Pastoral Counselling and Care: The Role of the Clergy in Helping Services

Dr. Geoffrey Wango

Abstract
Pastoral counselling, care and psychotherapy refer to the structures adopted by the clergy to assist their members and other clients promote personal and social development in the religious and spiritual realm. The clergy perceive pastoral work and faith as a whole as momentous in fostering personal development, promoting well-being and as a system of life management. Empathy, dedication, effective communication, and team spirit are considered as facilitating factors for carrying out pastoral counselling and care. In a highly traditional-cum-contemporary society there is often an overall mismatch between religious beliefs, spiritualism and personal needs as well as tensions with modernity, information and technological advancement. Religious convictions as a whole may tend to overwhelm the overall counselling and psychotherapeutic process, and the client perceived reality could be sublimed under religion. Yet there is a close relationship between a person’s way of life and religion, and pastoral counselling and care. This is because guidance and counselling, pastoral care and therapy are seemingly focused on our lives. It is estimated that over 95% of Kenyans are religious and hence pastoral counselling, care and psychotherapy is a critical component of counselling psychology. A critical understanding of the nature of pastoral counselling and the implications on religious conviction, client well being and the therapeutic practice are discussed in this paper.

Key words: Pastoral Counselling and Care, traditional society, Helping, Clergy, Kenya
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PREFACE

The paper is divided into five components. The first part is an introduction to counselling and pastoral counselling, (pastoral) care and psychotherapy. The second part highlights the historical and foundational elements of evangelisation and missionary work in Kenya. This lays the foundation for the juxtaposition of the traditional and Christian religions. In essence, the traditional-cum-modern societies will have to: (1) Contend with a traditional-religious background as demonstrated in Section III; and, (2) More or less adopt a new religion (read Christianity or Islam and other doctrines). The third part therefore attempts to establish the religious-therapeutic framework for pastoral counselling, care and psychotherapy. Pastoral counselling, care and psychotherapy as an entity is a discipline that obtains its distinctive nature and focus of attention in the more sacred-secular traditional orientation. But at the same time, I have to admit that the more traditional religion and spiritualism of medicine-men, seers and diviners has greatly been replaced by the new faith of Christianity, Islam and other religions. This does not necessarily rule out traditional sects such as the mungiki (a religious sect) with strong traditional incriminations. In that case, the third part examines in detail some of the elements, diversities and pluralities that exist within the two disciplines; that is, counselling and pastoral work with a wrap up of the discussions in section four. The final part provides a conclusion with a few suggestions and way forward.

From the onset, we must accept that there is need to provide theoretical and practical alternatives to the challenges of living, particularly in modern living. Religion is a part of us (I use us because I am a part of my people and do not want to appear an outsider. I do also highly appreciate our traditions just as I embrace modernity). Additionally, religion and spiritualism have tended to provide multiple approaches to life issues, and hence pastoral counselling, care and psychotherapy must be considered along other practices in counselling and psychotherapy. Admittedly, there are a number of religions (faith, diverse beliefs) just as there still are remnants of traditional religion in various communities. Additionally, some religions or sects embrace certain social traditions while others will highly discourage them and that is why there are obvious controversies on aspects such as female genital mutilation, and ways of performing certain rites of passage and rituals such as birth, weddings and funerals. Religions, whether traditional
or modern, have communalities as well as differences. The lack of uniformity in the respective religions and faith, as well as the disregard of certain religious (or is it traditional) practices challenges various efforts aimed at clarifying the theoretical and structural approaches to pastoral counselling, care and psychotherapy. Some scholars will certainly state that we must seek a precise definition to clarify just what is meant by pastoral counselling but in my own view, we should aim to clarify the entire conceptualisation of religion and counselling, pastoral counselling, care and psychotherapy. This takes us to my final comment before we start.

Lastly, it is acceptable that modern models of psychotherapy have inclinations to philosophical thoughts, psychology and within clinical findings. Clinical psychology, counselling, psychiatry and psychotherapy are professions with established standard approaches as well as a code of conduct for practitioners (Ahlskog & Sands, 2000; American Counselling Association, 2005; American Psychiatric Association, 1994; Bond 2000, British Association for Counselling, 1991). Yet pastors and others offering help in pastoral counselling and care may be limited to a (religious / spiritual) theological paradigm. Currently, training programmes in theology have a more formal design with emphasis on Philosophy, Psychology / Psychiatry and of course Theological foundations. It is therefore possible to include psychotherapeutic approaches (counselling theories), counselling skills and techniques and professional ethics to the main theological courses. Ultimately, we must improve on our own practice including the therapeutic practices and processes. This paper articulates on fundamental orientations for pastoral counselling, care and psychotherapy in traditional societies.
Pastoral Counselling and Care: The Role of the Clergy in helping services

Dr. Geoffrey Wango

Section 1  Introduction to Counselling and Pastoral Care

It has long been recognised that a substantial proportion of the issues brought by church members to their religious leaders are associated with stress, relationships and psychological or psychosomatic responses to various difficulties or challenges in life. It is estimated that over 95% of Kenyans are religious, with an estimated a majority as Christians (85%) and Muslims (10%). People facing problems of living for which they need help, support or advice, have often turned to the clergy. There are several studies that are emphatic on a positive link between religion and spiritualism and improved health, that is, better physical, psychological and mental health (Brawer et al., 2002; George, Ellison & Larson, 2002; Hackney & Sanders, 2003; Hoogestraat & Trammel, 2003; Larimore, Parker & Crowther, 2002; Smith, McCullough & Poll, 2003). Therefore, pastoral counselling has strong basis especially in our traditional societies, whether we remain conventional or modernize.

Clinical psychologists, counsellors, psychiatrists and psychotherapists also encounter different clients who have a strong conviction in religion, express outright spiritual sentiments as well as explicate numerous beliefs. Besides, the wisdom of pastorally oriented classic protestant theology has been known and practised by caring pastors. It is now the conventional wisdom that psychology, psychiatry, counselling, psychotherapy, chaplaincy and pastoral care provide valuable support and help many people in diverse circumstances. This interface of religion and science advances the conception that the two domains can help alleviate human suffering and enhance personal growth and development. Many leaders of religion including pastors and sheikhs are willing to take on a psychological counselling role. However, majority of the clergy are not as adequately equipped to deal with the diverse issues brought by their clients in the counselling session. This is because religious leaders lack professional training and competencies. In addition, the clerics may not be well sensitised to the obvious differences between a religious pastoral (sacrosanct) role and a counselling (therapeutic) pastoral role. Additionally, scholars such as Shafranske and Malony (1990) argue that most psychologists
too have little training in dealing with religious and spiritual (sacred) concerns and this too should be a concern for therapeutic training and practice.

A distinction is made between religion and spiritualism though the two are intertwined. Walsh (1998:72) defines religion as an organized belief system that includes several aspects, that is, shared and institutionalized moral values, beliefs about God, and involvement in religious community. Spirituality is an internal set of values, a sense of meaning, inner wholeness, and connection with others. A person who is spiritual and religious holds characteristics of both, while a person who is neither spiritual nor religious may decline or disregard related activities. Watson (2000:96) concludes: ‘Spirituality, it is felt, is something shared and understood in similar terms by all humanity.’ Both Watson (2000) and Wright (1997) agree that spiritualism is context bound and I just add that religion and spiritualism have a context and content and hence the different manifestations in various communities.

Religion and spirituality arguably stand out as cultural and personal factors that are a salient part of framing our life experiences, and this includes our beliefs, social and moral values, behaviour and others patterns such as mental illness patterns (anxiety, depression). Religion also promotes moral virtues and positive values although this does not necessarily mean that all people are the same; instead, there is value in difference that enhances tolerance and togetherness. Pastoral counselling also has roots in traditional society and religion. Traditional societies attempted in various ways to cope with a wide range of physical, emotional, social and cultural phenomenon. This is because in traditional societies, psychological well being was linked to the gods and supernatural powers - the gods had the destiny unlike in modern living where we can subject certain events or circumstances to scrutiny and seek logical (scientific) explanations.

Spiritual and community leaders assisted in healing and restorative rituals and they included medicine men, ministers of religion, diviners, prophets, seers, priests and traditional healers. There were several rites of passage just as there were specific cleansing ceremonies deemed to efficacious bring relief and restoration to functioning, orderliness restore good health. The philosophical foundation of religion and psychology which is also the formal basis of pastoral
counselling and care is also the point at which we should critically ask ourselves if religion (which religion?) is conventional, dynamic or aligned to modernity. This is because there are people who remain traditionally inclined to their religious traditions (curses, traditional ceremonies, religious procedures or rituals) while there are those who practice a more moderate approach. There are still others who are overzealous and interpret modernity within an entirely faith doctrine (apocalypse, fate, life and death, health and wellness). It can be argued that religion and spiritualism could be in three phases (I have simplified them to ease our discussion) as demonstrated in Figure 1 below.

**Figure 1:** **Expression of Religion and Faith: Conventionalism or Over-Zealousness**

<table>
<thead>
<tr>
<th>Ancient / Pagan Worship</th>
<th>Moderate / Modest Religion</th>
<th>Overzealousness / Extremism</th>
</tr>
</thead>
<tbody>
<tr>
<td>This consists of convinced religious ceremonies, rites and/or rituals of passage such as exorcism, circumcision of girls, animal and/or human sacrifice as a means of pleasing the gods</td>
<td>A person is likely to be more logical and aligned to reason. s/he is sensitive to the feelings and rights of others while at the same time committed to their faith</td>
<td>Person is overzealous and goes to the extreme of faith such as hanging self on the cross to imitate Christ, acts of aggression to promote a faith or seeks prayer for healing by refusing to adhere to prescribed medical care all in the name of faith or religion.</td>
</tr>
</tbody>
</table>

Religion and spiritualism remains embedded in us, whether we claim to be traditional (conventional) or modern (living in the technological age). Subsequently, we must be very careful when we are resolute on religion, spiritualism or faith. This is because there could be need to tame or do away with extremes in religion. That is why I have recognised the religious leaders in Figure 8 but suggested a slightly different approach in Figure 10.

In modern living, the growth of Primary Health Care Team (PHCT) with members of different professional backgrounds, including doctors, religious leaders, community leaders and social workers and specialized care givers (clinical psychologists, counsellors, psychiatrists, psychologists, psychotherapists, palliative care givers) presents the opportunity to consider different ways which counselling psychological services could be provided to all persons in need. This includes a focus on healing and counselling through the network embedded in religion and spiritualism.
Section II  

Historical Background and Historiography: Christianity and Missionary Work in East Africa and in Kenya

Introduction

Europeans had diversified reasons for visiting the interior of Africa. Earlier travellers like John Speke and James Grant, Henry Morton Stanley, Dr. David Livingstone and others reported about the evils of slave trade in East Africa. There was also alarming need to check on the spread of Islam with intentions of converting Africans to Christianity as was evident in Dr. Livingstone emphasis on the unity between Christianity and Commerce in his speech to Cambridge University students in 1857. There was also need to discover important places like the source of the Nile, while some of the missionaries from other parts of Africa such as Johann Ludwig Krapf relocated to East Africa when his stay became intolerable in Ethiopia. By 1856, when Livingstone returned to England after his first exploratory journey, European interests were still largely concentrated on the East African coast with emphasis on the island of Zanzibar.

Evangelisation and Missionary work in East Africa

The history and life of people in traditional societies including Africa and East Africa was the workings of a system and a culture that had operated long before exploration, missionary work and colonialism. There were social and political, economic and cultural contacts between diverse communities. This system of community living consisted of intermarriages across cultures as well as trading and commercial relationships. People in traditional societies reached out to each other and had extensive interactions in economic and trade agreements and cooperation between the communities. Sultan Seyyid Said of Muscat had moved his capital to Zanzibar and thus East African Coast was an important trade centre. Zanzibar exported ivory, spices (including cloves), cowry shells, and slaves and received imports such as cloth, firearms and hardware Seyyid Said encouraged the cultivation of cloves and these attracted Europe and North America to participate in direct trade. European and American commercial activities were majorly concentrated along the East African coast without any incentives to venture into the interior. In 1837, the United States appointed a Consul in Zanzibar and Great Britain soon followed and a British Consul was appointed in 1841, and France also appointed one in 1844.
The pioneer missionaries in East Africa were led by the Johann Ludwig Krapf of Church Missionary Society (CMS) and Johannes Rebmann who arrived in East Africa in 1844 and 1846 respectively. Krapf is said to have been the first European to see Mt. Kenya in 1849 while Johannes Rebmann was the first to see Mt. Kilimanjaro in 1848. The Christian missionaries had little impact at the coast and they moved further into the interior visiting the Akamba and Taita. The Church Missionary Society (CMS) set up stations in Taita and Taveta. In 1849, they were joined by a Germany explorer Jacob Erhard. Erhardt became the first European to draw a map of east Africa. In 1862, the united Methodist Church led by Thomas Wakefield arrived from Britain and settled at the coast. They established a station at Ribe, near Rabai. They also set up mission stations at Jomvu and Lamu.

There were several events that followed in East Africa and in Africa. In 1863, the University Mission Society to Central Africa moved to Zanzibar and later to Bagamoyo. In 1875, Freetown Mission a centre for freed slaves was established. In 1877, the Church Missionary Society mission arrived in Buganda followed by the white fathers in 1879. By 1889, about 1,400 slaves had settled in Freetown. In 1891, the Presbyterian Church of Scotland arrived in Kenya and began their work at Kibwezi in Machakos. In 1898, the Church of Scotland Mission arrived at Kikuyu and set up a mission station at Thogoto. Members of the African Inland Church from the United States of America established their station at Nzaui in Machakos and spread to Kijabe, Nandi, Kabarnet and Nyakach in Nyanza. The catholic missionary societies, like the Holy Ghost Fathers and the Consolata Fathers arrived in Zanzibar but later moved to Mombasa in 1890. They advanced interior and founded stations among the Akamba and among the Agikuyu towards the end of the Century. The Holy Ghost fathers established a station at St Austin’s near Nairobi in 1899 while the Consolata fathers from Italy opened a station in Nyeri in 1907. The Mill Hill Fathers reached Kenya from Uganda. In 1902, the Friends Missions arrived at Kaimosi. By 1914 there were many missionary societies working in western Kenya, that is, the Seventh Day Adventists, the Quakers (Friends Mission) and the Church of God Mission.

By the 19th Century, a number of missionary groups worked in East Africa. They included:

1. The Church Missionary Society (CMS)
2. The Holy Ghost Fathers
3. The University Missionary Society to Central Africa
4. The White Fathers
5. The Methodist Fathers
6. The Mill Hill Fathers
7. The London Missionary Society

Christian missions in Africa and in East Africa were initially organized to spread the Christian faith. The purpose was to extend religious teaching in Africa. Subsequently, the exploration and coming of Christian missionaries to Africa and East Africa was based on a number of motives that can be described as follows: humanitarian (due to the need to end the ensuing slave trade); economic (trade with other countries including India, discovery of minerals in Africa); political (the dominion of the Portuguese and later the British and others leading to the Berlin Conference of 1884-85, a meeting between European nations to create rules on trade and colonization of Africa leading to imperialism); and, social (exploration) in nature. The roles of the various missionaries varied enormously depending on the social context and their relations with the colonial authorities. In the end, there was a fresh religion, a new way of life and soon globalisation and internationalisation set in.

*History of St. Paul’s University and training on Evangelisation*

The origin of St. Paul’s University goes back to the early years of missionary work in East Africa and in Kenya. In 1875 the Church Missionary Society (CMS) founded a settlement for freed slaves at Frere Town, near Mombasa. In 1888, Rev Fitch began a Divinity class designed to offer some practical skills and Christian leadership training to the freed slaves. The Divinity class offered training to six (6) teacher-evangelists who were ordained deacons and this marked the beginning of the training of Africans for the ordained ministry in the Christian Church in Kenya. On the 28th July 1903, Rev. H.K. Binns laid the foundation stone of St. Paul's Divinity School at Frere Town, Mombasa.

The original Divinity school was transferred to St. Paul’s University Limuru in January 1930. The Divinity School continued as an Anglican Institution until 1949 when the Presbyterian
Church of East Africa (PCEA) and the Methodist Church in Kenya joined and brought in members of their clergy for pastoral training. In 1954, a transitional union was accomplished when the three Churches (CMS, PCEA and Methodist Church) formed a College Council to run the affairs of the College. On the 1st January 1955, the CMS St. Paul's Divinity School became St. Paul's United Theological College. In 1973 the Reformed Church of East Africa formally joined the other three Churches as the fourth Participating Partner. On 18th of March 1993, the National Council of Churches of Kenya (NCCK) as a corporate identity was admitted by the Governing Council as the fifth Participating Partner of the College. On September 14th, 2007, St. Paul's United Theological College was awarded a Charter to become St. Paul's University.

It can be argued that pastoral workers have continued to be offered professional training. Some of the courses include counselling in divinity courses in the university.

**Chaplaincy, Guidance and Counselling in Schools in Kenya**

Missionary education was linked to Christianity and aimed to produce African priests to spread the world of God and western civilization. The schools generally taught pupils the rudiments of reading, writing and arithmetic (what came to be known as the three R’s) and prepared them for Christian baptism. Several schools had a chaplain to take care of the religious component. This is because children need personal and communal spiritual development. The Chaplaincy was, and is still composed of the various denominations (all faiths) and is involved with religious matters. The Chaplain conducts religious services for the faiths particularly on Sundays. Additionally, a number of schools were set up under the auspices of various religions such as the Alliances (Alliance Boys and Alliance Girls). These schools tend to live up to this religious legacy by setting aside time to teach and guide students towards embracing religion and the Word of God as a way of life. Spiritual guidance and counselling is an important area expounded by the Chaplaincy. This is aimed at helping pupils and students find themselves, and gain confidence to work towards exploration and positive exploitation of their God given innate talents and abilities.
Beginning in the late 1970s, the Catholic Church in Kenya embarked on a massive campaign to educate people on natural family planning methods. This effort was spearheaded by the Family Life Counselling Association of Kenya, a lay organization of the church. During this period, the practice of counselling was closely linked to the population debate and counsellors were perceived as professionals who provided guidance on natural methods of family planning.

**Section III: Religion and Helping: Pastoral Counselling and Care, and Chaplaincy and the Role of Pastoral Counselling in Traditional-cum-Modern Therapy**

The terms, pastoral counselling, care and psychotherapy, can be confined to helping by clergy persons and in the context of religion. This way, pastoral counselling refers to guidance or counsel to members of the congregation. It is important to highlight the fact that pastoral counselling has a religious frame of reference, rather than the ‘regular’ counselling and psychotherapy that do not directly equate religion with pathology. Nonetheless, even ‘regular’ therapy does take into account religion and spiritualism as significant variables along other factors. A major distinction is that pastoral counselling, care and psychotherapy are offered within, or by a community of faith and within the beliefs of their religion. An example of this would be Christian counselling or counselling in the Islamic faith that will be bases on theory and practice exclusively on the Bible or Koran respectively.

Pastoral counselling occurs in a variety of settings. This is because the major models of clinical psychology, counselling, psychiatry and psychotherapy are not particularly effective with many people who have strong spiritual inclinations and thus seek pastoral counselling and care. The reason for this is principally because many people are convinced of the role of religion and spiritualism in their philosophical understanding and interpretation of the world. Pastoral counselling and care is therefore a unique model with a religious component and a spiritual conceptual base that incorporates a person’s belief system. The religious heritage is significant as it integrates religion as well as various methods from psychology and psychotherapy in healing.
Various scholars highlight the role of religion and spirituality in the life of an individual including among potential clients in therapy (Blando, 2006; Graham, Furr, Flowers & Burke, 2001; Hathaway & Pargament, 1992). In addition, religion and spirituality are related to the ability to cope with stressful situations. This is because some people use religion as a coping strategy, including beliefs and faith in God, prayer and meditation. In addition, psychological disturbance is related to clients’ level of turbulence when they attributed their issues to God, religion and/or spirituality. In the more traditional societies, a client may be convinced that they have been bewitched, up-set the gods or failed in religion or spirituality and this in turn will contribute to a distressful situation and mindset. Religion and religious institutions such as spiritualism, faith in God, prayer, meditation, clergy (pastors, diviners, prophets) and places of worship serve as resources of relieve for clients to offer comfort as well as in times of distress.

Pastoral counselling and care is therefore an innovative paradigm for counselling psychology as it emphasizes on pastoral care as the nurturing context of clinical psychology, counselling and psychiatry while at the same time incorporating psychotherapy models. Thus, though the spiritual philosophical orientation is significant, therapy is based on theoretical approaches and professional ethics as essential. Hence the purpose is the unifying goals of care and counselling. This in turn enables establish a normative form of care in the church and other general ministries. The pastoral counsellor provides therapy as well as care by incorporating counselling skills with spiritualism.

Figure 2: Spiritualism and Counselling

- Religious Philosophy
- Therapeutic (Psychological) orientation
- Spiritualism
- Counselling
- Pastoral Counselling
- Goal is healing

Goal is healing
Ultimately, the interaction of spiritualism and helping leading to healing allows the integration of psychological knowledge and research with pastoral care in order to provide insight on the purpose and effectiveness of therapy. In addition, pastoral counselling has application and implications in both secular and sacred therapeutic processes. This also places pastoral counselling and care in the context helping as well as cross-cultural counselling. This has research imperatives including the conceptualisation of the extent to which pastoral counselling and care is consistent with therapy, the application of various approaches in helping, assessment (audit), as well as compliance and complicity in relation both to therapy and effectiveness of helping.

The traditional way of living in the more conventional societies was dictated by, and consisted majorly of religion and traditions. The religious and spiritualism experience is similar though the description will of course be different in cognitive understandings and framed according to community beliefs. Although this is a very simplistic conceptualisation of traditional societies, the structure captures the essence of traditions and religion that is fundamental to our understanding of the psychology.

**Figure 3: Traditional Society as Tradition and Religion**

Religion and traditions are amalgamated since they have equivalent components that includes the language (s) spoken, words and meanings shared and the value system. Religion and spiritual discourse has immediate reference to an ‘inner’ human realm that scholars such as Hay & Hammond (1992:147) term traditionally understood as the soul or spirit, and for Africans Mbiti (1969) states are zealously religious. Religion and tradition, faith and spiritualism are intertwined and many scholars such as Pargament (1999; 2002; 2007) and others have examined this important relationship (Hill & Pargament, 2008; Lent, 2004; Miller, 1999; Wiredu, 1980) including in psychology (Snibbe & Markus, 2002; Swinton,
2001; West, 2004; Wicks & Estadt, 1993). The amalgamation of religion and tradition in the African culture can be represented graphically as in Figure 4.

**Figure 4: African Tradition Philosophy: Tradition and Religion come up together**

In the first instance religion and traditions combined constituted the African traditional philosophy. However, religion and traditions are intertwined with the way of life. This is because culture and customs, values and norms, beliefs and ways of living are dictated by both the sacred and the secular inclinations. Counselling (guidance and counselling) was inbuilt into the philosophical framework.

**Figure 5: Traditional Philosophy (Religion and Traditions, and Counselling)**

It is acceptable that traditional ways of living including customs, beliefs, folklore, worship and way of conduct (blessing and curses, values and norms) were both secular and sacred. Religion was equally intertwined with more psychotherapeutically orientated person. It is adequate to state that the way of life was informed by religion and culture though by no means mechanically straightforward, even in instances of relatively psychological...
conventions. The therapeutic construct of psychological treatment in traditional societies is often drawn from three perspectives:

1. Traditional living, religion and customs;
2. Religion and spiritualism, and the place of god; and,
3. Psychological approaches to healing.

The two foundational sources of knowledge in each of these approaches can be summarized into two: (1) pathology (in traditional living curses, in religion an act of God and in psychological philosophical foundations the personal, biological, and social consequences); and, (2) interventions (in traditions may include exorcism, religion will make emphasis on worship (prayer) and strict adherence to sacred laws while psychological healing will include drug-related clinical, therapeutic and social interventions). The pathology and intervention paradigms can be expanded in pastoral counselling and care to encompass knowledge drawn from the lived experience of people in traditional-cum-contemporary societies. This is to restructure therapy into evolved models of sustained and more practical recovery management nested on a more person-oriented system of care. This will enable define recovery and map recovery pathways, stages and processes. There will be commonalties and differences of understanding within these broad descriptions. But, it would be possible to make identification, definition and exploration of the clinical implications of therapy.

This can be illustrated as follows:

**Figure 6: Pastoral Counselling and Care, Religion and Culture: Structured and Shared Theme**

<table>
<thead>
<tr>
<th>Pathways</th>
<th>Unifying theme</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secular (traditions and customs)</td>
<td>Pastoral Counselling and Care</td>
<td>Healing (Wellness: Psychological and Spiritual well being)</td>
</tr>
<tr>
<td>Spiritualism (religion)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Science (therapy, psychology)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The discussion of religion and spiritualism in traditional societies tends to assume a naturalistic model of religious experience though in my own view we should not include the idea of a natural spirituality. Instead, pastoral counselling, care and psychotherapy in traditional societies is ecumenical and will be incorporated into an already exiting framework of tradition, religion and counselling as follows.

**Figure 7: Traditional Philosophy (Religion and Traditions) and Counselling**

Pastoral counselling, care and psychotherapy is therefore an integral component of our social well being rather than a far-fetched distant ideology. It is clear that there is an intersection of religion and counselling.

There is need to illuminate the varying ways in which healing (and sometimes recovery) occurs in the more-traditional-cum-contemporary societies that have a focus particularly on healing. Lent (2004) sort of combines well-being as involving or referring to happiness and meaningfulness. It is therefore possible that religion / spiritualism can lead to life satisfaction. Subsequently, the traditional-religious-scientific pathway offers a unique framework by comparing the shared and distinctive features of secular, spiritual (religious) and psychological trails to recovery. The traditional-religious-psychology pathway has a common structure and shared themes within what would appear to be quite different frameworks of recovery. In the end, this has a sense of integration, a perspective that allows an exploration of the merger and not a split between mind and spirit, religion and science.
Researchers in counselling psychology suggest that there is need to extensively study variables that influence therapy and helping such as religion and spirituality. This is because religion and spirituality for instance have a major impact on clients’ well being, counselling research and therapeutic practice. People also want to make out the purpose and meaning of their lives and religion and spiritualism are significant. Thus, research in religion and spiritualism perspectives, pastoral counselling and care should include spiritualism, behaviour and mental illness, relationships addictions, and physical health. It is best to study religion and spirituality from an objective stance.

Pastoral care givers must be practical with vision, tenacity and boundless courage. This is because pastoral counselling and care must be superseded by a religious doctrine and at the same time embrace a professional framework. In this way, the pastor would attain faithful if not spectacular results. It must also be understood that the pastor may be over-zealous – this is principally because pastors to their delight are also dedicated much upon eternity and spiritual devotion. I am careful not to assign pastors as obsessed with spiritualism, but rather predominantly religious or confess a faith. I also do not want to suggest that pastoral counselling strive to be accepted as a helper within the helping profession. This is because there is plainly more to pastoral counselling and care than an extension of religion or faith. Nonetheless, I am urged to caution the pastoral counsellor and care giver against pietism, individual conversation and person religious experience. This is because individual conversation and a strict personal religion rather than faith makes it impossible to understand and appreciate people and their circumstances. Clients including members of the congregation are bound up with ethnic / cultural identity. Also, the pastor and the client have their personal belief – practice and belief are both in equal need of reformation in therapy. In the end, a pastor who is too strict may not comprehend both scripture and culture yet both have their importance for healing. Pastoral counselling and care might preferably arrange belief and life issues in parallel columns, and then work out an appreciation of the role of therapy.

There is need for helpers in pastoral counselling and care to reach a consensus on compliance, contestation and complicity in relation both to the standards of helping as well as professional ethics. I have outlined various issues that are the basis of discussion in this field.
**Who Should Counsel, does this apply to Pastoral Counselling**

Pastoral counselling, care and psychotherapy can be embraced with each other. But, this requires theoretical clarity in order to define helping as well as maintain the purpose of therapy. One of the major issues in counselling is to identify the most appropriate person to offer help, in this instance pastoral counselling. In the more traditional societies, help was offered by various religious leaders as outlined in *Figure 8* below. Similarly, it can be deduced that modern religions too have their own spiritual leaders. But pastoral counselling may be offered by more clearly defined persons such as a member of the clergy or professional counsellor. It is imperative that pastoral counselling, care and psychotherapy identify some of the exemplary theoretical commonalities in order to ensure the following: (1) clarify the basic philosophical underpinnings; and, (2) identify the role of the practitioner (therapist).

**Figure 8: Theoretical Clarity of the Pastor Counsellor**

<table>
<thead>
<tr>
<th>Traditional Religious Leader</th>
<th>Modern Religion</th>
<th>Pastoral Counselling and Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Diviners</td>
<td>- Clergy</td>
<td>- Clergy (Minister, Pastor, Priest)</td>
</tr>
<tr>
<td>- Fortune teller</td>
<td>- Cleric</td>
<td>- Counselling Psychologist</td>
</tr>
<tr>
<td>- Herbalist</td>
<td>- Reverend</td>
<td></td>
</tr>
<tr>
<td>- High priest</td>
<td>- Minister</td>
<td></td>
</tr>
<tr>
<td>- Medicine-man</td>
<td>- Pastor</td>
<td></td>
</tr>
<tr>
<td>- Oracle</td>
<td>- Preacher</td>
<td></td>
</tr>
<tr>
<td>- Priest</td>
<td>- Priest</td>
<td></td>
</tr>
<tr>
<td>- Seer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Soothsayer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Traditional healer</td>
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</tbody>
</table>

We must also accept that there will be a progressive disenchantment of the more traditional orientations including supernatural and other magical acts (Benjamin, 1968; Weber, 2002). Instead, the advancement in science, medicine and information technology provides certain explanations and processes of what were defined and passed on such as miracles, myths, divine manifestations, anticipated divine intervention, spirit possession, and other mysteries.
In this context, two essential aspects can be highlighted, that is:

(1) First what are advantages and disadvantages of providing counselling in the setting of religion, that is, pastoral counselling and care? And,

(2) Second, if such a service is to be provided, who should have that responsibility? Should it be the pastor? Should it be another member in the church who is specifically trained and develops professional counselling skills, or still should the religious centre seek the service of an independent (trained) counsellor?

The distinction between practising counselling and counselling skills is very important. It raises the issue of whether the pastor is a genuine counsellor and / or well intentioned but perhaps lacking clinical skills. This makes it appear plausible to achieve pastoral counselling in the more traditional societies where religion is subsumed and a faith context in spiritual development. On the one hand, most people would still go to see the pastor for help or assistance, whether or not there is a professional counsellor appointed for therapeutic purposes. On the other hand, there is need for a full time professionally trained counsellor depending on the size (population) of the congregation. Besides, some religious centres can afford to have a professional counsellor for the purpose of assisting those in need. In that case, the person so appointed has counselling as their sole activity.

Who Should Be Counselling

Counselling is a professional relationship between two persons; one is the person seeking help and the other who assists towards solving a problem/s of living. There are various life and personal problems and challenges. They include relationship and relationship building, loss and grief, dealing with emotions and feelings like anxiety, guilt, resentment, uncontrolled desires and appetites. Other people have issues with their self esteem such as feelings of insecurity or worthlessness, while yet there will be instances of deviant behaviour such as truancy and indiscipline and other inappropriate patterns of behaviour or misconduct. In addition, there are existential issues and many people place them in the realm of religion and spirituality. These include identity (and identity crisis, loss of identity), life and meaning (sometimes people lack a purpose for life, and this can extend to anxiety that accelerates to depression), understanding pain and suffering (anger, bitterness and resentment), faith issues
Pastoral Counseling and Care: The Role of the Clergy in helping Services

(doubt in religion or God, spiritual doubts) and a host of other spiritual issues like life after death, fear and uncertainty of death. A lot of insight has been offered by pastors who have been engaged in a journey of psychotherapy pastoral counselling and care. Pastors in various contexts provide spiritual nourishment and clinical skills, for instance, in family therapy. It is important that pastors grow in sensitivity and skill to become more helpful and effective in helping as counsellors.

**Figure 9: The Context of Pastoral Counselling, Care and Psychotherapy**

<table>
<thead>
<tr>
<th>Context</th>
<th>Institutions</th>
<th>Goal</th>
<th>Aspect/s</th>
<th>Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schools and educational institutions</td>
<td>Schools, Colleges, Universities</td>
<td>Spiritual nourishment</td>
<td>- Growth and development</td>
<td>- Individual</td>
</tr>
<tr>
<td>Rehabilitation Centres</td>
<td>Juvenile homes, Prisons</td>
<td>Hope and forgiveness</td>
<td>- Addiction counselling</td>
<td>- Couple</td>
</tr>
<tr>
<td>Medical Care</td>
<td>Hospitals and Medical Centres</td>
<td>Palliative care</td>
<td>- Life and hereafter</td>
<td>- Group</td>
</tr>
<tr>
<td>Armed forces</td>
<td>Army, Police</td>
<td>Life and promise</td>
<td>- Spiritual nourishment</td>
<td>- Family</td>
</tr>
<tr>
<td>Congregation</td>
<td>Places of worship</td>
<td>Spiritual teaching, guidance and mentorship</td>
<td>- Religion, faith and Spiritualism</td>
<td>- Palliative care and bereavement</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Aspects of living such as family counselling</td>
<td>- Loss and bereavement</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- Spiritualism</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- Growth and development</td>
</tr>
</tbody>
</table>

There is a psychosocial element inherent in pastoral counselling and care services. It is also important to encourage people to seek help in form of psychological counselling for various reasons. But, pastors of religion need to identify the kind of people and issues that are appropriate for therapy (counselling). For instance, when can a pastor of religion recommend, embark on, or refer an individual, couple, group or family for counselling? Of course, there are people who, willingly or unwillingly will be your clients. All of them contribute to your rich professional experience.

The actual living and experiencing of spirituality comprises of two phenomena, our religion (spiritualism) and our experiences (situation and / circumstances). Our spiritualism includes our faith and religion which in turn shapes our philosophy, knowledge and our interpretation of our world. Our life experiences are in turn perceived using the spiritualism though in several instances, it is inevitable to admit that our spiritualism may fade in times of crisis or when we are convinced that we have amicable solutions to life challenges. Thus, in the end, we still turn to religion for the inevitability of our lives.
Who can Benefit from Pastoral Counselling, Care and Psychotherapy

Pastoral counselling, care and psychotherapy can provide several services to a wide range of audiences. Theoretical and theological clarity are essential to enhance openness and acceptance. This in turn establishes communalities and distinctions that influence the practice of pastoral care and psychotherapy. Subsequently, possible therapies can be extracted to avoid theoretical ambiguities and these can be conceptualised in Figures 1 - 9 and summarised in Figure 10. This can be extricated to demonstrate both the providers and the services in context as follows:

**Figure 10: Pastoral Counselling, Care and Psychotherapy**

<table>
<thead>
<tr>
<th>Context</th>
<th>Context and Content</th>
<th>Care givers</th>
<th>Aspect/s</th>
<th>Therapy</th>
</tr>
</thead>
</table>
| Pastoral counselling, care and psychotherapy | - Schools and educational institutions  
- Rehabilitation Centres (Juvenile homes, Prisons)  
- Hospitals and Medical Centres  
- Armed forces 9Army, Police  
- General Congregation (Places of worship) | - Clergy  
- Cleric  
- Reverend  
- Minister  
- Pastor  
- Preacher  
- Priest | - Aspects of daily living  
(terminal illness, human suffering, stress and challenges of living)  
- Addiction counselling  
- Family therapy  
- Growth and development  
- Hope and promise  
- Life and hereafter  
- Loss and grief  
- Religion, faith and Spiritualism  
- Spiritual healing, peace and reconciliation  
- Spiritual nourishment and faith  
- VCT | - Individual  
- Couple  
- Group  
- Family  
- Home care  
- Palliative care  
- Loss and bereavement  
- Spiritualism  
- Growth and development |

Understanding of pastoral counselling is linked with spirituality and transcends the boundaries of religion and psychotherapy. Candidates who seek pastoral counselling in traditional societal settings may do so based on their spirituality within a naturalistic human experience and the conviction (if you like, believe or faith) that their issue/s can be resolved via religion, or spiritual realm. Such clients like everyone else may have had the opportunity to grow spiritually, or in a religious setting, whether or not they and/or those close to them believed in God. That is why in the introduction particularly in Section 1, I mentioned about the need to establish the actual basis of the religion or sect and ways of practice (I used the words ancient, modern and extremist simply to separate assist interpret religion and faith in terms of time and
timing as well as zealousness). This is because there are persons who will be inclined to seek to perform certain rituals or procedures to ‘fulfil the will of the gods’ or ‘appease the spirits’. The procedures may be regular or irregular, appropriate of inappropriate, such as paying a dowry, seeking the services of a witch doctor to wade off a curse or in extreme cases conduct human sacrifice. In my own view, a modern pastor of religion should be logical and more coherent to interpret our world in a more visionary humanly way.

Pastoral clients therefore fall into several categories:

a) Those who are deeply convinced of the role of pastoral counselling and would value the counsel;

b) Those with minor psychological disturbances that the role of a pastoral counsellor would be sufficient to their needs;

c) Those who are psychologically disturbed and often do not know, or are not sure of anyone else whom they can trust;

d) Those who quickly seek the counsel of a pastor in the conviction that it will guide them;

e) Those who value pastoral counselling psychological services as inherent to sort their life issues;

f) Persons with a deep religious conviction or belief. These are likely to take in comments and suggestions sometimes and often unquestionably and quickly adopt them into their lives (especially when these are virtues); and,

g) Candidates for whom pastoral counselling is a more suitable avenue of therapy rather than the more formal practice.

A mechanistic understanding of religion as pastors, for instance, may paradoxically leave the clergy all the more moved by the enduring mystique interventions. How might the conceptual framework of pastoral counselling, care and psychotherapy illuminate the contemporary experience of psychological disturbance? The nuances sketched in the figures above - including the blending and blurring of religion and spiritualism, tradition and counselling provide a resurgent and the focus of therapy.
Who is Unsuitable for Pastoral Counselling

Non-counselling candidates fall into various categories:

a) Those whose psychological disturbances are so complex that the role as a pastoral counsellor will be insufficient to their needs;

b) Those who have not implicitly taken on the client’s role and may not have invited a pastor for counselling. Instead, the pastor has taken on the role by virtue of their work. For example, where one of the members is a member of the congregation, while the other one is not, or is not equally interested and/or convinced;

c) People with a poor religious conviction and pastoral counselling would not have an effect on their actions;

d) Congregants with whom the pastor feels reluctance to speak freely rest the comments cause trouble for the congregation;

e) Those who are imposed on the pastor by nature of his or her pastoral role. For example, a spouse who, or child who is persuaded to come for counselling;

f) These whom pastoral counselling is not a suitable avenue; and,

g) Clients with previous hospitalisation and mental illness.

These include:

a) Previous hospitalisation for mental illness;

b) Hallucinations or delusions;

c) Use of major psychoactive medications;

d) Severe drugs and substance abuse;

e) Previous or ongoing psychotherapy;

f) People who are not members of your congregation; and,

g) People who consciously avoid you as a pastor. These include frequent cancellations and/or excuses.

In addition normal interactions with members of your congregation including many that are intense and personal do not qualify as counselling. This is because counselling does not occur unless the other person engages in counselling by taking on a client’s role and implicitly asks you to be a counsellor. This is because the request, though valid, may be made on behalf of
someone else, a third party such as sister, husband, brother, child, friend and others. This would mean you counsel a person or attempt to resolve an issue you cannot touch or reach since the someone else is basically out of your reach, or in another realm. This is despite the strong feelings that are expressed aimed at you as a pastor, and your good and noble intentions. This is principally because there is no evidence that the person wants, or is interested to explore anything personal, or would want your input about internal conflicts. Therefore, they keep you out of their inner circle.

Pastoral counselling requires the wisdom of the pastor to tell the different between a suitable and unsuitable candidate for psychological counselling. This is because the pastor can work hard with no beneficial results since the client has no purpose, interest or orientation in the counselling process. For instance, persons too disturbed or unsuitable for pastoral counselling give off signs from an early start. It is important to recognise these warning signs or symptoms. The signs may at times seem arbitrary, while at other times they open up debates on philosophical and religious grounds.

Section IV Discussions: Pastoral Counselling and Pastoral Care and Psychotherapy

Religious guidance and counselling was practiced with a lot of zealfulness in all societies - it is possible some of the procedures still persist in certain sects and/or societies. Persons with religious and spiritual inclinations such as priests, diviners, seers, messiahs, ministers of religion and others were perceived as effective helpers in assisting with life issues. The religious leaders were caring and helpful and seen as effective counsellors for the whole community and people facing problems of living for which they needed help, support or advice, turned to the clergy. The wisdom of religious (and later pastoral) orientation was classical. In Europe and America, the development of logic, philosophy and psychology led to the resurgence of knowledge with Plato, Aristotle, Descartes, Sigmund Freud, Carl Jung, Skinner, Carl Rogers and Abraham Maslow. Subsequently, religion and spiritualism tended to be relegated to mere adherence of faith as new theories and practices emerged in Psychology, Psychiatry, Psychotherapy, Clinical Psychology and Counselling Psychology. Pastoral work took on a whole new meaning in spiritualism as science and information technology advanced.
Pastor as Counsellor: The Pastor Counsellor Relationship

Many religious leaders would frankly admit that they are unsure of what is counselling. Others have been offering counselling services even with little or no formal training. They wonder what goes on in the counselling room, and are not even sure how long a counselling session should take. Other religious leaders would argue that they counsel and are consulted all the time: building on families (family counselling); assisting establish marriages (marital therapy); taking to would be wed cuoipes (pre-marital counselling), counselling adolescents; creating a purpose for life for the depressed, frustrated and deep trodden (loss and bereavement counselling); talking to persons who have recently lost a relative or spouse; attending to traumatised persons (palliative care); and, talking to patients in homes and hospital (home based care, pastoral care).

The words consult, counsel and care share common origins and well as purposes. It is not surprising that the general practice consultation should include a counselling component just as pastoral consultation includes care. Thus, in the wildest sense, a counsellor can be defined as an adviser, a source of information and a person to be consulted. Nonetheless, a distinction is made between guidance (information and advice giving) and counselling (process of enhancing understanding) though the two are often argued to exist in a continuum. Most pastors of religion would identify themselves as carrying out many of these functions, even if they prefer to regard themselves primarily as pastors offering a spiritual (religious) role and counselling as a secondary function.

Yet many professionals including doctors, pastors and teachers would maintain that counselling should be part of their professional practice even in primary pastoral care. Ostensibly, there are those who are convinced that formal counselling is not, and should not be part of their professional practice and that such clients should seek help elsewhere arguing that this is not part of pastoral practice. Nonetheless, the experience in counselling for various religious leaders is derived from actual interaction with clients (individuals, couples, groups, families). This is because often at times, many people seek assistance from the local pastor of religion even in cases that are not pastoral in nature. For example, people will seek assistance on children, career, marriage and other family issues, addition, truancy and deviance from
their pastors or sheikh. Most pastors therefore are practicing counselling; indeed, most of the clergy concentrate on conveying hands-on experience with clients. At the same time many pastors value these aspects of their work that enable them to practice more specific arts of counselling such as listening without judging, offering advice, sharing the struggles with other people and enabling self understanding. It can be argued that those who are (professionally) formally trained build on their practice as well as the spiritual role.

Pastors can effectively guide their members including children, adolescents, young couples, parents and other groups. This is of paramount importance especially in our context of drug addiction and abuse, HIV / AIDS, loss and grief and other circumstances when pastoral care is necessary, even with growing lack of values, immorality and infidelity. It is important that a bone fide counselling encounter be established between the counsellor and the client, even when the counsellor is a pastor. This is because what make counselling essentially different from ordinary conversation or exchange of personal opinion are the fundamentals of counselling. These fundamentals are basically two: firstly, undivided attention to the client's concerns; and, secondly, a need to address these concerns. Again, this is congruent of the pastoral helping role. A case can be made for a pastor to seek possible intervention by another person or agency such as forcible intervention by contacting government authorities or agencies. This path may be necessary when the pastor notices acts that require legal action such as dangerous behaviour. This is to prevent harm, risk behaviour and / or tragedy.

Counselling and psychotherapy have theoretical underpinnings with aim and goals but also in terms of a more pragmatic aspect of professional practice. Within the pastoral setting therefore, counselling and psychotherapy are not something that pastors should ‘do to’ their congregation, or ‘added to’ their responsibilities. Rather, it is a way of being with members of their faith; it is not so much a process, but more a state of mind; it is not a spontaneous relationship but a defined connection. For the clergy with any mistaken attitude or altitude of the concept, pastoral counselling and care is not an option or extra; it is an integral part to the normal consultation as talking, support and a major play in religion and spiritualism as well as pastoral care activities. In the end, pastoral counselling, care and psychotherapy has to be modified and modernized, hence the next sub-section.
Pastoral Counselling Content in Context and Characteristics

An important aspect of the issue of who should counsel is that of the appropriate preparation, competence (knowledge and skills), and support of role of helping. Not all pastors are counsellors, or can be effective counsellors. What kind of training should a pastor seek for in terms of training, qualifications and experience? How can the adequacy and appropriateness of a course of training for pastors be assessed? This is because counselling is a process; there are fixed sessions at regular intervals for a contracted period of time. In addition, the counselling relationship is exclusively of a counselling formal nature, rather than pastoral role, or affiliation. There is an issue at hand in counselling and therefore a goal (hence client and counsellor carefully arrive at a mutually agreed issue, agenda or item of discussion). The counsellor and client must therefore have a counselling plan.

Let us re-visit the pastoral (spiritual) role without appearing repetitive. In usual pastoral duties, the pastor tries to persuade others to come around to the religious point of view. This point of view is often a religious conviction or belief. But when the door is closed and the pastor takes on a counselling role, the orientation is reversed; the responsibility is to open self to someone else’s way of thinking, including uncertainly in life or loss of faith. This involves entering into the client’s framework and a deep commitment to understand their point of view, albeit sometimes at crossroads with the religious doctrine and at other times exceedingly different even from the religious convictions. As a counsellor, the pastor listens to the client without necessary making judgement (empathy and understanding). S/he strives to understand the client and as a counsellor has to listen to the issue/s that the client brings for therapy. The counsellor has to understand the pains, worries, opinions and perspectives. Therefore, pastor as a counsellor has to understand the client (member of the congregation) in a slightly different way. The major temptation for the pastor of religion that becomes a counsellor is the temptation to impose certain standards based on their religion or faith. This is important, especially when the issues or conduct are in direct conflict with the religious convictions and beliefs. At other times, there is immediate purpose
to invoke religion or remind the member of the religious doctrine and beliefs. This is because clients are ordinary people who are experiencing turmoil though they may not be governed by ordinary logic.

It must then be acceptable that the pastoral counsellor should hold qualifications beyond the professional theological practice and possess advanced technical skills in psychology, philosophy, counselling and psychotherapy. Ideally, all pastors should have some counselling skills. But, is counselling something that all those concerned with care such as pastors of religion, teachers, doctors and nurses, social workers and others should see as part of their responsibilities? These should be pastoral counsellors or just professional psychologists, psychotherapists or professional counsellors. Tension can also arise between the regular pastor and the counsellor practitioner especially if they have conflicting expectations in the religious community (spiritualism). This is because if the pastor has only a pastoral role, then members of the congregation who are in need of assistance in counselling may feel frustrated, disappointed or isolated. Within this setting, therefore, counselling is something that pastors should do for their clients; it is a way of being with their members; not so much a regular relationship process but more a state of mind.

Should pastors with both interest and skills in counselling have less need for a counsellor in their practice than those without? In all ways, both pastors with interest and skill in counselling and pastors who lack interest and may not be adequately trained in counselling may require the services of an additional professionally and skilled counsellor. This is because centres of religion that offer effective counselling services tend to be recognized and the number of clients are usually overwhelming. These includes clients who require more specialized services sometimes way beyond the pastoral training. The pastor will also likely appreciate having a professional counsellor in the practice (vicinity). In the same way, a pastor with limited training or concentration in counselling will be most glad of a counsellor to refer the clients. In addition, members of the congregation will appreciate the services of a stand-by counsellor rather than being referred elsewhere, especially if they are not comfortable, and are more contented with direct access to the counsellor. In all, a professional counsellor is extremely rewarding in both ways.
**Modernization and Internationalisation: Pastoral Counselling, Care and Psychotherapy**

Should pastoral counselling, care and psychotherapy be aligned to the most current and appropriate psychological trends? Or, should pastoral counselling, care and psychotherapy be re-aligned to the former doctrines of religion and spiritual strict adherence? Pastoral care in particular is the sole prerogative of the pastor. In that case, preaching and religious teaching will contain the faith and doctrines of a religion and each and every one of the guidance and counselling offered in the pastoral role has faith inclinations. There is also the applicatory teaching in which the pastors direct the congregation on a code of conduct (including beliefs and faith as well as ways of behaviour) as stipulated in the religion. The pastor gives personal advice to the individual, couple, group or family.

Similarly, Psychology, Psychiatry, Psychotherapy, Clinical Psychology and Counselling Psychology have certain orientations, including structured theoretical applications. But again, whether in preaching or counselling the client simply desires assistance. The pastor has a very clear roles and responsibilities in preaching and religious teaching as well as pastoral care of the soul. This includes private worship and search for faith. Understandably, the sacred and secular often intermingles. Honestly, pastors cannot completely ignore the influence of modern psychotherapy, just as psychotherapy incorporates religion and spiritualism as essential component of a persons’ overall well being. In my view, the issue should clearly be a precise distinction of the role, that is: preaching or teaching, counselling or worship, pastoral care, counselling and psychotherapy, the care of the soul, private worship and as happens often at times a search for faith. This can be demonstrated as follows:

**Figure 11: Structured Formalised Pastoral Counselling, Care and Psychotherapy**
The development into pastoral care, counselling and psychotherapy demonstrates a progression in which pastoral care and counselling together reach out to assist the client. This marks a significant development in *Figures 6 to 10*.

Through archival work and the oral history including the history of Kenya presented at the introductory section, it is clear that religion and religious organisations were integral to the foundation of counselling psychological services in Kenya. Similarly, it is important to note that there have been professional attempts in Kenya aimed at training of highly competent counsellors as well as members of the clergy. This includes training in pastoral counselling and care, chaplaincy and other related services. For example, one of the universities highly recognised in the training of the clergy in Kenya is St. Paul’s University. As stated in earlier sections, missionaries were an important component in the development of modern Kenya. St. Paul’s University is an important landmark in the Missionary work in Kenya. This paper offers considerable practical strategies regarding counselling psychological services by pastors of religion. In addition, the need for responsible handling of various ethical and moral issues within the psychological system is highlighted. This illuminates balance of pastoral work and psychological counselling services. In certain instances, pastoral counselling and care may not be the kind or match the counselling of the sort undertaken by professional psychologists. This is because therapy is often taken on by pastors in the course of their work. In that case, it is about counselling skills, together with communication, pasturing and religious doctrine that pastors deploy in order to guide the consultation towards the successful outcome of their members.

**Section V  Pastoral Counselling, Care and Psychotherapy: Recommendations and Conclusions**

Religion and tradition in the more traditional societies such as Kenya are intertwined; it is the workings of a system and a culture that has operated in the psychology and philosophy of the culture and people. Increasingly, the counselling helping profession across the world are contending with rising rates of distress, mental disorders and life challenges. In many cases, the demand for counselling psychological services far exceeds the available resources. Yet timely and effective treatment is important. Therapists encounter religion in various sessions.
This is because in the more traditional societies, misfortunes such as mental illness, disability and death was construed to have a spiritual or relational cause. Life as such was experienced and conceptualized in holistic and synthetic ways (Lartey, 1993; Mulrain, 1995). Subsequently, people often sought an intervention. There were traditional healers, priests, seers, medicine men and diviners who assisted in healing and psychological well being. Healing could include rituals and symbolic representations including exorcism. These enabled the person deal with their emotional and psychological needs. Today, many people still cling to religion and spiritualism and hence pastoral counselling and care is significant in psychological healing.

The professional role of a pastor is socially constructed and hence imbued with relative stable and predictable attitudes and expectations based principally on their religion. Hence, there is need for an utmost understanding of the spiritual content and traditions as well as the religious belief system. Similarly, there are the outlook and prospects concerning a member of a religion. Additionally, practitioners in counselling and psychotherapy must take cognisance of the diversity in religion and understandings of spirituality and hence an acceptance of plurality of beliefs must be paramount. Of course, religious pluralism presents counselling and psychotherapy with a real and substantial challenge.

The framework I have presented in this paper simply guides much of the process of pastoral counselling, care and psychotherapy in the context of traditional-cum-contemporary communities. Similarly, there is need to establish the value, purpose and function of pastoral counselling and care so that people can make meaning for themselves as vividly expressed in their circumstances as well as in the context of a particular belief system. The role of the pastor may be largely complementary and supportive of certain religious values and principles, just as psychotherapy will adhere to structured format, at least in theory. If it happens that the pastor and a member of the congregation do not share similar beliefs, these matters may well require to be negotiated. The nature of such difficulty, as well as the challenges of modern living highlights the need for increased training and preparation in counselling psychological services as well as a comprehensible definition of the concept of pastor counselling, care and psychotherapy.
Acknowledgements

This paper includes a seminar presentation at St. Paul’s University, Limuru as well as an abbreviated version of verbatim scripts developed from oral history interviews and discussions with Pastors training in Theology and Counselling Psychology at St. Paul’s University. I was happy and privileged to share with several Pastors their counter-narratives of Pastoral Counselling, Care and Psychotherapy and to provide opportunities for conversations about contemporary issues including faith, palliative care, spirituality, home care, loss and bereavement, counselling and psychotherapy.

References


