

Pastoral counseling & Mental Health

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Pastoral counseling is the ministry of care and counseling provided by pastors, chaplains and other religious leaders to members of their congregation. It is the intersection between spirituality and psychology. Religious communities have traditionally sought to provide spiritually based solutions for individuals in crisis. Clergy have listened intently to personal problems for centuries, and have cultivated a spiritual counseling response to those who suffer from mental and emotional illness (American Association of Pastoral Counselors, 2009). Traditional spiritual counseling continues to help many; however it was recognized more than a half century ago that in many cases, professional psychological care was necessary for effective treatment.

The integration of religion and psychology for psychotherapeutic purposes began in the 1930's. Norman Vincent Peale, a minister, and Smiley Blanton, M.D., a psychiatrist, formed the American Foundation of Religion and Psychiatry (the Blanton-Peale Institute). The role of pastoral counseling, once only religious or spiritual counseling, has evolved to pastoral psychotherapy, which integrates theology and the behavioral sciences. Carl Jung, Abraham Maslow and William James all brought spiritual aspects to therapy. Psychiatrist Karl Menninger, a pioneer in the integration of the psychological and theology, believed in the "inseparable nature of psychological and spiritual health" (AAPC, 2009).

According to the AAPC (2009), pastoral counseling accounts for three million hours of treatment annually in institutional and private settings, and the number of certified counselors has tripled in the last 20 years. The onset of managed mental health care has brought a reduction in available counseling services. As a result, many people seek clergy for advice with personal issues. For the working poor and those without insurance benefits, pastoral counseling is free or low-cost help from a trusted source. Pastoral counseling addresses such issues as marital discord, divorce, parenting, dating and pre-marital counseling, illness, job loss and grief. Some counselors provide individual counseling for victims of crime or abuse. It is a service that is both effective and in demand.

A 1996 *USA Today* survey found that 79% of Americans acknowledge that faith can help recovery from illness. According to another survey, 77% of patients feel their physician should consider spiritual needs. In a 1994 *Newsweek* poll, 58% of respondents said they feel the need to experience spiritual growth. The Gallup Organization and Lilly Endowment, Inc., reported that 96% of the population said they believe in God.

Adversity is the major reason people seek help, and it is the mission of the pastoral counseling to provide guidance to the wounded and suffering. The hazard of the job is stress and Compassion Fatigue, the long-term consequence of working with and caring about individuals in crisis. They are a constant witness to anxiety, sadness, grief, fear and anger, which is taxing and stressful. Giving too much can take a toll on you as you perform your role as pastoral counselor. It is not a flaw in you but a hazard of the role. There is a great need for pastoral counselors to practice self-care. It is crucial that you listen to your body's clues, which often warn that some downtime is needed. Learning to recognize the complex symptoms of compassion fatigue in yourself and in others can prove to be priceless in your role.

There must be a clearer distinction between psychotherapy and pastoral counseling. Pastoral counselors are trained in both psychology and theology. They provide psychological as well as spiritual guidance, counseling and companionship. They may also work with hospital staff to provide ethical and spiritual direction and instruction on religious practices and beliefs (Mississippi Hospital Association, 2004).

According to the MHA (2004), pastoral counselors differ from other mental health professionals in three distinct ways: (1) they are trained in two disciplines, psychology and theology; (2) the educational requirements are different, usually requiring a Master of Divinity degree plus other academic work; (3) they are not doctors and cannot prescribe medication. They work closely with other medical professionals as part of a team and, must remain aware of counselor-client confidentiality.

Mental health professionals are health care practitioners who are trained to improve an individual's mental health or treat mental illness. This includes psychiatrists, psychologists, psychiatric social workers, psychotherapists, psychiatric nurses, pastoral psychotherapist, mental health counselors, and other health professionals. Specialized training enables them to address complex multidimensional psychological problems. They perform a clinical assessment to evaluate a client's mental condition, and then develop, implement and monitor a treatment plan based on their data and findings. They also assess the need for medication and suicide risk.

Further, triaging is an important part of the role of mental health professionals, who often act as the client's advocate when coordinating required outreach services or resolving crisis situations. Therefore, collaborating with them and other treatment programs is essential to the optimum care for parishioners. Remember that clients are prone to be dishonest by omitting certain truths about their situations because while they need your help, they are extremely concerned about losing esteem or favor with you. This further complicates your ability to be of genuine service to them. Just imagine how difficult it would be for a board member to admit to you that he is abusing his wife or having an affair. Privacy and anonymity plays such a vital role

in treatment especially during the engagement phase; having a person who is both unknown and neutral to the client is most valuable.

Be mindful that continuing to see a parishioner who is in need of a higher level of care, leads to a sense of hopelessness, impacts your pastoral role and prevents them from obtaining the help that they need. A pastor's role is key to the referral process. In sermons and in private sessions, parishioners need to hear that you believe in mental health. People often repeat the things that were said during a service when it impacts their self-esteem or sense of hope. Messages that suggest that pain is punishment for the prior evil deeds of their ancestors will make them feel that God finds them to be faulty, that this is their destiny, that prayer is the only answer, and there is nothing that they can do to get better.

Many clients may need prayer, your support and mental health services at once; therefore, collaboration is essential to best meet the needs of the client. Always keep in mind that clients usually seek services when their situation has reached crisis level. Accurately assessing both your professional and personal limitations is crucial since most people are drawn to ministry out of an innate desire to help, which causes vulnerability to practicing beyond the scope of their role. Being clear about your role restraint and the professional skill set of a psychotherapist can be helpful in determining at what point a referral is indicated. The greatest gift a pastoral counselor can give is "permission" so that the congregant knows that in addition to prayer, all forms of help that enhances wholeness and wellness is encouraged.

There are many resources within the community to partner with and refer to, such as 12-step addiction programs. Addictions often grow out of a person's attempt to self-soothe when faced with life stress and pressure. It is important that you expand your definition of addiction, as it can come in many forms and cut across all levels of society. It can impact you, your supervisees, or your parishioners. Recognize that in addition to traditional substances (e.g., marijuana, alcohol, pills, cigarettes, etc.), people can develop addictions to everyday behaviors, such as eating, working, sex, shopping, gambling, bingo, or playing the lottery. These behaviors are persistent, maladaptive and clearly nonproductive for the individual and their families. They undermine the person's ability to function normally yet they continue to engage in it despite the problems it causes. Your pastoral role can be greatly enhanced by hosting 12-step meetings within your facility and openly demonstrating the value of addiction resources (e.g., mentioned during supervision, in your sermons, and in your practiced self-care)

Clergy Supervision

New clergy interns need both Supervision and Mentorship. Bernard and Goodyear (1998) defined supervision as evaluative relationship between a senior and junior member of the mental health profession whose purpose is to "enhance the professional functioning" of the

supervisee. Supervisors are the culture carriers for the profession and are responsible for directing and nurturing the development of not only the supervisee's skills but also professional identity. Supervisees who have unrealistic expectations for themselves are more apt to experience burnout and despair. This is why being open and presenting your true self as a whole human being with shortcomings and doubts is so crucial to the development of pastoral interns if they are to be well prepared for the realities of the profession. Share both your wisdom and shortcomings with new interns; let them know that you are both a spiritual leader and a human being. Your relationship with them will set the stage for their future. Be real with them; offer what you wish you had had at the beginning of your career.

Things to Consider

1. Be mindful of the whole complex person. Don't limit your focus to work issues; seek to truly understand them completely.
2. Encourage their emotions; they need to know that you see them as a whole person and not just an extension of their role.
3. Keep an eye out for signs of distress or compassion fatigue.
4. They want your approval, so share both your approval and concerns.
5. They will doubt their faith at times; let them know about times when you've had doubts.
6. They may omit or downplay things that shine an unfavorable light. Be open to hearing mistakes; share your own and let them know that lessons are learned from mistakes.
7. Be honest. Respectfully share your concerns. Be clear and direct about expectations.
8. Make "Office Politics" a regular part of your discussions. New leaders often struggle with newfound status, boundaries and authority.
9. Model and encourage self-care: Help them to develop a plan to avoid burnout and compassion fatigue. Make this a regular part of the supervision.
10. The quality of their leadership is closely related to the quality of the supervision received.
11. Reiterate that even as an experienced leader, continuing education and supplemental training is needed to meet new challenges, and collaboration with peers is a career-long process. Model this by continuing your own education and supervision.
12. Let them know that becoming a successful clergy leader is not a destination but a journey, and supervision is required throughout the trip.

Support & Evaluation for Clergy and Lay Leaders

Clergy are often faced with complex and difficult issues such as domestic violence, substance abuse and addictions, troubled teens, infidelity, under/unemployment, foreclosures, depression and chronic illness. This creates a unique set of challenges for its clergy and ministers. Ask for referrals and partner with supportive organizations such as Divorce Cares, Marriage Encounter,

Engaged Encounter, and other specialized programs for deeply troubled relationships. Invite mental health professionals to discuss these issues.

A house of worship can be an immensely comforting and supportive environment. It can also be an unforgiving and critical environment. Spiritual leaders themselves may feel they answer to an even higher authority. It is important to remember that clergy, like individuals of other professions, are only human. Not embracing this concept can lead to “Imposter Syndrome,” where the isolation, overwork, and feelings of guilt compels negative and self-destructive behaviors, such as the hiding of pain. Congregations often expect clergy to have “God like” qualities, which is unrealistic and will lead to negative outcomes. Compassion Fatigue can put stress on the entire congregation. Spiritual counselors must ask if their role as a constant source of compassion taking an emotional, physical and mental toll. Compassion Fatigue causes physical, emotional and spiritual fatigue or exhaustion that can cause clergy, management, lay leaders and congregants to become overwhelmed.

Some questions to ask

1. How do we address the personal and professional needs of clergy leaders?
2. Where do the clergy go for professional support and assistance?
3. Do we have appropriate referral resources to help our congregants get their needs met?
4. Why are ministers and lay clergy leaders especially at risk for burnout?
5. How can we learn to identify the impact of compassion fatigue has on our congregation?

Over time, the constant output of emotional energy can lead to a decline in both morale and productivity. The organization is at risk for suffering the far-reaching symptoms of stress: friction among committee members, congregant-management tension, increased absenteeism, and loss of membership. Addressing compassion fatigue within an organization requires time, patience, and vision. Assess yourself and your organization for signs of Compassion Fatigue and create a plan for positive change and healing.

Symptoms of Compassion Fatigue Within the Organization

1. Inability for committees to work well together
2. Desire among members to break rules
3. Outbreaks of aggressive behaviors among committee members
4. High degree of lost of members
5. Inability of committees to complete projects

6. Lack of flexibility among members
7. Negativism towards clergy administrators and leadership
8. Strong reluctance toward change
9. Inability of congregants to believe improvement is possible
10. Lack of a vision for the future

Accept that despite the special nature of the role, it is still a job that must begin and end each day and have breaks in between to avoid burnout and compassion fatigue. Also, because it is a job, it may become a time for you to move on. Perform regular self and career assessments to determine your level of effectiveness, satisfaction, compassion fatigue, and if your work continues to be a match to your goals. Seeking your own therapy is crucial, as you can't give what you do not have. Often, religious leaders fear that seeking help is an admission of their lack of faith, inadequacy, a weak character or dependency. In reality, therapy can help you learn more about yourself, gain a new perspective, identify your strengths, as well as recognize and change destructive behavior patterns.

Some red flags:

1. Feeling that there is no room for mistakes and that you must always be "on."
2. Soothing pain with substances that lead to addictions.
3. Prescription drugs, food issues, relationship issues.
4. Feeling that you must be "loved" by everyone.
5. Noticing a lack of time for self-care or nurturing personal relationships.
6. Trying to be everything to everybody (husband substitute for widows and divorcees; father to fatherless children, a hero to all).
7. Your mate and children are suffering from jealousy, resentment and lack of attention.
8. Engaging in harsh self-judgment and negative self-talk ("if people only knew")

Working with a licensed psychotherapist is the most effective method of overcoming chronic depression, fears, trauma, anxiety, and breaking unhealthy patterns that no longer serve you. It can provide you with a safe space to explore your spiritual doubts and dilemmas. Unlike colleagues, who may not know our issues, or loved ones, who are too personally involved to challenge our ideas, a therapist can compliment your work by lending objective support, helping you discover new resolutions, and assisting in exploring solutions in a different way.

Ask Yourself

1. Am I suffering from Compassion Fatigue?
2. Are my feelings of fatigue, stress and worry starting to affect the quality of my work?
3. Is my relationship to my work uplifting and positive?
4. Do I need to examine how I am relating to this difficult and important work that I do?
5. What is self-care and how can I use it to be a more effective leader?
6. Could I be more effective in my work and personal life if I practiced self-care?
7. What can I do to restore and sustain the zeal, enthusiasm and joy for service?
8. How can I learn to clarify my role in the healing process?

The therapy journey can help you to become your best personal and professional self. Unresolved personal issues cause obstacles and prevents us from fulfilling goals, dreams and potential. Prayer, self-care, supervision and therapy are the best recipe for success.

Bibliography

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The Association for Clinical Pastoral Education, Inc., (ACPE) Copyright 2008, <http://www.acpe.edu>

The American Association of Pastoral Counselors, (AAPC) Copyright 2005-2009, <http://aapc.org/content/brief-history-pastoral-counseling>

Must-read books for clergy and lay religious leaders

Morrisette, Patrick J., *The Pain of Helping: Psychological Injury of Helping Professions*.

Kabat-Zinn, J., *Wherever You Go, There You Are: Mindfulness Meditation in Everyday Life*.

Saakvitne, Karen W. and Laurie Anne Pearlman; *Transforming The Pain: A Workbook on Vicarious Traumatization*.

Campbell, Joseph; The Hero's Journey.

Myss, Caroline, C. Norman Shealy, M.D.; The Creation of Health: The Emotional, Psychological, and Spiritual Responses that Promote Health and Healing.

Other Resources

American Association of Pastoral Counselors, 9504A Lee Highway, Fairfax, VA.
info@aapc.org, 703-385-6967, www.aapc.org

Elat Chyyim: A Jewish Spiritual Retreat Center, 99 Mill Hook Road, Accord, NY.
800-398-2630 www.elatchayyim.org

The Compassion Fatigue Awareness Project.
<http://www.compassionfatigue.org/pages/symptoms.html>

The Spirituality Institute at Metivta, 2001 S. Barrington Ave., Suite 106, Los Angeles, CA.