

**CLINICAL PASTORAL
PSYCHOTHERAPY**

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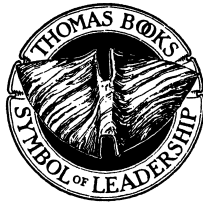
Perspectives and Methods

By

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and

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INTRODUCTION

The field of pastoral psychotherapy seems to have come of age. Community clergy spend about 15% of their time, on average, counseling parishioners (Weaver, 1995). Given the vast number of clergy offering services throughout the United States, this amounts to untold thousands of hours of pastoral psychotherapy being provided every year. Like many things coming of age, certain growing pains accompany the maturation process. One such pain is defining pastoral psychotherapy in general, and clinical pastoral psychotherapy in particular. Part of this problem lies in the fact that there does not seem to be a consistent agreement among pastoral psychotherapists as to just what constitutes pastoral psychotherapy. Is pastoral psychotherapy a form of psychotherapy engaged in by clergy? If so, must it be Bible-based? If Bible-based, what do clergy do who do not have the Bible as a sacred text in their faith tradition, or those traditions that do not have the concept of “God” as commonly understood in Western cultures? If Bible-based, where does the psychological enter or intertwine with it? If these weren’t enough questions to raise some eyebrows, there are more. How shall we define “pastor”? Is he or she someone who was ordained? Is a monk or a nun or an elder or a deacon of any tradition entitled to practice pastoral psychotherapy? Is there a difference between a pastoral psychotherapist and a pastoral counselor? These and related questions are discussed in greater detail in the final chapter of this work. For now, they do indeed give the reader some idea of the issues involved.

While answering these questions could well result in a separate text, the focus of this work is on the clinical aspects of pastoral psychotherapy (i.e., those psychological understandings and approaches that provide the pastor, however he or she is defined, with the skills to understand the underlying dynamics of specific behavioral disorders people bring to them, as well as the art of working with and reeducating those in distress as to healthier, less self-defeating choices they can make in life).

In this work, the personality theory, understanding of the dynamics of problematic behaviors, and therapy approach selected as the foundation for pastoral psychotherapy is the school of psychological thought of Alfred Ad-

ler. Adler's system, which he called Individual Psychology, was a complete and unified system. He stated that life is movement, and that people endlessly strive for a better adaptation to their environment. Any failure of adaptation is experienced as a feeling of inferiority or inadequacy, and, as a result, the individual will go to all lengths to overcome it. In attempting this, he or she compensates or overcompensates to establish or reestablish a feeling of psychological superiority from the emotional position previously felt.

An essential aspect of Individual Psychology, and one that harmoniously blends and intertwines with the principles of nearly all major religious traditions, is that of Social Interest. All behavior needs to be considered in its social context. As such, in speaking of Social Interest, we are speaking of being concerned with the interests of others with whom we share this Earth. This includes the qualities of sympathy, empathy, cooperation, and kindness. It is, in essence, a psychological interpretation of the "Golden Rule."

Before continuing, a word or two about the title of this text is in order. When we use the term "pastoral" or "pastor," we are referring to clergy and/or religious leaders of any faith tradition, regardless of the particular religion or specific title clergy may carry. The term "therapy" may also be contrasted to the term "counseling." Although not always accurate, counseling often implies a process of guidance that does not delve as deeply as psychotherapy into the psychodynamics of a particular problem, nor does counseling generally employ the use of analytic methods as dream interpretation or early recollections. In this work, the emphasis is on the clinical rather than the theological aspects of pastoral psychotherapy. A most important feature of this work is that with almost no exception, the clinical does not conflict with the theological or philosophical tenets of any tradition. Note as well that the terms "pastor" and "therapist" are used interchangeably.

Another point of focus is the use of the term "God." To some, this term represents God as is commonly thought of in Christian theology or in Jewish theology and theosophy. However, the term is inclusive (i.e., it encompasses "God" as understood in Islam, Hinduism, and any and all religious traditions' concepts of a deity or deities). They all fall under the umbrella of the term "God." For those traditions that do not include a traditional view of God in their philosophical and ideological understanding of the cosmos, references to "God" may simply be passed over or reinterpreted within the tenets of their particular belief system.

This text is divided into four parts. In Chapters 1–3, the basic principles of Individual Psychology are presented, introducing the pastor to the teleological system of Adler. Additionally, the explanations of the dynamics of pathological are presented, with disorders ranging from the minor to the major. It is important to note that the disorders are presented as categories and

areas of problems rather than according to the official nomenclature of the *American Psychiatric Association's Diagnostic and Statistical Manual*. Further presented are select, important processes in Individual Psychology's method of psychotherapy.

In Chapter 4, non-Adlerian approaches are discussed, affording the pastoral psychotherapist the option of expanding his or her repertoire of techniques if he or she feels comfortable employing them. Chapter 5 surveys areas of daily life that all people experience and encounter and presents spiritual understandings and guidance for the (pastor and) individual to use through his or her travels on this planet. Last, Chapter 6 offers a view and opinions as to what the next decade of pastoral psychotherapy may hold.

It is hoped that this work may serve as a springboard for further investigation into the various areas covered. Further, it is our most sincere hope that this book assists pastors in their sacred task of spiritually and psychologically helping and healing the distressed. May those who hurt receive the benefits of their efforts.

STEVEN J. KAPLAN
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November 2012

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CLINICAL PASTORAL PSYCHOTHERAPY

Part One

Chapter One

PERSONALITY FORMATION

UNDERSTANDING INFERIORITY

From the time of one's birth, one has a sense of inadequacy and inferiority, albeit on a different plane than the adult. An infant is totally dependent on parents for food, warmth, nurturing, and shelter. The infant needs very real things for survival. As the child grows, these needs evolve from the purely physical to emotional and psychological as well. This is true because life presents challenges to all, the child and the adult. These challenges are both objective and subjective and are perceived on different levels, but they are challenges nonetheless. Sometimes challenges are met successfully, often with the aid of one or both parents. When this occurs, it is best if the child's achievements, his or her success in meeting and overcoming the challenges, however small they might be, be met with encouragement, affection, and friendship. This will be a great aid in minimizing any sense of inadequacy the child may feel the next time life presents a challenge to him or her.

A child's feeling of inferiority and inadequacy is generally built from three groups of experiences: feelings of helplessness, feelings of being weaker than the adults he or she is surrounded by, and feeling dependent on adults. When the child is under pressure, the thought of feeling helpless, small, and powerless forces the child to create means of compensating for these perceived terrible feelings. We are not saying that these feelings of inferiority are bad or have a negative effect. While it is true that the striving to compensate or overcompensate for these feelings may be so great that selfish, self-defeating behaviors may set in, the feelings of inferiority and inadequacy can force people, even

children, to develop to strive for positive goals and achievements in which negative feelings would be eliminated and replaced by a sense of adequacy. The more inferior individuals think they are, the greater the sense of accomplishment they must feel in order to have that sense of security. It is important to remember that any failure of adaptation is experienced as a feeling of inadequacy or inferiority. The body, the mind, and the feelings of the child go to great lengths to overcome and compensate for them. As noted earlier, positive compensation can be most beneficial and healthy. When we see negative compensation, we can generally divide the compensatory behaviors into two groups: overcompensation, which has the goal of superiority; and undercompensation, which includes the demand for help. Both lead to a fearful lifestyle due to the child's great lack of courage. The feeling of superiority that a child (or adult) feels he or she needs is best understood in its proper context. The superiority spoken of is not necessarily superiority over anyone else, although that is frequently the case. When we speak of a sense of superiority, we are referring to the child striving to a higher rung of the emotional ladder of security than he or she feels to presently be on. This is purely subjective. The child (or adult) may objectively have superior skills and abilities, but the skills and abilities are not internally felt; it is only the subjective feeling that will motivate the individual to any given behavior or set of behaviors. When we speak of psychology, we speak of a psychology of use, not of possession.

When the discrepancy between the individual's estimate of him or herself and the idealized goals appear able to be bridged, the feeling of inferiority may act as an impetus, driving one forward to close the gap for climbing the ladder mentioned. If the discrepancy seems unable to be bridged, when even the thought of it seems too overwhelming to even contemplate, the feeling of inferiority intensifies, acting as a block and a hindrance to moving forward. This is due to the great degree of discouragement felt. When this occurs, symptoms are constructed and blamed for one's failure to act, or someone or something else will be blamed. Rather than attempting to overcome the feelings by tackling the task at hand, the child (and adult) safeguards his or her self-esteem by not attempting it at all. Trying and failing, a foregone conclusion to the individual, only strengthens and reinforces the feelings of inferiority.