



## Couch or Confessional?

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Human thought cannot conceive any system or final truth that could give the patient what he [she] needs in order to live: that is faith, hope, love and insight.

These four highest achievements of human effort are so many gifts of grace, which are neither to be taught nor learned, neither given nor taken, neither withheld nor earned, since they come through experience which is something given and therefore beyond the reach of human caprice....

How can [we] help [sufferers] to attain the liberating experience which will bestow upon [them] the four great gifts of grace and heal [their] sickness?...

It is indeed high time for the [clergy] and the psychotherapist to join forces to meet this great spiritual task.

*(Carl Gustav Jung)*<sup>1</sup>

How does one bestow the liberating gifts of grace and heal sickness? Jung's question strikes at the heart of caregiving. It seeks hope for all sufferers. Humankind has a large stake in responding to its challenge.

For centuries the world's great religions and philosophies provided the symbols and rituals which motivated and guided priests and practitioners tending to human sufferers. With the dawn of modern science, medicine—slowly at first, then with ever-expanding power—took center stage in healing. The Enlightenment reduced reality to rational thought and empiricism. Together, reason and materialism stripped Western religions of their vitality. The great wars devastated the utopian claims of reason and science. In the wake of the destruction depth psychology laid bare the repressed ugliness and bondage of the human psyche. Analysis became the way of salvation. But the journey inward has shipwrecked on the rocks of racial, economic, sexual, social, and political systems which oppress people, threaten the planet, and deplete the human spirit. How does one bestow the liberating gifts of grace and heal sickness? It is still our question, and it presses itself with urgency from the haunting hollows of our own hearts and the hallowed

<sup>1</sup>Carl G. Jung, *Modern Man in Search of a Soul* (New York: Harcourt, Brace, 1933) 225-229.

hallways of homes and hospitals.

Couch or confessional? Both. Doing what each does best, they can be major contributors to liberation and healing.

## I. THE COUCH

Psychiatry, psychoanalysis, cognitive psychologies, humanistic psychologies, behavioral psychologies—these and their derivatives and therapies are needed. There is a human presence, some of it conscious, some of it not so. Humans are cognitive beings—subjects who shape worlds through creative and reflective thought. Interacting with each other, with institutions and systems, people shape and are shaped by their own inner and outer realities. At many levels individuals and groups are the learned behaviors which have molded their existence. Each of these psychological disciplines has contributed to understanding, enlivening, and healing persons. Each has more to offer. They hold potential for needed critiques of one another as well as of religious, political, and economic views of the human. They are one genre of access to the truth of human experience—of which there is so much more to be known and healed.

If the behavioral sciences are to make a philosophical and salvatory contribution, they must subject themselves to the same critical conceptual, moral, and methodological scrutiny they apply to persons, groups, religions, philosophies, and cultures. Contemporary psychology too quickly places the self at the center of reality, flounders in subjectivity, and lacks moral vitality. Paul Vitz calls psychology to accountability by quoting psychologist Donald Campbell, past president of the American Psychological Association:

There is in psychology today a general background assumption that the human impulses provided by biological evolution are right and optimal, both individually and socially, and that repressive or inhibitory moral traditions are wrong. This assumption may now be regarded as scientifically wrong. Psychology, in propagating this background perspective in its teaching of perhaps 80 to 90 percent of college undergraduates, and increasing proportions of high school and elementary school pupils, helps to undermine the retention of what may be extremely valuable social-evolutionary inhibitory systems which we do not yet fully understand.<sup>2</sup>

Vitz then comments on the response to Campbell's critique:

Many of the psychologists responding to Campbell's address construed the central moral issue as that of the individual's well-being, expressed through actions rewarding the self, versus society's well-being, obtained by people giving up their liberty to a moral code and becoming altruistic. This is a very low-level representation of the problem. The higher religions claim that through love of God, through transcendent experience, the individual is dramatically better off. One important consequence of spiritual transformation is greater altruistic behavior. Thus in the religious interpretation the individual and society are not in conflict but in fundamental cooperation.<sup>3</sup>

<sup>2</sup>Paul C. Vitz, *Psychology as Religion* (Grand Rapids, MI; Eerdmans, 1977) 49.

<sup>3</sup>Ibid.

## II. THE CONFESSIONAL

Faith-formation, spiritual counsel, spiritual direction, shaping the conscience, confession and absolution, mutual conversation and consolation—these are also needed. Human life is derived. Humans hear a transcendent call to be. Humankind seeks meaning. Individuals and groups are accountable to themselves, each other, and the larger common good. Intellect, affect, volition, and body do not adequately describe the totality of being human. Human beings are spirit. They live in relationship with God. Religions embody and engender humankind's relationship to the ultimate, the transcendent—to God. The practice of faith provides the means for access to and expression of divine power. Christianity brings faith, hope, love, and understanding—grounded in a divine Word, a Word from outside, a Word from God. Theology, piety, and the religious arts are at the heart of the truth of human experience and of God's presence in that experience. Jung asserts:

In patients in the second half of life—that is to say, over thirty-five—there has not been one whose problem in the last resort was not that of finding a religious outlook on life. It is safe to say that every one of them fell ill because he [she] had lost that which the living religions of every age have given to their followers, and none of them has been really healed who did not regain his [her] religious outlook.<sup>4</sup>

If religion in general and Christianity in particular are to enhance and engender humankind's relationship with the Author, Sustainer, and End of life, if they are to liberate and heal, they must be vital and dynamic. Their symbols must shape both humankind's changing conscious and subconscious being. The full range of human pathos needs to be tended, understood, and healed. The transcendent and the immanent presence and power of God must break through in fresh immediate fashion, transforming persons, compelling allegiance, and revitalizing human existence. The public conversation among theological, philosophical, and scientific disciplines needs to be open to God's renewing and guiding Spirit.

## III. A COOPERATIVE APPROACH

To whom then does a person or society look for liberation and healing? Among both psychotherapists and clergy one often hears: "Nowadays people go to the psychotherapist rather than the clergyperson." Certainly there are many who are going to psychotherapists—yes, even many who might better benefit from seeing a clergyperson. Yet studies indicate much of this popular myth to be false. Although statistics vary, they indicate that clergy and family doctors are the persons to whom people go most often when they suffer. Further, studies indicate that many go to no one. Equally disturbing are the indicators that when people do go to their clergyperson or family doctor they often don't get the help they need.

It needn't be so. Among the clergy and the churches, the doctors and the health facilities, the therapists and agencies, there are resources for

<sup>4</sup>Jung, *Modern Man*, 229.

genuine liberation and healing.

A case best makes the point.

The Kellys lived in a typical midwestern metropolitan area.<sup>5</sup> Matt Kelly was an alcoholic like his father before him. In his bouts of drunkenness he had beaten his wife and children and sexually abused his daughter since she was twelve. Elaine, his wife, suffered periodic episodes of depression. Laura, the sixteen-year-old daughter whom he had sexually abused, regularly acted out at school and was promiscuous. Matt's job was never secure. Even though he was a productive, skilled laborer, his wages were low and he was periodically unemployed.

The Kellys did not attend church. Elaine had been divorced before marrying Matt. During her divorce and subsequent three years as a single parent, her Lutheran congregation had been highly critical and judgmental. Her pastor was awkward around her and the divorce. She sensed rejection from both pastor and parish, received no support or guidance, and left her church disillusioned.

Matt Kelly's Catholic priest had chastised him when he announced he was marrying a divorced woman. Consequently, Matt and Elaine were married by a justice of the peace, from whom they received no pre-marital counseling.

Laura Kelly got pregnant at sixteen. After telling no one for two months, she finally confided in Sara, her friend from school. Sara was a member of a congregation in which peer counselor training had taught Sara and some of her friends the implications of the gospel for personal and interpersonal crises. During the training, Sara had come to understand and experience the healing power of respectful, direct, caring mutual conversation and consolation.

When Laura came, Sara simply listened to her. As Sara listened to Laura's story, she knew skilled help was needed in facing the unwanted pregnancy and family problems. Following two weeks of hard, long conversations Sara convinced Laura to come with her to talk with Pastor Ryan.

Pastor Alice Ryan respected the dignity of life she saw in each person she met. She was gentle, thorough, and firm in her conversation with Laura. She pointed out why Laura needed to see an obstetrician and helped her find one. Laura's pregnancy was confirmed.

Next, Pastor Ryan went with Laura and Sara to tell Laura's parents. Laura's parents were furious, particularly her step-father. He insisted that Laura abort the child. Laura's mother wanted her to drop out of school, leave the community, stay with a relative, get a full-time job, and after delivery give the baby up for adoption. No matter how firmly Pastor Ryan pressed upon Laura's parents the need to take Laura's concerns and convictions seriously, she got nowhere.

After days of stalemate and angry outbursts in the family, Laura and her mother came to see Pastor Ryan. They wanted more help. Knowing she was working with a matter beyond her comprehension and expertise, Pastor Ryan convinced Laura and Elaine to seek family and pregnancy counseling.

<sup>5</sup>Although this is an actual case, and permission has been granted for its use, all names are changed.

Even though Matt was invited, he would not go along. He was furious that his wife and daughter were seeking help outside the family.

Dennis Falcon and Phyllis Ibsen were in a private individual marriage and family practice. When Pastor Ryan called Dennis, who was a member of her church, he spoke with Laura and Elaine over the phone and set up an appointment for them with himself and his partner. Pastor Ryan was encouraged to come along. Dennis called and encouraged Laura's father to attend. Matt refused.

In the interview with Laura and Elaine, Phyllis and Dennis explored Laura's pregnancy and the myriad thoughts, feelings, attitudes, and issues involved. Laura was frightened; she was ashamed and angry. She was mostly confused. She didn't know who might be the father of the baby. Laura was torn by her parents' pressure to go away and have the baby adopted or get an abortion. She didn't know what she wanted. Gently, but firmly the counselors tended to the material as it emerged in Laura's consciousness. As they did so, Laura calmed and her thinking began to focus.

When explored, the question of the baby's father created anxiety and tension. As Phyllis encouraged Laura to speak of the tension, Laura blurted out her father's sexual abuse of her during his drunken episodes and his threatening her life if she told anyone. Now Elaine, Laura's mother, spoke too of Matt's excessive drinking and her suspicions of the sexual abuse. She spoke of her fear for herself, shame over her husband's drinking, and guilt over not doing something about her daughter's sexual abuse—which she had hoped would go away.

Laura and Elaine's interview with the family counselors was a critical turning point in the Kelly family's long journey toward liberation and healing. In careful consultation with Laura, Elaine, and social services and law enforcement officials, Laura was placed in a foster home. The family therapists, together with the obstetrician, pregnancy counselor, Elaine, and Pastor Ryan, assisted Laura in making and following through on decisions about her pregnancy and the child she chose to carry and bear. Asexual abuse counselor began a thirty-month process of working through the incest with Laura and her family.

Matt was confronted and started on his own chemical dependency and sex offender counseling. An area chemical dependency intervention specialist, law enforcement officials, and the family therapists guided the intervention, which included all the family members except Laura. Pastor Ryan consistently visited Matt throughout his treatment and aftercare. Eventually he was included in family therapy.

A family in Pastor Ryan's church kept the other two Kelly children for short periods when their mother and step-father were hospitalized for treatment. Pastor Ryan not only identified this temporary support family and consistently visited Laura, Matt, and Elaine; she also guided each of them in the "spiritual support and reconstruction" that were an integral part of the case—the unwanted pregnancy and promiscuity, sexual abuse and chemical dependency, co-dependency and depression. A colleague of Pastor Ryan—a chaplain at the treatment center—gave the presentations on spirituality and heard Matt Kelly's fifth step during his chemical depend-

ency and sexual offender counseling.

How does one bring liberating gifts of grace to the Kelly family and heal their sickness? Through psychotherapy? Yes, through psychotherapies of great variety. Through clergy? Yes, through more than one clergyperson and through the churches and institutions they serve. And

through medical doctors and hospitals and self-help groups and more.

Chemical dependency, sexual abuse, promiscuity, unwanted pregnancy, physical abuse, co-dependency, depression—all of these have physical, social, psychological, ethical, and spiritual dimensions. They are ravages of humankind's sinful condition. They are multi-dimensional dysfunctions which call for multi-dimensional understandings and resources. Informed and effective congregations, pastors, family therapists, sexual abuse counselors, chemical dependency specialists, an obstetrician, and a psychiatrist had crucial roles in the love, hope, faith, and insight provided for the Kellys. No one person, institution, or discipline could have supplied the resources needed; together these caregivers became instruments of God's faith, hope, love, and understanding which bestowed liberation and healing for the Kellys.

The key to the work of this team of community caregivers was their compassion, expertise, and willingness to work together. Each knew his or her discipline and had confidence in its effectiveness. All respected the work of the others, knowing the limits of their own expertise and the need for cooperation. Often these attitudes and resources do not exist in communities. As a result the Kellys and others like them do not receive the gifts of grace or the healing of their sickness. Each type of participant who worked with the Kellys can play a key role in developing the cooperative attitudes, the philosophical and theological perspectives, and the community resources to provide such care. Pastors, given their education, training, and position in the community, can, doing what they are called to do best, take the lead in creating cooperative community caregiving. One model for such leadership follows.

#### IV. A MODEL FOR PASTORAL LEADERSHIP

As servants of the gospel pastors are called to lead worship, administer the sacraments, preach, teach, counsel, and administrate. As pastors exercise each of these common tasks of ministry they guide, heal, reconcile, and sustain. Pastors are called to do so in the context of a particular community within the ministry of one or more of its congregations. Even as pastors are knowledgeable and adept in the use of the Scriptures, the Christian tradition, and the arts of ministry, it is necessary for them to become knowledgeable about the persons and groups in their community and congregation and adept in ministering to their peculiar needs. Herein lies the genius of parish ministry.

A. At the heart of this unique work of parish pastors is the ordinary, foundational work of *getting acquainted and building trust* with individuals and groups in the community. This comes through the rhythms of general parish life and through intentional visitation at home, work, and recreation

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sites as well as through chance meetings in the community. The pastor encourages and facilitates congregational members to interact as well. This is ordinary, mundane, plain work; but it is absolutely necessary to pastoral ministry—a major contribution parish pastors bring to the liberation and healing of any community.

B. Out of the foundations of such knowledge and trust grow the possibilities of *pastoral conversation*. Pastoral conversation engages persons and their communities in language and symbols about that which matters. It explores life's depth. People desire such conversation with pastors.

The art of pastoral conversation is an intentional process of knowing people in-depth and helping them know themselves through:

1. assisting persons in articulating the “story” of their lives (it evokes narration);
2. engaging persons’ responses to life’s “story” (it evokes thoughts, feelings, attitudes, etc.);
3. helping them get at the meanings, symbols, beliefs, and values underlying their thoughts, feelings, and attitudes (it evokes reflection on faith, hope, and love); and
4. exploring with persons the implications of these matters for who they are and what they do (it evokes being and doing guided by faith).

Out of the “bread and butter” work of getting acquainted and pastoral conversation grow two distinctive yet closely related types of in-depth pastoral work. The first is intentional faith formation; the second is pastoral counseling.

C. I take *faith formation* to mean those activities through which pastors become channels for the spiritual growth of their people—leading worship, preaching, teaching, administering the sacraments, hearing private confession, and spiritual counsel (or spiritual direction). This work is the unique and central responsibility of parish pastors.

Each of these central tasks calls for rigor in its dispatch. However, of late, two of them have fallen into disarray and disuse among mainline Protestants: private confession and spiritual counsel. By *private confession* I mean helping persons determine what is true, just, and merciful; assisting individuals in shaping their conscience; hearing individuals speak their experience of shame and guilt; and proclaiming God’s grace specifically and concretely in response to the individual’s confession of sin. By *spiritual counsel* I mean joining persons in exploring their faith questions and God’s presence in their lives and the world. It involves assisting persons in living intentionally in their relationship with God, especially through drawing upon God’s promises and doing God’s will. Spiritual counsel is important in and of itself; it is almost always also necessary in the throes of other life crises.

D. *Pastoral counseling* is the second distinctive—though integrally related—depth ministry in this model of pastoral work. I find help in dividing this ministry into five distinct categories: pastoral crisis counseling, brief pastoral counseling, referral counseling, cooperative counseling, and long-term pastoral counseling. It is my conviction that all parish pastors should

be equipped to do crisis, brief, referral, and cooperative counseling; only specialists should do long-term pastoral counseling.

*Pastoral crisis counseling* is being available or taking the initiative in the developmental or “accidental” crises of parishioners’ lives. It entails using one’s access to individuals, families, and other groups around critical life cycle events (such as birth, baptism, marriage, aging, death, etc.) as occasions to assist in the dynamics of transition. It faithfully and skillfully tends to visitation of the ill, the shut-ins, those who are injured, etc. It involves assisting with identification of and intervention in cases of chemical, physical, and sexual abuse or other compulsions. It is picking up with people who come to their pastor troubled and confused, seeking support, clarity, and respite. Usually this type of pastoral counseling involves considerable spiritual counsel as well.

For most pastors crisis counseling will lead either to brief pastoral counseling or referral

counseling.

*Brief pastoral counseling* usually involves spending four to six sessions with individuals, families, or groups in which methods of support, clarification, and problem-solving are all that is needed—e.g., assisting a couple toward better communication or helping a widow work through normal grief over a period of six months to three years. In doing this counseling pastors will benefit greatly from consultation with trusted certified counselors in marriage and family counseling or grief counseling or clinical psychology. This type of pastoral counseling also generally involves considerable spiritual counsel.

*Referral counseling* is the delicate task of support and clarification which assists persons to pursue the help they need to become free and well. In order to do referrals well pastors must be able to develop trust with those in crisis and those with whom these people will counsel. Pastors must know something of the symptoms of specific difficulties and know who can best work with a particular person and dysfunction. Those referred must be urged actually to make the transition to the specialist; they must be supported (without interference) once therapy is started. Pastors must carefully survey therapeutic resources, finding the best ones and developing those which are not available. Pastors will cultivate a cooperative spirit among community caregivers. Again, this type of counseling usually involves considerable spiritual counsel.

*Cooperative pastoral counseling* may take several forms. Sometimes it will involve a pastor following a person or family into chemical dependency treatment or sexual abuse counseling and having a peculiar role on the therapeutic team. At the lowest level of cooperation it may mean interpretation and support with family members during a chemically dependent person's treatment. At another level it may mean assisting with the "spiritual reconstruction" in the life of a victim of sexual abuse. It might even mean joining a family counselor as a "co-therapist" with a family in a portion of their work. It might also mean being the "generalist," who keeps the specialists in touch with one another as they work on the many facets of abuse or family dysfunction. Usually this counseling will involve spiritual counsel as well.

*Long-term pastoral counseling* is best accomplished by pastors who are intentionally trained in pastoral counseling. These are persons who possess the personal gifts and certified training (AAPC, ACPE, or AAMFT, etc.) to integrate the healing, reconciling, guiding, and sustaining power of the gospel with the disciplines of psychiatry, psychology, etc. These persons might be institutional chaplains, denominational agency counselors (LSS, CFS, etc.), private pastoral counselors, or specialists on congregational staffs. This type of counseling will characteristically involve spiritual counsel as well.

Pastors are in a unique position to take the lead in cooperative community counseling. Their position in the community, their training, their access to people's lives, and their contacts with community resources afford them the opportunity to mobilize the best of the scientific disciplines of healing with those of the gospel.

How does one bestow the liberating gifts of grace and heal sickness? One does so through giving what the patient needs to live: faith, hope, love, and insight. It is indeed high time for the clergy not only to join, but to take the initiative with psychotherapists and others to meet this great spiritual task.