in the traditional classical view focused on the message of the Gospel.³ Pastoral counselling was the work of the congregation, especially the clergy. Clergy became known as spiritual physicians whose domain was the cure of the soul. The cure of the body was the work of medical physicians.

In the nineteenth century, with the beginnings of psychoanalysis and the other helping professions like psychology and social work, counselling was no longer limited to the cure of souls. Rather, many other professions outside the Christian community began to offer help to persons in need. These secular therapists were not clergy and did not see their work as the cure of souls. Instead, they utilized medical and psychological concepts and interventions in helping those in need. In the 1920s the pioneers of clinical pastoral education (CPE) incorporated the insights of the social sciences and medicine with theological concepts and narratives. This integration was in service of faith and the congregation. Anton Boisen, a minister, along with two medical doctors, Richard Cabot and Helen Flanders Dunbar, were interested in helping humans in crisis become more ethical and virtuous persons.⁴ They believed that the insights of medicine and the other sciences integrated with theology could help in this regard. Boisen developed the notion of the "living human document". Here human experience or the living human document became a source of revelation just as Scripture is a source of revelation. Boisen, Cabot and Dunbar never conceived of pastoral counselling existing outside of the Christian community. They saw a strong connection between religion and health and wanted the church to use medical insights in the cure of souls.

Freud, however, had prepared the stage for the question. His belief in a therapeutic relationship that allowed the client to say anything, to associate freely about oedipal experiences of mother and father, challenged the dominant Victorian narrative. His belief in non-judgment and free association encouraged thoughts, feelings and fantasies that within Christianity are called sin. Freud maintained that the values and religions of the Victorian narrative that shaped many Christian communities were oppressive. These values

created the seeds of mental illness. Freud's counselling and theory challenged some aspects of congregational life.

Freud had a big influence on the pastoral counselling movement.⁵ Those in the pastoral counselling movement who incorporated some of the Freudian narrative tended to be critical of the ethics and moralism of the Christian community. They adopted the notions of non-judgment and free association. They emphasized individuality as opposed to community. They called for differentiation and the values of uniqueness within both family and community. They believed that pastoral counselling in the church had become too moralistic and judgmental.

By the 1950s and 1960s, some of these pastoral counsellors in the psychoanalytic tradition had developed their own private practices in pastoral counselling. Here they utilized the insights and concepts of both theology and psychoanalysis. They kept quite a distance both emotionally and physically from the Christian congregation.⁶ Free standing clinics emerged that were not connected to a specific congregation or denomination. These free standing centres were often called pastoral counselling centres. They were open to all and were ecumenical, interfaith, and open to those without any belief in the divine. Pastoral counselling adopted a variety of theories that went beyond psychoanalysis. Family systems theory, client-centred, Jungian, Gestalt, cognitive, behavioural and many more were adopted by pastoral counsellors. Some of these various theories challenged the dominant values and beliefs in the Christian community. The language and concepts of these non-theological disciplines infiltrated Christian communities. Theological concepts like sin, redemption, grace, ecclesiology faded into the background and were overtaken by terms like drives, repression, defense mechanism, self-actualization, boundaries, communication styles, cybernetics, circular thinking, etc.

The historic event that crystallized this challenge to pastoral counselling's place in community took place in 1963 when a group of pastoral counsellors in the U.S. formed their own professional association known as the American Association of Pastoral Counsellors (AAPC).⁷ Seward Hiltner and Wayne Oates, two prominent pastoral theologians, were very angry and argued that pastoral counselling belonged in the church community. It did not belong in a separate,

professional organization. For Hiltner and Oates, the development of a private practice and a professional organization just for pastoral counselling was tantamount to heresy.

Since 1963, AAPC has flourished. There has been a growth in private practice in pastoral counselling. More and more free standing pastoral counselling centres have emerged. Nevertheless, the dominant belief in the literature concerning pastoral counselling is that it is a ministry of the church.⁸ In this view, pastoral counselling flows from the Christian community and supports the Christian community. This ministry of the church is part of the cure of souls which involves healing, guiding, sustaining and reconciling those in need. Pastoral counselling incarnates grace in building healthy relationships that embody the demands of the Great Commandment. Pastoral counselling should not be separated from the Christian community.

The less dominant belief is that pastoral counselling is best outside of the Christian community or at least on the fringe of the community. Pastoral counselling requires extended training and education in psychosocial concepts, clinical work and theology. Much of this is beyond the competence of the average clergy person in a congregation. In this view, the pastoral counsellor is viewed as a specialist whereas the pastor of a congregation is seen as a generalist. Also, the issues of confidentiality and appropriate professional boundaries necessary for counselling are more difficult in a congregational setting.⁹ In this view, pastoral counselling belongs outside of the congregation.

Narrative Hermeneutical Approach

a) Charles Gerkin

A narrative view of pastoral counselling offers some answers to this question. Here I draw on the work of Charles Gerkin who describes pastoral counselling as part of a narrative hermeneutical theory of practical theology. Gerkin focuses on the interpretations that people develop of their experience and tradition. Interpretation or hermeneutics is standpoint dependent.¹⁰ In the post-modern world, this means that interpretation is based on what one sees and experiences, the point on which one stands. Standpoints are not the same. They vary depending on gender, ethnicity, economics, disability, ge-

ography, and other contextual factors. Different standpoints produce different questions as well as different answers to the same question.

This understanding of interpretation as standpoint dependent utilizes the hermeneutics of suspicion and retrieval. The hermeneutics of suspicion questions claims to a truth that applies to all, and instead assumes that interpretation serves the interpreter's standpoint and seeks to uncover which groups in church and/or society that interpretation serves. The hermeneutics of retrieval brings forward forgotten or silenced interpretations. These are usually held by those on the fringe of church and society.

Gerkin believes that human beings begin interpreting reality from the earliest age. These interpretations are woven into narratives which in turn shape interpretations. Human beings develop many narratives about themselves, the world, faith, God and culture. For Gerkin, there are a multitude of narratives. Some are more dominant and others are more hidden. Both interpretation and narrative can change over time, i.e., there is an organic quality possible in them. These interpretations and narratives undergo change through fusion with other narratives and interpretations. He calls this the fusion of horizons. Narrative is crucial in shaping identity both personally and professionally. As a Christian theologian, Gerkin maintains that the Christian narrative is primary and necessary for pastoral counselling. He also stresses that the Christian narrative contains a variety of narratives.

Narratives and interpretations do not exist in vacuums. They arise out of a particular standpoint and endorse that standpoint. Narratives and interpretation are articulated by persons. Those in a position of power speak a dominant narrative. Those out of power or with less power speak a narrative that is less dominant. Often, the interpretations and narratives of the less powerful are silenced by the dominant narrative.

The Christian community, from a narrative hermeneutical view, has many narratives about itself. In any age or time, there are some narratives within the community that are more dominant than others. For example, the medieval Italian poet Dante presents a narrative of Christian growth that involved a descent into hell, a climbing of the mountain of purgatory and an ascending into paradise.¹¹ That

narrative dominated the medieval Roman Catholic Church but this narrative is not dominant today. In a family, the parents most often articulate the dominant narrative about the family. They might see a son who is upsetting the family stability as the problem. Usually, they have developed quite an elaborate understanding of the son's problem and fit it into a narrative. They wish that the son would change and wonder what the son might do to achieve that. The son, however, has another interpretation and narrative about the problem. He might wonder why this is a problem for the family. The son articulates one of the less dominant family narratives. These are often silenced or disregarded. A narrative approach with the family means listening to everyone's interpretations and narratives. It means deconstructing those narratives that endorse the problem. It also means co-constructing a new narrative that empowers the family to agency in reducing the problem.¹²

b) Don Browning

Don Browning offers some helpful distinctions concerning pastoral counselling.¹³ He distinguishes between pastoral care, pastoral counselling, and pastoral psychotherapy. All three are not viewed as completely distinct from the other but all three are part of a continuum of care. Browning's understanding of pastoral care, counselling, and psychotherapy is based on an ethical perspective. Utilizing a narrative hermeneutical view of pastoral care, pastoral counselling, and pastoral psychotherapy, a number of insights emerge.

In pastoral care, the pastor or chaplain represents the Christian community. The minister brings with him/her the various traditions and narratives of the Christian fact. In pastoral care, there is some use of the narratives from the social sciences but the greatest emphasis is on addressing spiritual and religious issues from the Christian narrative. The identity of the caregiver is clear and located within the leadership of the Christian community. The pastoral conversation unfolds within this standpoint. Pastoral care emanates from the connection with the Christian community. Pastoral care can take place in a variety of settings. This could be at the back of the church, around the board table, in the pastor's office, in parishioners' homes, in the hospital and prison. The pastor often initiates pastoral care for the person in need. Pastoral care is one role that the pastor per-

forms. The pastor can also be a worship leader, preacher, caregiver, board member, teacher and friend for the care receiver. In a congregational setting, there are multiple role shifts in the pastoral relationship.

At the other end of the continuum is pastoral psychotherapy. The narratives of pastoral psychotherapy emphasize the intrapsychic and interpersonal functioning of the clients. It includes extensive family therapy. Therapeutic language and concepts from the nontheological disciplines dominate pastoral psychotherapy. Transference, counter-transference, projections, externalizing the problem, de-construction, boundary issues, become some of the bread and butter of such counselling. In pastoral psychotherapy, some theological language and narratives are used but these are less dominant than the therapeutic language. Pastoral psychotherapy is rarely performed by a pastor on a parishioner. The expertise, safety and context require that it take place quite a distance from the Christian community.

The pastoral counselling narrative, on the other hand, is somewhere between pastoral care and pastoral psychotherapy on the continuum. Pastoral counselling emphasizes the psychological and systemic more than pastoral care. It utilizes various narratives from the human sciences to understand and explain human personality and behaviour. The therapeutic relationship becomes more of a focus than in pastoral care. There is usually a contract for help in a specific area. Most often, pastoral counselling is initiated by the client. Boundaries are strong around the helping relationship and pastoral counsellors usually relate only in this one capacity to the client. Unlike pastoral care, multiple role shifts are called dual relationships. These are considered unethical and are avoided.¹⁴

Pastoral counselling is also different from pastoral psychotherapy. It utilizes in a more extensive way theological narratives. Unlike pastoral psychotherapy, pastoral counselling tends to be more short term. While pastoral psychotherapy is done away from the congregation, some short term pastoral counselling can be done in the congregational setting. The extensive support network and narratives of the congregation can be utilized in helping the person in need.

c) *Peter VanKatwyk*

This discussion about the place of pastoral counselling within the congregation focuses on the needs of the parishioner, the ability of the pastor, and issues such as gender, economics, and ethnicity. Peter VanKatwyk in the development of the Helping Styles Inventory (HSI) outlines the crucial place of these items in helping.¹⁵ In examining the needs of the parishioner, the pastor is faced with a few questions. What does the parishioner need? Does the person need pastoral care or pastoral counselling or pastoral psychotherapy or a therapy that has no pastoral dimension to it? The pastoral caregiver must have the ability to assess the needs of the client and know the appropriate place for those needs to be met.

The second item that VanKatwyk points out in the HSI is the skill and theory of the caregiver. He notes that various levels of skill and theory are needed in caring and counselling others. Pastoral care requires extensive skills and knowledge in the Christian narratives. It also involves some knowledge and skill in the social sciences. Pastoral psychotherapy requires extensive training under supervision in theory and skill from psychology and the social sciences. Pastoral counselling involves some knowledge and skill from the Christian narratives and the social science narratives. In offering help, the pastoral caregiver must be aware of his/her own ability and training.

Besides the needs of the client and the ability of the caregiver, pastoral counselling also involves awareness of issues like gender, ethnicity, religion, economics, geography, etc. These issues shape and inform the helping relationship. There are certain issues in pastoral counselling that are more appropriately handled by female pastoral counsellors. There are other issues that should be handled only by a male pastoral counsellor. In the HSI, VanKatwyk has deconstructed the belief that there is one way to help. He offers four basic styles of helping with three levels to each style. Ethnographic research on practitioners' experience of the HSI has affirmed the validity of utilizing a contextual approach in helping.¹⁶

Research and Narrative

This narrative hermeneutical approach to pastoral counselling and its place in the Christian community also has implications for

research. Ethnographic research is an excellent method for this narrative approach.¹⁷ Ethnography seeks to understand and explain the meanings that people put on their experience and the narratives they develop to interpret their lives. Ethnography is a research methodology that has begun to flourish in the postmodern world and emphasizes the standpoints from which persons interpret and develop stories.

Ethnographic research is not meant to generalize to all populations. The focus on a particular group, a small sample which most often uses opportunistic and not randomized sampling, and the use of the researcher as a participant-observer, limit the generalizability of the findings. The interview method which allows language to be clarified and accurate meanings to emerge allows for validity. Ethnographic research does not seek to disprove or prove theory but discover theory. Pastoral counsellors with some clinical training are trained in interview skills. Many of these interview skills are required to utilize the method of ethnography. Open ended questions, tapes and the hermeneutical analysis are both common to ethnographers and pastoral counsellors, especially those with a narrative bent. Narrative therapists know that there are many stories and interpretations present within a family concerned with problem behaviour.

The interpretations and narratives that people develop are powerful lenses that both open up and conceal. Narratives offer insight and guide persons in their decisions and give meaning. Narratives also blind the interpreter to other realities. Ethnographic research has begun to emerge in journals and books. But this research method is still on the fringe of the research community. At many universities and granting agencies, quantitative research utilizing randomized control groups with large samples is considered the cadillac of research methodologies. Ethnographic research is lower on the list, just above case studies. In terms of funding, it is difficult to get grants for ethnographic research. Narrative and hermeneutics are not the dominant stories within the research community.

Implications for Congregational Ministry

Does pastoral counselling belong within community? From a

narrative hermeneutical standpoint, the answer is yes, no and maybe. The answer is yes if the person seeking help, the skills and ability of the caregiver and the context, call for pastoral care. Pastoral care focuses on the Christian narratives and offers its resources. Pastoral care most often is brief and connected to other aspects of the congregation such as worship and education.

The answer is no if the client, caregiver and context call for pastoral psychotherapy. Pastoral psychotherapy belongs with trained therapists in a pastoral counselling centre or private practice. The professional boundaries, confidentiality and skill and knowledge of the therapist require distance from the congregation. The narrative of pastoral psychotherapy is different from the narrative of pastoral care.

The answer is maybe if the needs of the person seeking help, and the ability of the caregiver and the context, call for pastoral counselling. Pastoral counselling done short term (6-10 sessions) and maintaining strong boundaries around the helping relationship can be done in the congregation. The pastoral counsellor, however, must be able to realize his/her limitations and the limitations of the context. Referral for pastoral psychotherapy and some pastoral counselling is appropriate. Such referral does not mean that the pastor can not do pastoral care with the person in need. Persons who are referred ought to have some care from the congregation. The narrative of a continuum of care, counselling and psychotherapy underlines that there are overlaps between each part of the continuum. There is no absolute answer in narrative. There is only relative adequacy.¹⁸

It needs to be said too that there is much research beginning to emerge that points out the place of spirituality and religion in facilitating positive physical and mental health. The research is also pointing out that this religion and spirituality emerges from a community and is fostered in community. Church communities have brought much healing and sustaining to individuals and families down through the ages. In a recent edition of the *Journal of Marital and Family Therapy*, one article pointed out how much families rely on their pastors for help.¹⁹ Families contact the pastor for help around family problems more often than they do marriage and family therapists. One of the reasons that our Christian communities have prospered

for so long is due to the help that they give to individuals and families. We are also aware that some communities hurt some people and bring rejection and suffering rather than healing. The yes, the no and the maybe of pastoral counselling within the congregation depends on the particular context.

Notes

This is an edited version of the keynote address given at the Conference for the Society for Pastoral Counselling Research, St. Paul's University, May 9, 1997.

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- ¹² Thomas St. James O'Connor, Elizabeth Meakes, Ruth Pickering, Martha Schuman, "On the Right Track: Clients' Experience of Narrative Therapy," (in press) *Journal of Contemporary Family Therapy*, December 1997.
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- ¹⁴ CAPPE Code of Ethics, Subsection 2C6, *PRACTICE* (Toronto: CAPPE, 1996) 304.2; Peterson, *At Personal Risk*.
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