Pastoral Counseling as Spiritual Healing:
A Credo

Notes that pastoral counseling is an ancient ministry which brings rich resources to the contemporary efforts to develop holistic healing. Provides a historical background summary, a sketch of Judeo-Christian tradition, and clinical examples to illustrate ways in which modern explorations in mind/body wellness can be enhanced by including the pastoral counseling project.

Pastoral counseling is a particular kind of spiritual healing. It stands firmly within the ancient tradition of cura animarum, a rich and honorable inheritance. While spiritual healing can mean many different things to different people, my use of the term here is based on the following working definition:

Spiritual healing aims to achieve greater well-being for the sufferer by drawing upon the faith or religious beliefs and practices of the healer and/or the sufferer. Spiritual healing most often affirms the existence of and seeks harmony with a divine power.

Such healing may be employed in cases of cancer or depression or marital distress. Its goal may be the elimination of the illness, or it may be the adoption of a different attitude toward the condition, a different way of being with the illness. It certainly may, and most often will, draw upon scientific and medically appropriate interventions as a part of treatment.

Pastoral Counseling Roots

Modern pastoral care and counseling both built upon the "cure of souls" tradition, integrating into that practice insights from the modern sciences of medicine and psychology. Long before there was an American Medical Association, priests and holy men and women were offering their healing words of wisdom and sacred rituals to people in distress. The Cartesian Age, however, brought a split between science and religion, leading to the increasingly secular culture's embrace of science as the more powerful influence and interpretive framework for modern life. Modern pastoral counseling sought to reclaim the religious community's power for healing by integrating accepted psychological theory and practice into the practice of ministry.

William Clebsch and Charles Jackle, historians of the pastoral counseling movement, have defined the modern practice of pastoral care and counseling as "helping acts done by representative [religious] persons, directed toward the healing, sustaining, guiding, and reconciling of troubled persons whose troubles arise in the context of ultimate meanings and concerns." Increasingly, in line with a growing professionalism in Western society and the careful emphasis upon rigorous adherence to scientific standards, the "representative religious persons" were understood to be ordained or endorsed (by their faith community)—persons who were highly trained and certified to be accomplished in the practice of psychotherapy.

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Pastoral counseling as a professional discipline is deeply rooted in Western liberal theology and religious structures. Evangelical Christians were initially suspicious of the scientific influences within this movement, and saw it as antithetical to the centrality of sin and conversion in Christian teaching. Mainline Protestants, Catholics, and Jews, on the other hand, embraced pastoral counseling as a creative integration of science and religion, and clergy from those traditions were attracted to the profession by its integration of psychology and theology. The pastoral counselor was able to engage in a ministry of deeper healing, drawing upon resources of faith as well as psychology.

The emphasis upon professionalism, combined with influential teachings of psychoanalytic theory (which discouraged interaction between client and therapist outside the therapy setting), led to the establishment of specialized ministries of pastoral counseling. Sometimes these ministries were within a congregation's staffing or structure. In growing numbers separate institutions were established, often with ecumenical or interfaith sponsorship, to provide this specialized ministry of pastoral counseling. Staffed principally by ordained and endorsed professional pastoral counselors, these pastoral counseling centers saw themselves in diverse ways, ranging from extensions of the ministries of sponsoring faith communities to religiously sponsored outpatient mental health centers. Ties to the institutional church or synagogue and its ethos, however, were always very important.

**Professional Faith-Based Counseling**

Recent years have witnessed in Western culture some diminishment of interest in traditional religious structures and practice. Exploration of spirituality, however, has been widespread. The movement to explore the interface between psychology and spirituality has been finding expression within various communities beyond mainline religious groups and the American Association of Pastoral Counselors. Psychologists, psychiatrists, and social workers all created working groups on spiritual issues. Evangelical Christians began to relax their traditional suspicion of psychological concepts and began to re-interpret these principles in light of their faith. And most important, non-Christian expressions of spirituality and faith (especially Buddhism) began to attract wide interest in Western culture because of strong parallels with contemporary medical, environmental, and psychological theory and practice.

This burgeoning interest in integration led to three major trends: (1) Evangelical Christians began to develop a coherent theory and practice of "Christian counseling"; (2) various "new age" movements emerged, teaching unusual and sometimes bizarre theories and methods ranging from past-life regression therapy to crystal gazing; and (3) the pastoral counseling movement rediscovered Christian and Jewish mysticism and began to explore similarities and differences between psychotherapy and spiritual direction.

Out of this tradition, the term we are now using in the profession setting in which I work is "professional faith-based counseling." This phrase underscores that we are professional people of faith who draw upon the resources of prayer, religious teaching, and confidence in a divine power toward healing and creativity in all of life. In the Center in which I work, all of the current staff come from Christian traditions, and so it might be said we provide Christian counseling insofar as we reflect that language and body of tradition in particular counseling occasions. But we prefer the term faith-based for two reasons: First, as noted earlier, the phrase Christian counseling has come to be understood by many in contemporary American society as a narrow, evangelical approach which is often seen as quite directive and even judgmental in its tone. Second, and more important, while our own roots and practice of faith are Christian, we hold a deep respect for the various ways people may understand and serve the Holy One.

Our counseling is faith-based in deeper ways as well. We begin with some fundamental theological assumptions about life and about the counseling process which undergird our work. We believe that there is a God who is active in the continuing process of creation, and who is constantly inviting all of creation into greater wholeness. This belief leads us to a conscious confidence in divine activity in the process of change, a recognition of the therapist's role as an embodiment of God's dependable love, and a profound respect for the faith history and values of the client. Out of our own traditions we also affirm the value of communities of faith, and we are supportive of constructive connection to those faith communities in our own lives and the lives of our clients.

Our work is faith-based in one other sense. On a personal level, each of us draws upon the resources of faith in our own lives. We practice our faith in various ways through worship, prayer, reading, seeking spiritual direction, and service. We think theologically about our own lives, and the lives of our clients. We pray for our clients, and sometimes with them, as we join them in the search for healing.

We describe our work as professional to underscore the fact that we who provide clinical services at our Center are carefully trained and properly credentialed. We have appropriate academic and supervisory training and are state-licensed (or, in the case of interns, in process toward licensure) in our particular disciplines. We follow carefully constructed clinical procedures and ethical practices, and we work closely with professionals of other disciplines to ensure the highest possible care for our clients.

The term counseling is used as a generic and publicly understood word which covers the various clinical approaches to the helping process employed in our center. Depending upon the needs of the client, we may provide short-term counseling, couple or family therapy, or depth reconstructive psychotherapy. Our clinical work delivers excellence in mental health care with the added value of sensitivity to spiritual and religious issues in peoples lives.

**Spiritual Healing**

The work of the counseling center in which I work is healing. Our focus of healing is upon the emotional, relational, and spiritual troubles which always have been the province of spiritual leaders in various traditions. Our modern medical system labels these concerns mental health or behavioral health, and has described and classified them in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV). But the maladies there are as old as humankind, and they are described in vivid anecdotal detail in Jewish and Christian scriptures, David and Bathsheba—V61,1—relationship problem, Job 39:23—Major depression, severe, single episode. The Gila monster—Some form of schizophrenia, probably 295.80 K29; 290.80 Bipolar disorder. Many of the people to whom Jesus preached his famous words admonishing them not to worry so much—300.02—Generalized anxiety disorder, or 300.3—Obsessive-compulsive disorder. And numerous others with various manifestations of alcohol dependence and abuse—305.00.

The two principal activities in the earthly ministry of Jesus were teaching and healing. The Christian community has proclaimed the teachings of Jesus widely and with pride and zeal. But modern Christians do not quite know what to do with stories of his healing. Did they really happen like the Gospel writers say they did? Did he have some psychic power which cut through hysterical symptoms to produce the appearance of miraculous healing? By whatever means it happened, however, the witness is clear that Jesus was a healer. And so were his disciples. Peter, Paul, and many other followers of Jesus are reported to have healed the sick, as had their faithful Jewish ancestors before them.

The healing work of the Center in which I work stands firmly within the tradition of the Jewish and Christian communities to provide healing ministries. In the early centuries of the faith, healing works were carried out primarily through prayer and ritual. More recently, the religious community has called upon the wisdom of science in building hospitals and sponsoring medical and counseling services. Through these efforts throughout history miracles of healing have taken place,
both marvels of science and incomprehensible mysteries.

Modern psychological counseling is a distinctive healing activity because it addresses both biological and emotional realms of life. Furthermore, as Thomas More notes in his insightful book, *Care of the Soul,* people now consult a psychotherapist regarding problems which in an earlier time took them to their parish priest. Many of these problems of living, while clearly diagnosable according to DSM-IV, and perhaps even containing a definite biological component, are actually spiritual in nature. That is, they have to do with a sense of meaning in life, and may be focused on matters of ultimate concern.

The counseling we provide always can be described as psychological in nature, meeting the modern definition of mental health counseling. I would argue that it also might be universally described as spiritual healing. The focus of healing is ordinarily on emotional or relational issues, but this focus also may encompass physical health. Diet, physical fitness, sleep patterns, serotonin levels—these and other biological aspects of health may appropriately be assessed and addressed in the counseling process. Our practice of spiritual healing may take many different forms, depending upon the orientation of the therapist and the circumstances of the individual client. Some practices, however, are universal. Our offices are in church buildings, which communicate to the client our rootedness in faith. In all cases, inquiry is made into the client’s spiritual beliefs and well-being as part of the clinical assessment process. And all clients are the subject of prayer by the staff, even if this is not explicitly discussed with the client. Other practices which may be employed from time to time include prayer with the client, theological interpretation of the life struggles which the client brings, references to sacred writings which illuminate the client’s issues, familiar or newly created ritual, guided meditation and prayer, and referral for spiritual direction.

The advent of managed care and the current emphasis upon symptom reduction poses a particular challenge to this kind of spiritual healing. We have adapted some of our approaches to respond to these demands of contemporary practice, and in certain cases such adaptation is quite appropriate. Prozac and prayer can work together in creative ways to augment a cognitive-behavioral approach to treating some depressive episodes. In other cases, however, spiritual healing requires a much deeper and more prolonged treatment, reconstructing basic ego function and defense systems in order to achieve genuine healing.

Much of the work we do can be understood in strictly psychological or biomedical terms. Research has convincingly shown, for example, that meditation is a useful healing technique for both physiological and emotional disorders, whether or not it has religious content. Many contemporary medical and scientific writers have explored the mind/body connection in their work, and there is a growing body of literature from professionals such as Bernie Segal, Deepak Chopra, Larry Dossey, Herbert Benson, and Andrew Weil, to name a sample, which describes healing in holistic terms.

Spirituality is often considered in this mind/body writings, although what passes for spirituality in these works is often vague. A few, however, like Candace Pert, a research professor of physiology and biophysics at Georgetown University Medical Center and the author of *Molecules of Emotion,* are willing to name the healing force. On at least one occasion, she calls it the Holy Spirit.

One of the pioneers of this work on mind/body wellness, and one of its most articulate chroniclers, is Dr. Herbert Benson, medical professor at Harvard Medical School and the founder of the Mind/Body Medical Institute. He attributes the phenomenon of unexplained healing to the force of “remembered wellness,” and he has cited numerous examples of the placebo effect on such healing. In his research, Dr. Benson has identified three components in remembered wellness:

1. Belief and expectancy on the part of the patient.
2. Belief and expectancy on the part of the caregiver.

Not too surprisingly, the similarities between these factors identified in research and the factors present in an earlier definition of spiritual healing. What is missing in Benson’s list is the fourth entity, which we in the pastoral and religious realms call God.

Dr. Benson acknowledges the significance of religious faith in several different ways. He identifies what he calls “the faith factor,” noting that patients who hold religious faith are able to make the fullest use of the relaxation response and remembered wellness. This is corroborated, of course, by numerous research studies which document that religious factors have a widespread, profoundly positive effect on health. A recent survey article in the *Journal of the American Medical Association,* for example, noted that “systematic reviews and meta-analyses quantitatively confirm that religious involvement is an epidemiologically protective factor.”

In these studies, as well as the studies cited by Larry Dossey in his investigation of the power of prayer, there is no evidence that the particular faith held by the patient makes any difference in the outcome. Jews, Christians, Hindus, Muslims—all experience the health benefits of religious belief. Benson concludes that from a practical health-outcomes point of view it doesn’t matter whether there is in fact a fourth entity, an Infinite Absolute by whatever name, or merely a deep longing for such an entity within the human psyche. “Faith is good for us,” he says, “whether you believe that God planted these genes within us or whether you believe that humans created the idea of God to nourish a body yearning to survive.”

Dr. Larry Dossey, former chief of staff of Humana Medical City Dallas and current co-chairman of the Panel on Mind/Body Interventions, Office of Alternative Medicine, National Institute of Health, has documented countless studies of the effects of prayer on healing and health. Of particular interest is his citation of the effects of intercessory prayer in which the objects of prayer were unaware of prayers for their healing. All manner of living things, even plants, seem to be susceptible to the influence of prayer. I believe these results point to that “something more,” the fourth entity which I affirmed earlier in this article.

**Embracing the Mystery With Faith**

“There are more things in heaven and earth, Horatio, than are dreamt of in your philosophy,” Hamlet said, and he is still right, even in this age of explanations. It may be accurate scientifically to suggest, as Candace Pert does, that “God is a neuro-epitome.” As a person of religious faith, however, I am convinced that God is more than a neuro-epitome. There is a deeper truth beyond the scientific, and in that realm of mystery is to be found the ultimate source of all healing. I do not understand why some unexpected healings occur, but I agree with Larry Dossey’s conclusion, cited in his important book, *Healing Words—The Power of Prayer and the Practice of Medicine,* that “not to employ prayer with my patients was the equivalent of deliberately withholding a potent drug or surgical procedure.”

Such radical belief leads one into the realm of impossible things—a forbidding realm in this modern scientific age. We must beware, in this endeavor, of creating a “God of the gaps,” who conveniently fills the holes in our theories. Even science, now is recognizing the significance of mystery in life.

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Spiritual healing is one of the impossible things of this life, which keeps being proved possible. While scientific research is beginning to explain, or at least describe, the biochemical processes and principles of physics which underlie the impossible, much of what creates such possible impossibility is still mystery. Philosophers such as Alfred North Whitehead have grappled with this mystery and developed complex metaphysical systems which offer intriguing analyses of the workings of such mystery. But even Whitehead, in his quest for an adequate explanation, is compelled to incorporate a fourth entity, God, into his system.

Professional faith-based counseling always must spring from and be attentive to the mystery which is at the heart of the universe. This mystery is, by definition, unexplainable. But it is real, and its inexorable urge toward new creation offers hope where pain and despair reign, offers healing for brokenness and disease. Even the term spiritual healing seems inadequate to describe this process. So mystery may be a necessary component at the heart of both faith and wholeness.

**Spiritual Healing—A Case Study**

How does this notion of spiritual healing look in practice? Let me apply this theory to a description of my work with Steve, 37 years old, and Susan, 36, clients who have given permission to tell their story with some changes to protect their confidentiality. Married for 15 years, Steve and Susan came to the Samaritan Center upon referral from their pastor after three years of traditional psychopharmacological treatment, though his health plan had produced little relief for Steve’s deepening depression. By the time they came to me Susan also was depressed, and their marriage relationship had become tense and distant. Susan had pressed for coming to the Samaritan Center because she wanted Steve to assess whether there might be intrapsychic factors which were contributing to his depression, especially noting that Steve’s father had died just before Steve’s deepening depression worsened. Simultaneously to consulting me Steve consulted a psychiatrist outside his health plan who began him on a course of lithium and eventually recommended ECT.

**History**

Steve recalls several periods of fearfulness which he calls phobias beginning at age 8, and his first bout of depression at age 12. Later he developed hand washing rituals, and had his first panic attack at age 19. He entered psychotherapy for 18 months, and was diagnosed obsessive-compulsive and depressed at that time. He suffered recurrences of depression in 1982, 1984 (more severe), 1988 (very severe), and these latest and longest lasting in October of 1994 (one month after his father’s death). Besides the 18-month course of psychotherapy at age 20, treatment for his other occurrences of depression consisted of cognitive-behavioral therapy and various medications prescribed by physicians and under his own guidance. He had been taking prozac for six years prior to October of 1994, but quit at this time because of troubling side effects. (Steve and Susan are both health care providers, and Steve has schooled himself well about depression and anxiety.)

Steve was the youngest of five children born to parents who had a very troubled marriage until the divorce after he graduated from high school. Father was in military and often absent until a medical condition prompted his early discharge, after which dad became Steve’s "rock." But Steve's father had periods of depression and alcohol abuse, and was undesirable in his care for Steve. Steve's mother is reported to have begun drinking heavily when Steve was seven, and she also suffered from depression which led to multiple admissions to psychiatric hospitals and a suicide attempt when Steve was 12. Soon thereafter she was treated with ECT and joined AA, and has been free of depression or alcohol problems since that time.

**Treatment**

Because both partners were now depressed and their marital dynamics seemed to be reinforcing their depression, marital therapy was begun in consultation with Steve's psychiatric care. Because of Steve's highly intellectualized defenses and fear of trusting, I recommended he risk trusting me to be his therapist and trusting his psychiatrist to be his doctor. Since the psychiatrist who had recommended ECT was not in his health plan, and therefore ECT would not have been a covered procedure, he consulted a psychiatrist in his plan who recommended he return to prozac, which he did. The combination of medication and psychotherapy began to bring him relief from his depression within a few weeks, and his mood and functioning improved steadily over the next several months. The focus of our work in couple therapy was on issues of security and abandonment which were troubling for both partners. Interventions included work on communication, techniques of managing anxiety, renegotiating roles, altering patterns of conflict, and interpreting projection and transference in the relationship. Since both partners were strongly religious, frequent references were made to biblical principles of love, relationship, and trust. Susan was taught the Jesus prayer (Lord Jesus Christ, Son of God, have mercy on me) as a focus of meditation and thought substitution when confronted by obsessive thought patterns. And they were invited to pray together as a way of joining their faith and deepening mutual trust.

After six months of treatment, beginning with weekly sessions and then with declining frequency, the couple at this writing report significantly greater satisfaction in their marriage. In sessions their interactions are warmly caring, and their communication is clear and unencumbered by fear or distrust. Susan is no longer depressed, although she still displays some patterns of her longstanding anxiety. Steve reports that his depression is much improved, although he is again experiencing some side effects from the prozac, and he is adjusting the dosage as his psychiatrist had told him he could do. Unfortunately, his most recent psychiatrist is no longer with his health plan, so he will be seeing a new psychiatrist for a 6-month check-up soon. I have referred him to a psychologist colleague for a second opinion on the intrapsychic factors in his depression. I plan to continue meeting with the couple every two or three weeks.

**Discussion**

At one level this case could be seen as a typical object relations family therapy treatment of major depression. Much of what I did as therapist was no different than might have been done by a completely secular colleague. I believe, however, that my identity and approach as a pastoral counselor added significant value to this work. Clearly the couple’s trust in me as a clinically competent religious representative played a role in their engagement in therapy and I believe in their improvement as well. They reported feeling reassured by my telling them that I was praying for them. Active in their local church, they demonstrated comfort in the Center’s religious identity and my office in a familiar church building.

I have no scientific data to demonstrate that their progress was aided by divine intervention. I have no doubt, however, that there have been several key factors in our work. First, the SSRI appears to have provided a helpful chemical intervention for Steve. His ability to continue to profit from this drug over the longer haul remains uncertain.

Second, the three factors identified by Benson as components of remembered wellness have all been present. Inherent in these factors is the fundamental component of religious faith called Hope. The couple and I approached our work with hope, even though when they came in the door they had little hope of their own. At one point, in fact, as they talked of their discouragement after the previous three years, I suggested that part of my job was to hold onto hope for the three of us. Finally, the religious beliefs and practices, which in this case the couple and I held in common, surely have enhanced the couple’s well-being and speeded our work. At a recent session, as they were reflecting on how much better things were for them these days, I articulated to them a shared belief: “You and I and God have worked together well.” Their healing has been the fruit of combined labors.