

August 1972

A New Priesthood?

George A. Kanoti

Follow this and additional works at: <http://epublications.marquette.edu/lnq>

Recommended Citation

Kanoti, George A. (1972) "A New Priesthood?," *The Linacre Quarterly*: Vol. 39 : No. 3 , Article 10.
Available at: <http://epublications.marquette.edu/lnq/vol39/iss3/10>



Dr. George A. Kanoti is an Associate Professor of Christian Ethics at John Carroll University, Cleveland, Ohio. Formerly he served as chairman of the Division of Moral Studies, School of Theology, The Catholic University of America. Dr. Kanoti has a dual academic background, a S.T.D. with an emphasis in Christian Ethics and an M.A. in Psychology. He has published articles on various ethical topics and the relationship between moral theology and psychology.

A NEW PRIESTHOOD?

George A. Kanoti, S.T.D.

Ministers of religion and psychotherapists are two groups of professionals especially concerned with the meaning of human behavior. Like the hoary story of the two blind men who were directed to touch opposite parts of an elephant and then were asked to describe the pachyderm, each has a different tale to tell. Each professional has a different explanation of the meaning and significance of human behavior.

The minister of religion sees the significance of human behavior in its relationship to religious fulfillment or salvation. In his eyes behavior which contributes to man's achievement of religious fulfill-

ment or salvation is good and desirable; whereas, behavior which hinders man's attainment of salvation is evil and undesirable.

The psychotherapist, on the other hand, has a different view. He sees the significance of human behavior not in terms of its relationship to religious fulfillment, but in terms of its relationship to normality, maturity, or personal fulfillment. Behavior which encourages maturity or personal fulfillment and expresses normal behavior is good, appropriate or desirable; whereas, behavior which prevents advancement in maturity or personal fulfillment is considered abnormal, inappropriate or un-

desirable. Although these professional views of the significance of human behavior differ widely, they are identical in their acknowledgment that human behavior is important, valuable, and valued.

The explanations of the meaning or value of human behavior are quite distinct, despite some overlapping in the minds of the professionals. However, the differences are not as obvious to the non-professional. The differences in values from a religious and a psychotherapeutic point of view do not exist in the mind of the layman. Ordinary men, not experts, populate the province of human behavior. When the question of the value or goodness or appropriateness of human action arises, the layman looks for advice from the expert. It is usually when men experience the difficulty of decision — "What should I do in this situation?"; "What is the correct thing to do here?" — that they consult those experts whom they judge will aid their behavioral decisions by providing perspectives on the value or significance of their behavior. Since most persons do not seek advice until crisis occurs, one only has to review the most frequently called crisis telephone numbers to estimate whom our society considers the expert, the purveyor of value and wisdom today.

In the recent past the religious minister's telephone rang most consistently. The priest, minister, or rabbi was considered by most persons as the savant of value. When a person sought advice on

the rightness or wrongness of some activity, he considered consulting, and, frequently, did seek out the minister of religion for advice. Usually, advice readily was given with greater or lesser degree of directness on the basis of the religious value system, philosophy of life, and/or religious dogma promoted by the minister of religion.

Today, a telephone survey of crisis numbers would reveal that the priest, minister, or rabbi is no longer considered by most laymen as the exclusive savant of value. Various reasons have directed persons away from religious ministers to psychotherapists for advice. Reasons, such as the unavailability of ministers, the lack of a personal confessional affiliation, suspicion of religion, etc. account for the recent movement away from the religious minister to the psychotherapist.

But, the most important reason for this movement is that of professional competency.¹ Since the psychotherapist has professional credentials to deal with human behavioral problems such as excessive masturbation, compulsive stealing, drug abuse, obsessive thoughts, promiscuity, guilt, anxiety, etc., the troubled person looks to him for help. Ironically, religious ministers themselves have encouraged this movement by directing their parishioners or counselees to psychotherapists. Both the minister and his troubled counselee have a pragmatic viewpoint; they are happy to engage

someone who has the competency to move the disturbing behavior problem closer to some sort of solution.

Almost without realization the psychotherapist finds himself cast in the role of interpreter of life and the proclaimer of the meaning and significance of human life. The structure of the therapeutic relationship provides the psychotherapist with the smooth, if reluctantly taken, path to becoming the savant of value for many in our society. The intimate nature of the therapeutic relationship accelerates the movement of psychotherapists into this role. When a person approaches a psychotherapist for help, he is asking for assistance in removing the effects of stress and debilitating anxiety. As soon as the psychotherapist accepts the person as a patient, a professional agreement is entered into. The troubled patient asks for help and offers remuneration to the psychotherapist for his responsible use of his skills and knowledge to remove or reduce the person's anxieties and, hopefully, for his assistance in improving the person's life-style. However, as the therapy begins, the dynamics of psychotherapy and the patient's needs move the relationship beyond the ostensible terms of the professional agreement, i.e., remuneration for removal of anxiety.

The patient asks the psychotherapist to help him change his life. He wants the psychotherapist to help him reduce, remove, or at least make tolerable the anxiety

producing elements of his life. Not surprisingly, these aims are precisely the professional goals of psychotherapy: to remove, modify, or retard the disturbing behavior and to encourage positive personality change which are expressed both in new attitudes and in new behavior.² The agreement is quite acceptable to all parties.

As the specifics of therapy clarify, the question of value appears. Stress and anxiety are clothed in specific behavior. The effects of tension and anxiety reveal themselves in a person's behavior. Usually, this behavioral manifestation of stress moves a person to seek help. He cannot handle the stress and his life begins to center on ineffective attempts to control the manifestations of stress, i.e., the severe irritability, anger, compulsive behavior, paranoid feelings, etc.

Even the classic Freudian "free floating" anxiety occurs in specific behavior. Its "free floating" quality indicates that the anxious feelings cannot be linked to any specific event or cause; it is free floating. Nonetheless, the person who experiences free floating anxiety experiences its impact in his behavior. He is anxious both in his reflective moments and in his active interpersonal moments. The anxiety is radiated and others react to it. The realization that others sense the anxiety makes the experience of the anxiety even greater.

The specific problem that the psychotherapist and the patient face is to decide what must be done

to change the sequence of anxiety. They must determine not only the source of the anxiety, but also, what specific attitudes or behavior itself must be changed. The patient asks the psychotherapist to help him decide and effectively execute what must be done to relieve or remove the anxiety itself and the behavior motivated by the anxiety. Thus, the psychotherapeutic relationship produces a decision situation.

Any responsible decision involves judgment, a weighing and estimating of possible alternatives. The advantages and disadvantages of each alternative must be reviewed and evaluated. In the psychotherapeutic relationship the object of the decision is the attitude and behavior of the patient. A decision must be made about the appropriateness of these attitudes and behavior patterns which are producing anxiety in the patient. In the process of judgment the question of value, the meaning and significance of human behavior, becomes a paramount issue. The psychotherapist must take a position on the value of human behavior in general and the meaning and significance of the specific attitudes and behavior of his patient, if he hopes to assist the patient to change the anxiety sequence. In other words, in order to make the judgment of appropriateness the psychotherapist must employ a norm or criteria of appropriateness. Despite the disclaimers of objectivity and non-personal involvement in the therapeutic relationship, the psychotherapist

does employ values in the therapy and, in fact, does communicate these to the patient either in an overt or covert way.

The psychotherapists are becoming the purveyors of value in our society. They are fulfilling the role of interpreter of life and exposé of the significance of human existence. It is interesting to note that psychologists, psychiatrists, and psychotherapists are normally considered for membership on various presidential commissions which study such diverse moral and ethical questions as pornography, drug usage, racial imbalance, campus disorders. Hardly any commission would consider finishing its hearings without calling in psychologists for their opinion. Since psychotherapists are professional reviewers and students of human behavior, the public looks to them for guidance or their considered opinion on controverted issues. Even when their opinion is rejected, it is significant that their opinion is sought.

It is evident that the values the psychotherapists convey individually and collectively are either highly individualized, i.e., the personal value system developed by each therapist, or, reflective of the theoretical positions taken toward the value and meaning of man contained in the particular psychotherapeutic approach employed by the therapist. For example, the dynamic therapist who employs conversation and reflection in his technique à la Freud has as the goal of therapy the self

actualization of the patient. The value of specific behavior, be it adultery, fornication, stealing, aggressive behavior is measured by the way it serves the client's discovering himself or the way it withholds such discovery.

The behavioral therapist, on the other hand, employs a different therapeutic approach. He uses the learning procedures developed by men such as Pavlov, B. F. Skinner, etc. The goal of behavioral therapy is to remove by conditioned response techniques whatever behavior is considered by the therapist and the patient as inappropriate. Briefly, the personal moral values of the psychotherapist and the ethical implications of the therapeutic technique he uses form the ethical standards by which the therapist answers the patient's questions about the attitudes he should adopt and the specific behavior he should change.³

The therapist communicates in obvious and more subtle ways the importance of life, the value of life and behavior. The patient finds in the psychotherapist a new priest who interprets life for him and assists him in his choice of attitudes and behavior. Perry London's observation in his *The Modes and Morals of Psychotherapy* that the psychotherapist more than any other professional fulfills a role like that of a minister of religion seems to be quite accurate.⁴

Although the other value professions, especially religious ministry, may experience pangs of professional jealousy and fear of profes-

sional irrelevancy, the obvious concern of people for guidance in value is encouraging. It is a healthy sign in any society to witness people seeking advice for experts in the area of human behavior. However, this swing in the savants of value from the religious minister to the psychotherapist does raise some important questions.

Primary is the question of the norm or criterion of appropriateness that the therapist employs in the therapeutic relationship. As indicated above, the norm is either a composite of personal moral values built up by the individual therapist from his childhood experiences, religious dedication, personal reflections, and clinical experiences; or, built upon the values implicit in the theoretical presuppositions of the therapy he employs. In either case the construction of value positions is haphazard at best. Few psychotherapists have formally studied the science of value and consequently, are conveying values that they do not fully comprehend.

It would do little good merely to suggest that a rapprochement be initiated between psychotherapists and ministers of religion. Many psychotherapists either do not appreciate religious terminology or its presuppositions or find the lack of empirical evidence in the rationale for religious values a major stumbling block to discussion. On the opposite side of the coin, many ministers of religion have difficulties with the terminology and the theoretical basis of much psychotherapy. Another

solution must be sought.

The neutral ground lies in another direction. Both the religious minister and the psychotherapist can find a common terminology and sophistication in value construction and communication if they expose themselves to the field of ethics. Since psychotherapists are in fact in the area of value communication, an organized review of ethical theories and traditions would greatly assist them in the process of judgment involved in therapy. It would also make them more conscious of the importance of their clinical observation to the furthering of value study

as well as their responsibility in communicating value. Q

REFERENCES:

1. C. Marshall Lowe, *Value Orientations in Counseling and Psychotherapy*, Chandler Publ. Co., San Francisco, 1969, p. 14.
2. L. R. Wolberg, *The Technique of Psychotherapy*, Grune & Stratton, N.Y., 1954, p. 3.
3. For a fuller treatment of the ethical implications of psychotherapy see: G. Kanoti, "Ethical Implications in Psychotherapy," *J. of Religion and Health*, 10 (1971) # 2, pp. 180-191.
4. Perry London, *Modes and Morals of Psychotherapy*, Holt, Rinehart & Winston, N.Y., 1964, p. 163.

PLAN NOW TO ATTEND

ANNUAL MEETING of the NATIONAL FEDERATION of CATHOLIC PHYSICIANS' GUILDS

•

November 25-26, 1972
Sheraton Gibson Hotel
Cincinnati, Ohio

•

*Watch your mail for
further details*