



Journal of Methodist Counseling and Consultation Services

# What's So Pastoral about Pastoral Counseling: Integrating Psyche and Spirit

With all the competent mental health care folk out there in our communities, why *pastoral* counseling?

Well, consider: Of all those seeking help with personal or interpersonal problems, fully 40% go first to their pastor; 29% consult a psychiatrist, and 21% go to their medical doctor. In other words, clergy are often the first line response for persons seeking counseling help. There is something about issues of faith and life that is fundamental for many of us; the one must inform the other. Many persons simply want to know that the individual they go to for help will be sensitive to issues of their faith at best, or at worst won't view their faith as delusional or part and parcel of their pathology. So they turn to their pastors.

Yet the problem is that 50% to 80% of clergy surveyed felt unprepared by seminary or professional training to handle many of the personal, interpersonal, or mental health problems that persons bring to them. Pastors sincerely want to help, but often they don't know how. How does one with little or no training in mental health or counseling skills provide good care for a person in the depths of depression or anxiety, or struggling with an eating disorder, or for an individual dealing with some form of post-traumatic stress? Few seminaries provide training for such issues, and few pastors know where to turn for help.

This is where pastoral counseling steps in. Pastoral counselors are mental health counselors with an openness and sensitivity to issues of faith and spirituality, and with extensive training in both psychology and theology/spirituality.

Pastoral therapists are all about integration, attempting to integrate

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the best of two fields. We do this because we know that the clients who come to us do not normally live compartmentalized lives, but are themselves whole (albeit multifaceted) human beings who sometimes struggle to integrate heart, mind, and spirit.

For many people, faith and/or spirituality is an important part of who they are and needs to be an integral part of their mental and emotional well-being. Unfortunately it's not an area that many mental health professionals have much training in. (That trend may be shifting; within the past few years the number of books on psychology and spirituality published by the APA and other psychological publishing houses has grown dramatically.)

Persons come to pastoral therapists with a host of life issues—anxiety, depression, grief, trauma, relationship problems, eating disorders, just to name a few. To be sure, not all of them will bring up issues of faith in session. A problem doesn't have to be explicitly religious to seek out a pastoral therapist (and indeed, most aren't), but at least the pastoral counselor will be open to the possibility that one's spiritual journey may influence one's emotional well-being.

Pastoral counseling is not only about solving problems however, as important as that is. It can also be about finding meaning and purpose. Jung once wrote that "Among all my 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." Jung was not talking about creeds or church membership. Rather, he was talking about touching that spiritual core greater than ourselves that lends our lives meaning and purpose. "A psycho-neurosis," he said, "must be understood as the suffering of a human being who has not discovered what life means for him."

What's so pastoral about pastoral counseling?

It is in creatively integrating psychology and spirituality, mental health and spiritual well-being, that pastoral counseling finds its purpose.

Jonathan Golden, Ph.D.

## WHAT IS "PASTORAL" ABOUT PASTORAL COUNSELING?

John Arey, D.Min.



In the fast-paced world of the 21<sup>st</sup> Century, much of the concern and care that persons have traditionally associated with a professional who cares appears to be waning. Instead, highly technological

and equally impersonal professional practices are becoming the norm. Calling an agency or an office for an appointment, a person can be quickly confronted with a computer generated or even recorded voice that advises you to listen to the complete message as the "menu has changed." Getting to talk with a live person is becoming extremely difficult, and when one finally does get through, often times they will need to get back to you for a variety of reasons. The care, concern,

and sense that the individual is valued and important seem to be losing importance in the interest of the bottom line.

Enter pastoral counseling. For starters, pastoral counseling is a specialized form of ministry that provides persons with a sense of care and concern. The “pastoral” descriptor for pastoral counseling draws its uniqueness from the shepherding function of the pastor. The shepherd was charged with watching over the flock, in particular, seeking out those who were lost, hurting, trapped, while at the same time seeking to keep those who were still within the flock, safe and cared for as well. Pastoral counseling brings the strengths of the psychological schools of thought together with the strengths and richness of the faith traditions to provide nurture, care, and support to individuals, couples, and families who seek shelter and succor in the office of a pastoral counselor.

What makes a pastoral counselor effective is that he or she possesses a pastor’s heart. Caring is the norm, not the exception. Providing sanctuary from the storms of life while also bringing light into the darkness that often shrouds people’s lives are important functions of the pastoral counselor, and also contribute to the “pastoral” aspect of the counseling or psychotherapy.

One of my favorite images is of the resurrected Christ, meeting and walking for a while with two of his disciples. At first they do not recognize Christ. Perhaps still stunned by his death, grieving the loss of the beloved leader, they are joined by Christ as they proceed to their destination, which is Emmaus. Christ engages them in conversation, but even so they still do not recognize him. It is only later, when they

are together at a meal, that Christ’s true identity is revealed to them. This story is a good metaphor for what pastoral counselors do. We seek to meet persons on their roads of life, walking and talking with them for a while, listening as they share the events of their lives, recent or distant, and seeking to be with them as they journey. Hopefully, as time passes, they discover revelations of their own, and there is imbedded in the process the hope that they will be encountered by the living Christ. The kind of sharing and communication that transpires between pastoral counselor and client transports the two onto “holy ground” as the pain, confusion, hurt, and even anger find expression as “sacred moments.” This “communion” can be for many an outward and visible sign of an inward and spiritual grace, and as such, reveals the sacramental nature of this particular type of relationship known as pastoral counseling. Often, a new awareness or “epiphany” occurs that leads persons into a process of change that is transformational.

Someone who is seeking the services of a pastoral counselor will find an individual who has both the theological training with at least a Masters of Divinity from an accredited school along with additional training in the field of the psychological sciences with accreditation from one or more endorsing bodies. They should be licensed within the state where they are practicing in one of several areas: as a Licensed Professional Counselor, a licensed Marriage and Family therapist, or if the state provides either licensure or certification, as a Pastoral Counselor. This type of credentialing insures that the pastoral counselor has taken the steps

necessary to provide the best quality care and is bound by the particular ethical code of the discipline in which he or she is certified or licensed. Most importantly, the pastoral counselor will provide persons

with the care, concern and nurture that communicate very clearly to the individual, couple or family, that in the kingdom of God, everyone matters.

### **The Space Between Us**

You carry in the gifts,  
 Birthed in the layers of your life and the ones before you,  
 Carefully gathered from the cupboards of your tent  
 Hidden behind the curtains of your temple

And tentatively lay them  
 But maybe quickly dump them  
 With soul piercing power

In the space between us.

You may not know,  
 (As indeed I often forget)  
 That this space is a table where the sacraments are carefully laid out,  
 And slowly yet also suddenly  
 are transformed to become visible signs of the invisible grace

of the

Broken yet Restored

Body

of

I AM WHO I AM; I WILL BE WHO I WILL BE

Adonai

In the space between us  
 the sacraments become visible  
 in holy, fleeting moments  
 that pierce my soul.

The parts of yourself you carry in  
 Declare ugly  
 Describe with heartbreaking pain  
 And hurl into my heart  
 With such force that I can only sit helpless,  
 Are precious treasures  
 Twisted and distorted  
 So that the imago dei seems to be emptied out  
 Into a terrifying nothingness.

In the space between us  
We flounder in our helplessness together  
And you wonder about the cost of being here  
(As indeed do I when I forget).

But in Kairos moments  
The Holy gives my eyes the sight to see  
How beautiful and precious these  
Seemingly ugly gifts indeed are  
As I separate them from the parts of myself that I declare ugly.

And in the space between us  
A mystery happens.

While I remember that the gifts you lay out  
Upon what you might think (and I often believe)  
is the altar of me,  
are gifts not for me to carry and possess,  
but are laid on the table of the Broken One,  
whose Glory has tabernacled within the tent  
we have spread out  
in the space between us...

...While I remember the mystery of this space...

The parts of yourself  
You have spread out with such shame  
On a table that holds the sacraments of what was Death,  
Become molded into the precious vessel of yourself  
Through whom the Imago Dei is revealed  
as you hold Life within your cracked chalice.

And  
As the space between us slowly widens as it holds more Life  
I realize I am joyful for Life and experience Awe,  
And I also am sad to let go and release.  
And You, O Yahweh, Adonai, Christ, the Three-in-One, Lover of my Soul  
Gently remind me that if I were to possess  
the sacraments laid out on the table  
and believe that they were laid out on the teetering altar of myself,  
then the Broken Glory, El-Shaddai, Immanuel,  
could no longer  
tabernacle in the tent  
that I helped spread  
in the space between Us.

*by Susan MacDonald Roddey, 2008*

## THE SOUL OF PSYCHOTHERAPY

Marilyn Cirulis, M.Div.



In a 2005 paper in the *Journal of Humanistic Counseling, Education and Development*, Ottens and Klein assert that counseling and psychotherapy, having purged themselves of religion and spirituality, threaten to become soulless endeavors, and “soulless endeavors produce soulless results” (Ottens and Klein, 2005). Arguing for the integration of spirituality and psychotherapy, the writers name four common factors of the word “soul”: 1) soul is associated with depth rather than superficiality; 2) soul is cultivated through attentive, caring and nurturing relationships, including the therapeutic relationship; 3) soul is found in the appreciation of the ordinary; and 4) soul is associated with feminine qualities (psyche, anima, die Seele).

The purging of religion and spirituality from psychotherapy which began some forty years ago and has continued until quite recently began as an attempt to move the field of psychology from a “soft science” devoid of scientific evidence of its efficacy, to more quantitative and measurable ways of “knowing.” With the rise of managed care, insurance companies, seeking to maximize profits and reduce losses, have increasingly demanded scientific evidence that treatment is both effective and cost-efficient. Evidence-based approaches became and continue to be the treatments of choice for third party reimbursement providers.

While such changes were no doubt necessary to curb the rising costs of health care and to reel in unscrupulous practitioners in the healing professions, some of the long-term effects on mental health care have been a trend toward treating chronically mentally ill patients with 72-hour inpatient psychiatric medication stabilization protocol and brief group therapy, treating symptoms rather than identifying and addressing underlying causes, an over-reliance on the medical model in treating psychological problems, and exaggerating the therapist’s role as a change agent.

Such treatment protocol allows little or no room for any in-depth analysis and understanding by either client or clinician of those aspects of humanity which make us most fully human and which make life worth living—the contemplation of mystery, personal growth, interconnectedness with others and the environment, an exploration of life’s meaning and one’s participation in such meaning, and the development and cultivation of values that invite us to move beyond what is immediately and personally gratifying.

By way of one example, these treatment limitations have resulted in a revolving door of chronically mentally ill patients admitted for 72-hour inpatient treatment, followed by release back into the same unchanged dysfunctional environments which have served to reinforce and maintain their symptomatic behavior, followed by another 72-hour hospitalization, followed by another release, etc. While medical stabilization protocol can be measured and cited as evidence-based “proof” of effectiveness (the patient is no longer actively suicidal, homicidal, or psychotic upon discharge), such results are generally short-lived, and in the long run, treatment

becomes much more costly than effective outpatient treatment in which the patient and his or her family might have the chance to understand the causes of the symptoms and make lasting changes. Additionally, such treatment has too often instilled in these patients and their families a kind of learned helplessness, whereby they have come to believe that only hospitalization and psychotropic drugs can help them, and that without these, they remain forever unable to function effectively in the world. Given this scenario of helplessness and hopelessness, it is little wonder that the stigma of mental illness continues to loom large in our culture.

Contrast this “evidence-based” approach to treatment with soul-nurturing therapy, which is characterized by moving beyond superficial fixing, adjusting and problem-solving to invite the individual and/or his or her family to struggle with what is needed for personal growth and lasting self-healing. Soul nurturing therapy has more to do with the recognition that client and clinician have embarked upon a mutual journey in which the therapeutic relationship plays a creative role in healing. The therapist serves as guide, mentor and fellow traveler rather than objective professional practitioner. As such, he or she becomes able to allow the client to make all the decisions about his or her life, fully believing that the client already possesses within him/herself that which is necessary to become whole. Although the focus of therapy is always on the client’s needs, the therapist does not operate from a detached, saner-than-thou position, but rather, from the position of a fellow sufferer and traveler on the journey toward wholeness, who continues to confront the same questions as the client. What is the meaning of my life? What is my purpose? What have I accomplished and what remains for me to accomplish in my own journey toward healing and wholeness?

More importantly, soul-nurturing psychotherapy demands that the clinician continually ask, Is the quality of the therapeutic relationship such that I can relate empathically to the client in ways which impart unconditional positive regard for the client and respect for his or her personal autonomy and ultimate worth? From a theological perspective, the soul-nurturing therapist must be able to allow the client the same kind of freedom to try and fail and try again as God allows each of us, without threat of punishment or fear of abandonment. This can only be accomplished to the extent that the therapist is in touch with both his or her strengths and limitations and is willing to attend to both. For the therapist who would be a soul nurturer, healthy narcissism and humility must walk hand in hand. To paraphrase psychoanalyst and writer Sheldon Kopp, the spiritual guru is not the one who is the most holy or knowledgeable or whole, but rather, the one who is the most human (Kopp, p. 7). In the language of Martin Buber, it is only to the extent that I am able to see the me in thee that I can relate to the client as I-Thou.

Apart from Jung’s admonition to his predominantly male colleagues and students to become intimately acquainted with and embrace their feminine side (anima), what does spirituality in psychotherapy have to do with the feminine? Just this. Recently I was with a group of younger students of psychotherapy, the next generation of therapists, when the topic of the Equal Rights Amendment arose. To my surprise, these young men and women in their mid-to-late twenties did not even know about the recent (to me) history of the ERA and its failure to be enacted into law. They could not imagine what the arguments against its passage might have been, although they continue to reap the results, namely, that some twenty years after its failure to become law, women continue to earn 75 cents for every dollar earned by men for the same work.

Although these young people assumed gender equality to be a given in first decade of twenty-first century America, the reality of wage inequality, as well as the large numbers of female clients whose presenting problems have to do with rape and sexual abuse, bear witness to a different reality. Nurturing the souls of female clients will necessarily entail joining with them in their struggle to attain the status of full-fledged human beings, thereby empowering them to throw off their former roles as repositories for the projected evil of their male abusers.

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## **All Diagnoses and Degrees Aside**

there is the underlying  
vulnerability and woundedness  
the reservoir of uncried tears  
which remain cloistered  
closer to the center of the onion  
even after many layers  
have been peeled away  
in therapy sessions gone by  
there is the repertoire of  
over utilized psychological defenses  
which once upon a time  
had a useful function  
provided a way to adapt  
served to protect and defend  
made survival possible

before the adaptive became maladaptive  
 before the need for such rigorous efforts  
 at self-preservation became obsolete  
 there is the sudden and repetitive  
 return of the repressed  
 as defenses give way  
 as exiled ghosts from the dark  
 nether regions of unconsciousness  
 break out of their dark graves  
 enter consciousness  
 innocently haunting their way back  
 into some loving, life-giving embrace  
 there is the never ending  
 ever changing growing edge  
 there is the intermittent  
 moment of tension  
 in the therapy room  
 as client transfers onto therapist  
 as therapist counter-transfers onto client  
 there is the periodic “a hah” experience  
 as client learns from therapist  
 as therapist learns from client  
 both seeing in a mirror dimly  
 both knowing only in part  
 not a far cry from  
 blind leading the blind  
 in some ways miles apart  
 yet striving to travel together  
 each a far cry from arriving  
 at the end of the journey  
 all diagnoses and degrees aside  
 there is more than one client  
 in the room

by Todd Matson, D.Min.

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## WHAT IS “PASTORAL” ABOUT MY COUNSELING?

Mark Larson, D.Min.



Here are three aspects, three pastoral “P’s” of how I describe the pastoral side of the therapy I do.

### **My Path**

The first aspect I would mention is my path or vocation. My first experience of offering counseling was through my pastoral care and chaplaincy visiting with my church folk in crisis, as a newly ordained parish pastor. Even now I still prefer to see my work as “depth ministry” and not in marketing

terms (“delivery of services” etc.). My path into the counseling field means I hold two perspectives together: 1) formal theological training with several years experience as a parish pastor, and 2) formal clinical training, an additional degree and continuing study in the behavioral sciences, and theories of human development. This bi-focal awareness is with me every hour I meet with my clients. It’s who I am. Holding and using these two perspectives affects how I listen, think about and interact with clients. The outpatient pastoral therapy I offer is more intensive and structured than my earlier parish visitation and crisis ministry, but my core orientation is the same.

### **My Professional Formation**

The second “P” is my professional formation. In much of American society today, I see frustrating polarizing forces: the one side often is rigid religious orthodoxy; the other rigid scientific empiricism. However in my main professional group, the American Association of Pastoral Counselors, their main purpose has always been to bring together in a healthy tension both quests for meaning and truth: good religion and good behavioral science.

Joining and training in the AAPC has been demanding and expensive. I have compared the standards, and AAPC training is more clinically demanding than any other therapist’s professional training process! Nowhere else are entry-level trainees expected to experience in-depth personal therapy themselves and participate in 3 simultaneous forms of supervision each week, along with coursework – for 3 years. And training usually is allowed only after a Masters Degree, ordination, a Basic Unit in Clinical Pastoral Education and a minimum of 3 years parish leadership.

As I reread the previous paragraph, I can’t tell if I’m whining or bragging about the rigors of AAPC training – probably both! I do feel my AAPC training and subsequent degree work have well-prepared me for a good variety of in-depth counseling with hurting people. The down side is in recent years AAPC has had a harder time recruiting new members.

### **My . . . Pfriends**

OK, this third one is a stretch. But it is true that my continuing, regular association with my professional colleagues and friends, is a core aspect of what keeps me a pastoral counselor. And this is the fun part – contrary to how serious our work may be, when we get together for weekly MCCS staff meetings, case-conferences, regional and national meetings we laugh a lot!

Another benefit from regular meetings with my colleagues is I continue to learn new approaches and ways of helping people. I know I offer better therapy because of the regular input I receive in confidential case-conferences with colleagues. In the secular therapy culture the ideal has been to be in private, independent practice. I do not understand how a therapist can really do good therapy and take good care of himself and family, as this sort of “lone ranger”! All these emphases on community, continuing consultation and learning are part of the “culture” of the American Association of Pastoral Counselors.

### New MCCA Service Site

Assurance United Methodist Church  
Mt. Holly-Huntersville Highway  
Huntersville, NC

MCCA has recently opened another satellite office to service the north Mecklenburg County area. The host church for the new office is Assurance UMC. The office will be staffed by MCCA counselor Marilyn Cirulis.

### Methodist Counseling and Consultation Website

The MCCA website ([www.mccsvs.org](http://www.mccsvs.org)) is updated monthly with staff news and events. Feel free to visit us and let us know what you think.

### KardiaGram Submission Guidelines

*KardiaGram* is a quarterly publication of Methodist Counseling and Consultation Service. Submissions from outside sources are welcomed.

*Guidelines:*

1. Send manuscripts to Methodist Counseling and Consultation Services, 1801 E. 5th Street, Suite 110, Charlotte, NC, 28204 (c/o Jonathan Golden, Ph.D.); or email (MS Word or .rtf attachment) submissions to [jonathangolden@charter.net](mailto:jonathangolden@charter.net).
2. Submissions should be no longer than 600 words, and should be limited to the interplay of spirituality and mental health. Please keep format simple, double-spaced, with 1 inch margins.
3. Submit a cover page stating date submitted, title, author, credentials and brief bio, phone number, email, and mailing address.

### The MCCA Mission

We take a holistic approach to personal and family problems. We are available to help with the emotional, relational, and spiritual dimensions of life's challenges. We are committed to providing a safe place, a listening ear, a caring presence, genuine respect, quality service, and positive regard. We are dedicated to the healing of heart, mind, and soul.

Accredited service center of the American Association of Pastoral Counselors and the Samaritan Institute.

Approved training program of the American Association of Pastoral Counselors.



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