Psychiatry and Psychotherapy: A Pastoral Viewpoint

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"Hello, Father Smith. This is Tom Brown. You probably don't remember me, but I was wondering if I could drop in to see you sometime. I have a little problem I'd like to talk about."

Every priest has listened to these words, usually uttered by someone he knows quite well. In some cases it has been the initiation of an informal discussion in which the caller talked out some personal problem calling on the priest for specific advice or counsel. In other cases it has been the first step toward psychoanalysis and psychotherapy, for which the person was ultimately referred to a professional.

In the past, the clergyman was a strong authority figure, and many problems were solved by his authoritative—if not authoritarian—advice. Today, the variety of mental disorders seems to be wider, and the incidence of personal breakdown seems to be greater. Recent reports indicate that an increasing number of Americans are afflicted by serious mental depression. No one is sure what the reason is, although increased urbanization and an overbearing emphasis on technology are offered as explanations. Certainly these are pressures that affect personal identity and stability. At any rate, Dr. Gerald Klerman, professor of psychiatry at Harvard, estimates that one out of eight Americans can expect to experience depression during their lifetime. Dr. Klerman maintains that "if the 1950's were the age of anxiety, then the 1970's are the age of melancholy."

Quite obviously, this sort of problem is well beyond the competence of the parish priest. Even though an individual may call upon the priest for help, the clergyman finds himself less effective and less secure in attempting to meet the need. He must at this point recognize that the person needs the specialist, i.e., the psychiatrist or clinical psychologist. If he attempts to provide some counseling on his own, he will likely be ineffective, and possibly even harmful. At the same time, if the person is seriously ill, then referral to a specialist may properly be the responsibility of the family doctor.

As the community agencies providing health care increase, the priest must look upon himself as one of many professionals that persons in trouble will turn to. In some cases he may recommend that the person call upon the local mental health agency. He may also supply the names of reputable psychiatrists or psychologists. And in some cases, the wisest course is to urge the person to see his or her family doctor.

At present, there are concerns about confidentiality that dissuade the priest from calling the mental health specialist and providing some preliminary information. There are also some therapists who tend to distrust any background information; and therefore discourage it. As the caseload increases—as it seems likely to in the future—efforts will have to be made on both sides to find a truly professional system of cooperation that is in the counselor's best interest.

In discussing the priest's role in regard to persons with mental and emotional problems, there are two facts that must be kept in mind. First, not every priest is temperamentally suited to provide personal counseling. Note well, we are here discussing the priest's role as counselor, not as spiritual guide. Second, even for the priest who is adept and trained, there are many problems that are beyond his competence. Granting that most seminary curricula have not included courses in developmental psychology or counseling, and granting that such courses are only questionably effective without the supervised experience of counseling, the parish priest is often caught in the dilemma of trying to help people work out problems that he doesn't adequately understand himself. Clearly, the most important thing that the priest must do when faced with someone who has a serious mental or emotional problem is refer them to the competent psychiatrist or psychologist.

However, the priest's role does not end with the referral. He can often help the family of the afflicted person understand the problem, and also encourage them to be patient and understanding. He can also be helpful to the counselee by en-
courage him to cooperate with the doctor and to follow advice carefully. Because therapy can often be a long-term process, and somewhat discouraging to the counselee, some firm support from the interested pastor can be valuable and helpful.

There are many instances where the priest comes into contact with a person who does not have a serious mental or emotional disorder, but does have a need for some personal counseling. In such cases, most priests have some ability and competence. Emotional stability and objectivity are basic qualities for any priest who attempts to provide pastoral care. Interest, patience, sensitivity, tolerance, tact, insight, and the ability to inspire trust are additional qualities of a good counselor. With basic intelligence, some minimal training, and occasional reading, most priests can improve their ability as a counselor. The primary earmark of success in counseling is a healthy personal identity, the ability to understand oneself and thereby lead the counselee to a progressively clearer knowledge of his or her identity in relation to other persons.

Priests who are inclined to counsel should receive some professional training. There are a number of universities where the priest may pursue a graduate degree in pastoral counseling or marriage counseling. There are also the standard programs in clinical psychology and educational psychology. A fair number of dioceses have also worked out special programs that supply academic courses and supervised practicum that lead to certificate. Good will and dedication are important, but do not substitute for professional training.

Let's turn our attention now to marriage counseling, an activity that many priests are called upon to engage in. Paradoxically, the major impetus to marriage counseling is coming from the trend to revise divorce laws in the various states. At present, at least 14 states have laws requiring counseling in domestic relations cases, and California is an indication, we can expect a greater demand for marriage counselors in the future.

Too many couples have married and expected to "live happily ever after." Five, 10 or 20 years later, they find that the program hasn't worked at which point they become an addition to the constantly increasing divorce statistics, or they put up with it and live in not-so-peaceful coexistence. Some, and their number is growing, go to a marriage counselor. And often, this marriage counselor is a competently trained priest.

Let's take a look at a diocesan program. The Marriage Counseling Department of the Archdiocese of Newark, New Jersey, recently reported that 71 cases were terminated after periods of from three months to one year of weekly counseling sessions. Of the 71, 31 were said to have ended with satisfactory results for both counselor and clients, 27 ended with definite progress having been achieved, and 13 with no progress.

In this diocesan program there are four priests with graduate degrees in marriage counseling, who have a full-time assignment to counseling, and more than 30 parish priests who have had special training at Seton Hall University. The University's Psychology Department provides continued supervision for the priest-counselors.

The alarming increase in marital breakup has emphasized the need for trained counselors. Contrary to the fairy tale, many people who get married have not "grown up," and their personal immaturity is like a bomb waiting to be detonated. And some who have grown up have "married," but have so hedged their commitment that in fact, there was little more than an arrangement, certainly not a marriage. With these major personal inadequacies, the normal problems and tensions that all couples face become unmanageable, and the marriage is at the breaking point. What can the clerical marriage counselor do?

First of all, he can't do much to make people grow up or to force a commitment or make the problems go away. Recognizing at the outset that each marriage is unique, he can help the couple find their own strengths and honestly admit their own weaknesses. He can help them learn to cope with their problems, and help them discover facets of their personalities and their relationship that are pleasurable and rewarding. In the vast majority of cases, learning how to communicate is a basic need.

Communication is a great deal more than sitting down and talking things out. Rollo May maintains that one of the weaknesses of our society is that "it has lost the language by which it communicates with the meaningful crises of life." A couple have to learn to read each other, to develop a sensitivity to each other's feelings, and even to have a good fight once in a while.

The expression of hostility in a non-destructive way is part of good communication, and psychologists see a therapeutic value in an argument or "fight" provided it doesn't include violence or lead to completely depersonalizing anti-social behavior. And married couples can usually verify that making up after a disagreement helps in the maturing process and can be quite satisfying to both persons.

The priest-counselors emphasize that the goal of counseling is not just "living happily ever after," but more importantly, discovering the means to deal with problems, and finding more effective ways of meeting one another on the personal level. The person who makes progress is the one who is willing to look into himself or herself, not just at the other person. Courage and determination are needed, because things often seem to get worse before getting better. But a couple have to be willing to find
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Catholic Physicians’ View — St. Luke’s Guild of Boston
A Study Conducted for St. Luke’s Guild of Catholic Physicians

Synopsized by Mary J. Larsung
Assistant to the Editor

“At a time when traditional moral values are challenged and the fundamental question of human life is attacked, the need for intelligent direction, guidance and counsel especially within the discipline of medical ethics seems conspicuously appropriate today.

“Through this study Catholic physicians say they recognize the need and have the strong desire to receive such counsel.

“In fact, these physicians both recognize and endorse the efforts and contributions of St. Luke's Guild. They say that the guild has been true to its purpose: to promote a better understanding of the moral and ethical principles that should guide the medical profession.”

Thus begins the summary of a survey of active and inactive members of the St. Luke’s Guild of Boston by Becker Research Corporation conducted in the fall of 1970. One hundred and five physicians (50 inactive members; 55 active members; For purposes of the survey inactive members are referred to as “non-members”) were the sample questioned by the independent research group to determine the present image of the Guild as perceived by its members and the difference in this image between active members and potential but inactive members; obtain the membership’s evaluation of the Guild’s present purposes and activities; determine whether the membership believes that the Guild still has an appropriate role to play in 1970’s, and if it does what they feel the organization’s objectives, activities and programs should be; explore the reasons why inactive members are not active, and to examine ways in which they might be motivated to undertake more active participation in the Guild.

Those physicians, surveyed by telephone, were selected by systematic sampling procedures from alphabetized lists of both active and inactive members — a total of 509 names. Some of the results and highlights of this survey are presented in this issue of Linacre Quarterly because of continuing interest in the study by many people associated with local guilds, as well as the National Federation of the Catholic Physicians’ Guilds, and because the information gath-