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# Interreligious pastoral counselling in the context of a Seventh-day Adventist psychiatric clinic

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**Glossary and Acronyms**

**Adventist:** Seventh-day Adventist

**SDA:** Seventh day Adventist

**ACM:** Adventist Chaplaincy Ministries

**GC:** General Conference of the Seventh-day Adventist Church, the highest governing body of the Adventist church.

**CPE:** Clinical Pastoral Education

**CPSC:** Council for Pastoral and Spiritual counsellors

**ACRP:** Association of Christian Religious Practitioners

**SAQA:** South African Qualifications Authority

**HPCSA:** Health Professionals Council South Africa

**WHO:** World Health Organisation

**CBT:** Cognitive Behavioural Therapy

**REBT:** Rational Emotive Behavioural Therapy

**ACPO:** Association of Chief Police Officers

**NHS:** National Health Services

**NEMH:** New England Memorial Hospital

**MHF:** Mental Health Foundation

**HOPE:** Sources of Hope Organised religion Personal spirituality and practices

**FICA:** Faith Importance Community Address

**Ecumenical**: relations with other Christian faith groups

**Interfaith:** engagement of different traditions in one religion

**Interreligious:** engagement of different religions

**Intercultural:** engagement between various cultures

**Spirituality:** a person or group's specific belief systems

**Religion:** the ritualistic practices that stem from of a person or group's belief systems.

**Sikh:** is a monotheistic religion that originate in the Punjab region of the Indian subcontinent around the end of the 15th Century CE.

**Ecumenical chaplain:** a chaplain who is trained to do interreligious counselling.

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# CHAPTER 1

# INTRODUCTION

## 1.1 Background

I completed a two year internship as a pastoral counsellor at a South African Seventh-day Adventist psychiatric clinic. Though the clinic is an institution of this specific church, the patients are not all members of the church. Some are not Christian believers. It is a challenge for a Seventh-day Adventist counsellor (hereafter referred to as “Adventist”) to work in such an interreligious setting. As a counsellor from a religious tradition that tends to see its own interpretations as “absolute truths”, interreligious pastoral counselling can be difficult. The purpose of this study is to investigate existing models and methods of dealing with challenges regarding interreligious pastoral counselling and to apply these to the specific context of an Adventist psychiatric clinic in order to develop an approach to pastoral counselling that, on the one hand, takes the spiritual integrity of the counsellor into account while, on the other hand, the convictions and beliefs of counselees from different religious traditions and cultural contexts are fully respected.

In the setting of a psychiatric institution the presence of various religions, faiths, and cultures is a given. Even in an Adventist clinical institution there will always be patients of other religious persuasions than that of the counsellor. Therefore, interfaith and interreligious counselling with patients who adhere to various religions, belief systems and worldviews is the reality. In her study, *“*Thinking about difference differently*:* Boundaries of Jewish peoplehood”, Nancy Fuchs Kreimer (2016:9) asked participants how they feel about interfaith discussions. One participant commented: “My parents grew up in two different religious traditions, I practice a third, my spouse and his entire family come from a fourth. I am a chaplain in a hospital where I work with colleagues and patients of e faith and none. Is there anything *but* interfaith?” In the context of an Adventist psychiatric clinic the same question applies, Is there anything but interreligious and interfaith counselling? This study focuses on how to navigate this reality effectively in support of patients.

The expectation of the clinic is that pastoral counsellors guide patients to find a way in their own spirituality to cope more effectively with their specific mental health challenge. This means that the counsellor, who is from a specific religious background, has to guide the patients to find depth in their own spirituality. My Adventist religious background tends to be somewhat modernistic and positivistic, which made this task difficult. Especially in the African Adventist tradition, biblical principles are often seen as absolute truths and problems are solved with a simple "thus sayeth the Lord". This can lead to binary thinking: a "them or us", "right or wrong" view. Binary thinking as point of departure cannot but have a detrimental effect on the counselling relationship. In the clinical setting where I have worked for two years, it was my experience that a modernistic and dualistic approach was not effective. It can increase the stress level, anxiety and guilt feelings of patients.

The aim of this study is to investigate what effective pastoral counselling with persons who have different spiritual and religious beliefs than those of the counsellor, would entail. The context of the study is specifically a Seventh-day Adventist mental health institution. The question is how Adventist counsellors can remain true to their own beliefs and convictions while providing effective spiritual guidance to someone from a different religion and spiritual background. For a counsellor to attempt to convert a counselee would be unethical. A counsellor cannot communicate disapproval of the other person's religion or spirituality. That can cause harm. The introduction of new ideas or beliefs can cause confusion. The purpose of a pastoral counsellor is to facilitate an effective counselling process. The aim of this study is to explore models of interreligious pastoral counselling that are appropriate to the context of an Adventist psychiatric clinic.

## 1.2 Problem statement

Interreligious pastoral counselling is not unique to churches in general or to the Adventist church specifically. Various other institutions such as universities, the defence force, correctional services, and hospitals provide interreligious pastoral counselling. In these settings, the pastors, spiritual counsellors and chaplains who provide spiritual counselling, grapple with the challenges of interreligious counselling.

This study investigates the Adventist worldview and approach to counselling to ascertain what the strengths and pitfalls of this particular mind-set can be in an interreligious counselling setting.

## 1.3 Literature overview

The General Conference of the Seventh-day Adventist Church is the highest managing authority in the worldwide Adventist administrative structures. There are thirty-two official departments in the organisation. Departments such as the Adventist Disaster Risk Agency, Children's Ministries Department, Education Department, Ministerial Association and the Health Department. The department that most closely resembles pastoral counselling is the Adventist Chaplaincy Department. There is no department for pastoral counselling in the organisation. Adventist Chaplaincy Ministries (ACM) provides clinical pastoral training for chaplains who then function as counsellors and caregivers in hospitals, correctional facilities, schools and healthcare facilities. The standards for Adventist clinical pastoral work are outlined in the General Conference's (2016) *Adventist Chaplaincy Institute Handbook*. Chaplaincy and pastoral counselling, though similar in nature, are not identical.

Chaplaincy in the South African Adventist context is still developing as a discipline. Certain guidelines in the Chaplaincy Handbook can pose problem for pastoral counsellors and chaplains whose approach to knowledge and truth is positivistic. The ethical standards as outlined by the Adventist Chaplaincy Institute Handbook is pertinent to this study as they outline how Adventist chaplains should address interreligious differences. It addresses cultural and religious discrimination, and how interreligious interaction should take place.

The Adventist chaplaincy programme was established and implemented in North America. Ongoing training in ethics and interreligious interaction is conducted regularly, this is not so in the African context. In the training session of 25-30 October 2013, the president of Adventist Chaplaincy Ministry, Mario Ceballos, explained to African chaplains that the appropriate way to serve African counselees is to honour their specific religious rituals and customs. Chaplains from South Africa

found this idea rather challenging and even unacceptable. Adventist chaplaincy guidelines that are specific to certain contexts are pertinent to this study.

Other literary resources in the Adventist tradition that regard interreligious counselling come from disciplines such as psychology and psychiatry. Adventist psychiatrist, Carlos Fayard (2006:2), in his article, “Christianity and psychotherapy: Clinical implications from a Seventh-day Adventist Biblical anthropology”, points out the difficulties of participating in an interfaith panel on psychotherapy and religion. He puts it as follows (Fayard 2006:2): “I felt challenged to reflect on the impact of my spiritual heritage on the clinical work and teaching I am engaged in daily.”

Other areas of mental health in the Adventist tradition provide insights for pastoral counsellors who work in a clinical setting. In the Adventist tradition, there are various resources available on the work of chaplains who serve in hospitals and universities. Jeffrey Brown (1994:67) in his article, “Toward an integrated philosophy in student counselling in Seventh-day Adventist colleges and universities*”,* explores interreligious counselling in the setting of an Adventist college. He puts forward a counselling philosophy that does not violate the religious beliefs of the institute, the counsellor or counselee. For him Christian counselling differs from what he calls “secular counselling”. His aim is to find an appropriate way to do Christian counselling rather than to shy away from it in order to avoid the difficulties of interreligious differences.

Non-Christian spiritual counselling uses various spiritual counselling techniques that may fall outside of the counselees own spiritual tradition. Christian pastoral counselling can also utilise spiritual counselling techniques from traditions other than that of the counsellor. Brown (1994:62) compares how non-Christian practices such as “communicating with dolphins”, or “communicating with mediums” is seen as acceptable in certain counselling settings whereas Christian techniques such as “Bible reading, or prayer” are labelled as inappropriate. Since specifically Christian practices are often labelled “inappropriate”, counsellors tend to shy away from such practices or methods and rather promote spiritual practices that are deemed less offensive to non-Christians.

The historic writings of the Adventist prophet, Ellen White, who lived in the 1800’s, are a further resource for Adventist pastoral counsellors. She is a voice of authority

on topics of spirituality, religion, practical life, biblical prophecies and health. On the topic of health, she addresses the biological, psychological, social and spiritual aspects of healthful living. Though her writings are considered highly authoritative in this particular religious tradition, their authority is still secondary to that of the Bible. For most Adventist pastoral counsellors White's writings are influential. They describe how counselling should be conducted and how psychology should be viewed. In her book, *Mind character and personality, Volume I,* Ellen White (1977:19) warns against the use of "phrenology, psychology and mesmerism" as satan would use these sciences in a well devised manner to enter into the minds of people. In her book, *Councils to the Church*, White (1991:330*)* warns: "No individual should be permitted to take control of another's person's mind." She gives specific guidance with regard to biblical counselling because, for White, the best place to seek counsel is from the Bible.

White wrote many books and articles on mental health. She covered topics such as the mind, emotions as the psychological practices of her day. The Ellen White Estate, the official custodian of her work, has compiled two volumes from her various writings on mental health titled *Mind character and personality, Volume One and Volume Two.* In the book *Mind character and personality, Volume Two,* White (1977:764) advises all who are involved in medical ministry to "take people right where they are, whatever their position, whatever their condition, and help them in e way possible". She makes a case for non-discriminatory work in pastoral ministry to the "sin-sick souls". Her spiritual guidance takes on a rather positivistic tone. For White there is a need for biblical counselling, guiding, and teaching for persons who are "inexperienced" in spiritual and moral matters. The aim is to point the "sin-sick soul" to the word of God and prayer. In this way the person can learn true wisdom and truth from God. For her, true success in working with persons in need lies in following Christ's example.

Her guidance is not directed specifically to pastoral counsellors. However if pastoral counsellors make doctrinal differences the point of departure this would contradict "Christ's method" of working with persons who are different. If "Christ's method" is used in a therapeutic relationship, the point of departure would be empathy, a caring disposition and to build trust. This can be a good starting point for Adventist pastoral counsellors who tend to be somewhat positivistic and fundamentalist in their

approach to counselling, for doing interreligious counselling. However, although this is a respected Adventist approach, it can be difficult to reconcile with the idea that Adventists are "the custodians of *all truth*".

In her book, *Life sketches of Ellen G. White*, she (1915:469) refers to the Adventist organisation as "the remnant" of Bible prophecy. Likewise, number thirteen of the twenty-eight Fundamental Beliefs published by the General Conference of the Seventh-day Adventist Church (1988:6), *Seventh-day Adventists believe: A Biblical expositions of biblical doctrines,* identifies the Adventist church as the remnant who are called out to keep the commandments of God. The question is whether this point of view renders the Adventist tradition so exclusivist that interaction, including counselling, with people of other traditions or religions becomes difficult, if not impossible.

Exclusivism also exists in the world of psychology. Laurie Meyers (2016:1), in the work, "Licence to deny service", points out that counsellors in the state of Tennessee are now able to *refuse* counselling to clients who have "goals, outcomes or behaviours that conflict with the sincerely held principles of the counsellor or therapist". The bill signed by the state governor is in direct violation of the ethical code of the American Counselling Association. The Health Professions Council of South Africa does *not* allow counsellors the right to refuse counselling based on religious differences. In his article, "Inclusivism and religious plurality: A Quranic perspective", Mohamed Bin Ali (2018) addresses the matter of religious exclusivism in Islam. Though he objects to the idea that Islam is exclusivist Islam, like the Adventist tradition, also refers to itself as the "true religion". He emphasises the importance of interreligious interaction and argues that the Quran actually promotes and embraces religious plurality and inclusivism (Ali 2018:2). Inclusivity to him means the "appreciation of religious plurality and avoiding truth claims". Similarly, Islam propagates the protection of other faith groups and their places of worship. This is in accordance with chapter 22 verse 40 of the Quran. Exclusivism is therefore not unique to the Adventist tradition. However, challenges in counselling arise when counsellors view their beliefs as absolute truths, or theirs as the only *true religion*.

A study with health care chaplains, Lindsay Carey and Ronald Davoren (2008) identify some concerns of chaplains who are obligated to do interreligious counselling. Chaplains should have a basic understanding of the major belief systems in order to be able to provide effective counselling to people outside their own spiritual and religious context. However, religious exclusivism often leads to a refusal or unwillingness of counsellors to work with people whose religious convictions differ from theirs. The study shows that some counsellors do not want to counsel a person from a religion other than their own, especially if they considered that religious persuasion to be “false”. They also do not want to counsel people who call themselves “atheist”, because the counsellor would then have to leave God out of the conversation. Some find it difficult to accommodate the counselee’s spirituality and religious convictions and not having the freedom to challenge these viewpoints, since that is seen as unethical behaviour. A concern is that their knowledge of other religions can make them more tolerant of the tenets of those religions (Carey and Davoren 2008:23-25). This concern has caused some chaplains to refuse to do interreligious counselling.

In the workplace, the refusal of chaplains to work with people of religions other than their own is not possible. The National Centre for the Classification of Health in conjunction with the World Health Organisation states that a counsellor cannot discriminate with regard to who is entitled to pastoral counselling. All people, irrespective of their beliefs, have the right to spiritual counselling. Interreligious pastoral counsellors are obliged to assist in counselling when requested to do so. However, they do not have the automatic right to counsel with all people from all spiritual traditions. Adventist counsellors whose epistemology tends to be more positivistic have similar concerns when faced with having to counsel people from in other traditions.

The study among highly religious graduate psychology students by Donald Grimm (1994:5) finds that religious fundamentalism is particularly difficult for a counsellor to deal with. They conclude that religion and faith are of no consequence in health care. Such a perspective from a purely psychological viewpoint and with little or no regard for spirituality is, however, a type of exclusivism. Grimm (1994:6) points to a definite “ambivalence, hostility, and confusion” among psychologically trained healthcare workers when they have to deal with the spirituality and religion of clients. According

to the study by George et al (2000:104), spirituality and religion are “seen as beneficial, harmful, or irrelevant to health” by psychologists and psychiatrists.

Counsellors are trained to be aware of their own value and belief system. Grimm (1994:4) emphasises that the counsellors should not allow their beliefs and values to enter into the counselling process. The position of a pastoral counsellor is one of trust. Counselees can easily be manipulated because pastoral counsellors are seen as spiritual authority figures. Grimm (1994:2) emphasises that “a strong adherence to counselling ethics is required to prevent the possibility of spiritual manipulation or and mental health”. However, it is almost impossible for counsellors not to influence counselees. At some point this would become an ethical problem and the counsellor’s worldview and beliefs may have an influence on the counselee if shared (Bergin 1991:10). These difficulties are particularly significant in an interreligious counselling setting where the norms and practices of pastoral counsellor differ significantly from that of the patient.

The other side of the matter is the question whether counselees would want to consult with a pastoral counsellor who is not of their own religious persuasion. The term “pastoral counsellor” is often associated with specific religious groups and organisations. Potential counselees can therefore be reticent to approach a “pastoral counsellor”, either because they do not want to be converted or because they think their spiritual needs will not be sufficiently understood. The Waterloo Lutheran Seminary, in an attempt to be more inclusive of all religions, faiths, and groups, changed the term “pastoral counsellor” to “spiritual psychotherapist” to accommodate the non-Christian students, including Buddhists, Muslims and Unitarians, as well as non-religious persons. The university made the transition from an “ecumenical dimension” to a “multi-faith dimension” (see O’Connor 2014).

If pastoral counsellors remain in their scope of practice, which centres on the Bible it allows them to treat the client using biblical tenets, according to Thomas O’Connor (2014). Such an approach presents the danger that the counsellors’ religious convictions can be forced onto the counselee. Though counsellors who function in

this way remain within their scope of practice, they can infringe on the rights of the counselee.

## 1.4 Research gap

The study investigates interreligious pastoral counselling from the perspective of the Seventh-day Adventist tradition in the context of a psychiatric clinic. There are not many pastoral counsellors in Adventist institutes in South Africa. Most Adventist institutions and clinics employ chaplains for spiritual counselling. Where in a chaplaincy setting there are mostly only one or two short sessions, in a pastoral counselling setting it is usually more long-term. The psychiatric clinic in which I completed my internship is one of the few Adventist clinics that employs pastoral counsellors rather than chaplains.

The aim of this study is to investigate existing models of interreligious counselling from the different fields of counselling. Models and methods that address difficulties and provide solutions to the issues with regard to interreligious counselling in the general fields of chaplaincy will be explored. The insights of the fields of hospital chaplaincy, and specifically psychiatric chaplaincy, will be of value. The aim is to provide guidelines for effective Adventist psychiatric chaplaincy and pastoral counselling in a multi-religious setting. Neither the beliefs of the counsellor nor those of the patients should be disregarded. Some views of the Adventist traditions will have to be challenged and some approaches will have to be re-aligned.

## 1.5 Methodology

This study is a qualitative literary investigation. The approach is post-structural and hermeneutical. The images of the pastoral counsellor as the shepherd and prophet demonstrate the difference between the pastoral counsellor who focuses on the beliefs and behaviours of counselees and one who focuses on care. This study will identify for models that promote a balance between the caring, leading shepherd, and the confronting and teaching role of the prophet. This is a task that many pastoral counsellors find difficult. The study will emphasize the caring role of pastoral counsellor as the shepherd and less so on the confronting role of prophet. White

(1898:476-484) illustrates how in the Adventist tradition the image of Christ as the Good Shepherd is used and how those who care for Christ's sheep can be seen as the "under-shepherds".

Jesus challenged the Pharisees for being bad under-shepherds who drive the sheep away. Jesus points to Himself as the example of what a shepherd should be for the flock, both inside and outside the fold. In biblical times this pointed Yahweh's people, those in the Hebrew Judean tradition, and those who were not (see White 1898) If pastors and pastoral counsellors today are seen as similar to the biblical under-shepherds, the task of the shepherd is to lead all the sheep to the fold, the place where they belong. Similar to the Hebrew Judean tradition, the Adventist tradition also believes itself to be people chosen by God to be the custodians of "all truth", a *remnant.* In the book Deuteronomy the Hebrew nation is described by God as the chosen nation: "For thou art a holy people unto the Lord thy God: the LORD thy God hath chosen thee to be a special people unto himself, above all people that are upon the face of the earth" (Deut 7:6). Throughout the prophetic books in the Hebrew Bible there are promises that a remnant will always survive. This remnant consists of people who faithfully keep the commandments of God. According to Adventist belief number thirteen, they are the remnant of referred to in Revelation 12:17 (General Conference 2015:6):

> The universal church is composed of all who truly believe in Christ, but in the last days, a time of widespread apostasy, a remnant has been called out to keep the commandments of God and the faith of Jesus. This remnant announces the arrival of the judgment hour, proclaims salvation through Christ, and heralds the approach of His second advent. This proclamation is symbolized by the three angels of Revelation 14; it coincides, with the work of judgment in heaven and results in a work of repentance and reform on earth. E believer is called to have a personal part in this worldwide witness.

This belief is based on the premise that through the ages God has always appointed a specific group to share, teach and spread God's undefiled word throughout the world and call the sheep to one pen. This group is to "proselytise" the world. According to the Gospel of John 10:16, Jesus said, "I have other sheep that are not of this sheep pen. I must bring them also. They too will listen to my voice, and there

shall be one flock and one shepherd". This belief, which is meant to foster a sense of belonging and invitation, however, at times causes segregation, alienation and a sense of prejudice and judgement towards persons who are not of this particular religious tradition. The danger is that this attitude can be conveyed by Adventist pastoral counsellors who do interreligious counselling. If persons are excluded because of their religious tradition, God's sheep can be harmed. This is not the approach of a "good shepherd". Rather the good shepherd feeds, carries and calls the sheep gently back to the pen. Sheep that were lost, driven out, broken and sin-sick, are called to the shepherd so that they may have life (White 1989:476). Jesus rebuked the under-shepherds through the prophet Ezekiel: "The diseased have ye not *strengthened*, neither have ye *healed* that which was *sick*, nether have ye *bound up* that which was *broken*, neither have ye brought again that which was *driven away*, but with *force* and with *cruelty* have ye ruled them (Ezekiel 34:4)". In some cases, this rebuke holds true for Adventist pastoral counsellors today.

The approach of the good shepherd according to White is not to force the sheep back into the pen, but to call the timid, helpless, weak and dependent sheep to follow the shepherd who goes before them to navigate the perils of the road ahead. According to White (1989:479) the task of the good shepherd is the following:

> Leads his flock over the rocky hills, through forest and wild ravines, to grassy nooks by the riverside; as he watches them on the mountains through the lonely night, shielding from robbers, caring tenderly for the sickly and feeble, his life comes to be one with theirs. A strong and tender attachment unites him to the objects of his care.

Inclusion and a sense of belonging through love and gentle care is what is imparted by the Good Shepherd. In the Adventist tradition, inviting others to *belong* is often only the last step in the quest to persuade "all God's sheep" to come into the fold. Adventist scholar Richard Rice (2002) describes the general Adventist approach as one of evangelism. In situations of interreligious communication, the Adventist the first goal is to persuade others to *believe* as they do. The second goal is to teach people how to *behave* according to Adventist beliefs. The third goal is to convince them to *join* the Adventist church. This method is similar to that of the Pharisees and

the way they tried to lead the flock. Rice (2002:13) suggests a change in the order, namely first *belonging*, then *believing*, after which *behaviour* will follow. *Care* takes precedence over teaching doctrine or prescribing behaviour. The three dimensions of Rice's model can be found across religions and cultural contexts. The belonging, believing, behaving model can be applied also to the psychological dimension of religiosity where issues of identity, values and behaviour are pertinent. Vassilis Saroglou's (2016:135) model adds a fourth dimension, namely believing, behaving, belonging and *bonding.* This can contribute to insights with regard to the relationship in a clinical setting with religiosity and spirituality.

The identities, values, and practices of Adventist pastoral counsellors will be investigated, as they pertain to the work of interreligious counselling. The under-shepherd walks before the sheep on the path they have to tread. Therefore, if the shepherd is safe, the sheep will also be safe. The identity, values and practices of the counsellor must provide a safe space for counselees. Deborah Cornah's (2006:5) seven step approach to creating a sense of belonging for clinical patience will be presented. Rice's model resonates with the metaphor of the pastoral counsellor as the under- shepherd, where the shepherd walks ahead and invites the sheep to follow. The shepherd, by example, shows the sheep that they are safe. Then they learn to trust the shepherd and to do as the shepherd does. No sheep are excluded. An atmosphere of belonging and safety is created. This is an inclusive to and method of counselling interaction.

The goal of this study is to identify and investigate difficulties pastoral counsellors encounter in interreligious pastoral counselling, specifically in a psychiatric clinic, which has ties with the Adventist tradition. The aim is to evaluate models and methods from within and outside the Adventist tradition that can serve promote both the ideals of shepherding and belonging and counteract the tendency of pastoral counsellors in this tradition to assume the role of a *prophet* who rebukes.
Some concerns of practitioners in this tradition have with interreligious counselling, will be investigated. This includes the difficulties experienced by congregational pastors, pastoral counsellors, clinical pastoral counsellors, chaplains, psychologists and psychiatrists in this tradition. People from these various disciplines make up the interdisciplinary team in the clinic. The clinic where I completed my internship

adopted a multidisciplinary approach to patient care with the aim to eventually move to an interdisciplinary approach. Koray Degirmenci (2017) in his article, “Revisiting the issue of interdisciplinary and disciplinary distinctions in social sciences”, describes “interdisciplinary” as various disciplines integrating their knowledge and methods, fusing various approaches. “Multidisciplinary” is described as various disciplines working together, each drawing on the methods and knowledge of the own discipline, not calling for any epistemological or methodological change (Degirmenci 2017:46). A point of departure of this study is the idea of belonging, or inclusion. The study aims to investigate how an interdisciplinary approach can benefit clinical pastoral counselling in an interreligious setting.

The influence of the Adventist ethos and beliefs on interreligious clinical pastoral counselling will be investigated. The Adventist ethos and worldview affect how counselling is done. The positivistic paradigm, epistemology and approach to Scripture of the Adventist tradition can lead to prejudice and exclusion. The focus of this study is on *belonging* first, rather than giving primacy to *believing* or *behaving* in pastoral counselling. The following aspects of the Adventist tradition will be discussed in relation to interreligious counselling: views on the *Holy Scriptures, the church, the remnant, the gift of prophecy,* and *Christian behaviour.* Underlying attitudes that stem from the Adventist tradition will necessarily influence counselling. Pertinent questions are the following:

- whether the counselling approach should be directive or non-directive;
- whether caring is opposed to rebuking or whether a balance can be reached;
- whether the Adventist ethos permits human beings to seek counsel from one another;
- whether counsel can be sought from someone outside of the religious tradition;
- where God as the “Great Counsellor” fits into the scope of counselling.

These questions are even more pertinent when it comes to interreligious counselling. Adventist attitudes with regard to counselling and psychology are largely informed by the writings of the prophet of this tradition, Ellen White. The identity of Adventist

clinical pastoral counsellors and the theme of belonging are derived from her work which can then also provide insight into the difficulties and objections the counsellors can have when doing interreligious counselling.

The clinical pastoral counsellor *belongs to* the Christian tradition first and foremost, and then also to the Adventist tradition with its specific regulations and ethical guidelines. Both these emphases are pertinent to interreligious interaction. In the Adventist tradition there is no official council or department with which pastoral counsellors can register. However, the Adventist Chaplaincy Ministries does provide guidelines for interreligious interaction. These guidelines give an understanding of the tradition's approach to interreligious counselling. Pastoral counsellors who work at the Adventist clinic where I completed my internship, are required to register with the South African Council for Pastors and Spiritual Counsellors (CPSC). The requirements of this council include that persons follow the ethical and disciplinary codes and rules of conduct as stipulated. These designations and regulations are pertinent to this study and will therefore be explored and brought into dialogue with the Adventist guidelines. In the clinical environment, pastoral counsellors are part of a multidisciplinary team, which includes psychologists, psychiatrists and social workers. All of these practitioners are required to abide by the regulations stipulated by the HPCSA. The Council also regulates the operations of the clinic. It is therefore important to understand the ethical requirements for interreligious interaction of this Council.

Christian ethics, Adventist ethics, and counselling ethics can differ on some points. Pastoral and other Christian counsellors often experience ethical difficulties with interreligious counselling. These difficulties include the danger of proselytising and the danger of a clash between their own beliefs and those of the clients. In the Adventist tradition there are various methods to ascertain what comprises ethical behaviour. How pastoral counsellors decide what an ethical response to interreligious counselling would be, can be guided by teleological or deontological ethics.

An increasing number of medical institutions are calling for a bio-psycho-social-spiritual approach to counselling and care. With the addition of the spiritual domain,

someone has to take responsibility for this domain. This study aims to ascertain in what way the multidisciplinary team take up the responsibility of caring also with regard to the spiritual aspect of patient's lives. The qualifications and level of expertise of pastoral counsellors as part of the team should be scrutinized. If the various types of pastoral counsellors are considered and it is ascertained where they "belong" in the field of practice, it can help to determine the scope of their practice and the level of competency.

The CPSC scope of practice required of pastoral counsellors who work in a clinical environment to hold a Master's degree in counselling. The task of the congregational pastor who does counselling and the clinical pastoral counselling differ with regard to their approaches, methodologies and the models that are used. The reality of patients from various religious and spiritual backgrounds, will have to be dealt with in an appropriate way by clinical pastoral counsellors who work in the multi-faith environment of a psychiatric clinic. In such an environment the roles of the chaplain and the clinical pastoral counsellor are not identical but similar. Some see their roles as interchangeable. What is interchangeable are the codes and councils that regulate their practice. The practice of referral amongst the various members of the multi-disciplinary team contributes to the wellbeing and holistic care of patients.

The field of clinical pastoral counsellors can learn from the long-standing discipline of chaplaincy with its interreligious reality. This can enhance pastoral counsellors' understanding of and insight into interreligious counselling. Chaplains from various traditions also often work in a clinical environment. There are Christian, Humanist and Buddhist chaplains, for example. Some clinics employ multiple chaplains to counsel those patients who are from their specific religious tradition. However, most institutions can only afford to employ one full-time chaplain who then has to work in 'n multi-religious environment and should be trained to do counselling with persons from all religious and spiritual orientations.

One way in which the multidisciplinary team in a clinical environment have dealt with the responsibility of holistic care which includes the spiritual domain, is to include a pastoral counsellor in the team. This study investigates and evaluates how the spiritual needs of patients are met in specific clinical environment. The possibilities of a clinic employing multiple specialized pastoral counsellors over against having only

one pastoral counsellor who then has to do interreligious work, will be explored. If the clinic approaches counselling from an interdisciplinary perspective, resources will be made available to include pastoral counsellors.

Counsellors who are part of a multidisciplinary team will have the responsibility of addressing patients' problems and difficulties with regard to their spiritual life and religion. Olsen et al (2019:254) identify the following four approaches:

- the *generalist-particularist* approach;
- the *generalist-universalist* approach;
- the *specialist-particularist* approach;
- the *specialist-universalist approach.*

*Generalist* pertains to all counsellors who take responsibility for the spiritual domain. *Specialist* refers to only experts who work in the spiritual domain. *Particularist* pertains to counsellors who only work with people from their own spiritual and religious persuasion. *Universalist* is the approach that departs from the assumption that the counsellor's own spiritual orientation is of no consequence. Ruth Murray and Judith Zentner (1989:259) explain how the various domains overlap when it comes to the multidisciplinary team in a hospital environment. Psychiatry, for example, addresses the bio-psycho-social and spiritual domains, but not the physical. A religious practitioner addresses psychosocial-spiritual matters, but do not enter into the biological or physical domains. A general practitioner does not venture into the spiritual or social domains, but attends to all the rest. For Adventist pastoral counsellors who can be regarded as *specialist-particularist*, clear guidance would be needed.

The study investigates the difficulties, challenges and possible solutions as described by practitioners from various traditions. Models that can be appropriate for use by Adventist clinical pastoral counsellors who work in a multi-religious environment will be identified. Some pastoral counsellors have, for instance, indicated in various surveys that have been done, that they feel most comfortable using a biblical approach and utilizing "biblical models and methods" in counselling.

Practices of prayer, reading scripture and confession are often used. However, the appropriateness of such “biblical approaches and models” is questionable when it comes to counselling with a clients from different religious traditions. Other difficulties that have been identified range from counselling clients without a particular religious orientation and the fear of misunderstanding them, to counsellors fearing that they will become too familiar with the tenets of other religious traditions. They fear that they will then be tempted to promote or condone ideas and practices of these religions that are, in their own tradition, considered “wrong”. Another shared challenge expressed by different mental health practitioners is how to confront religious beliefs appropriately when they are causing harm. Counselling ethics does not allow for confrontation when it comes to religion.

Client and counsellor values and practices can be in conflict in the counselling setting. Models for dealing with differing values will be investigated, and those that will be most appropriate to an Adventist clinical setting will be identified. A model by the World Health Organisation (WHO 1998:7) identifies the following four categories of spiritual values:

- transcendence;
- personal relationships;
- a code to live by;
- specific religious beliefs.

The pastoral model of Protestant theologian, Hans Mol (1978), addresses values through the commonality of *ritual, myth, transcendence, and commitment.* John Fisher (2011:17) recommends the four-domain model of spiritual focus namely *personal spirituality, communal spirituality, environmental spirituality,* or *transcendental spirituality,* or a combination of the four. A model from the field of chaplaincy by Carey and Dovaren (2008:29) places the religious focus on what people *do, believe, believe in, and give themselves to.* The focus on commonalities is reminiscent of Emmanual Lartey’s (2000:319) model of *mono-culturism*, which sees people as mostly as similar and not really that much different.

The approach of clinical practitioners such as Anandarajah and Hight (2001:83), Larry Culliford (2005:4), and David Lukoff et al (1992:3) focuses on the clients' spirituality rather than their religious beliefs or practices. The definitions of spirituality and religion vary throughout the literature. There is no "standardised definition". Psychiatric counsellors maintain that spirituality and religion can be separated, while pastoral counsellors such as Fisher (2011:21) find that they are inseparable. Models with spirituality as their focus will be investigated to analyse if they are compatible with the tenets of the Adventist tradition. The predominant theory in the existing literature maintain that it is appropriate to address, beliefs, values and norms, but not specific religious behaviours, rituals, and practices. The appropriateness of not addressing counsellees' behaviours, rituals, and practices will be investigated. This is important since part of psychiatric treatment often involves directly addressing problematic behaviours and practices of patients. The various types of spiritualties, *moored, unmoored,* and *humanistic spirituality,* as outlined by Fisher (2011:27) may not all be compatible with the beliefs of Adventist pastoral counsellors. This study will briefly explore the type of language used during counselling that emphasises the aspect of *belonging*. Further investigation will identify commonalities and differences that are pertinent where counselling is done with people from various traditions.

Though the point of departure of most models is that commonalities will be sought in pastoral and spiritual counselling, there will be instances where counsellors will have to challenge harmful religious and spiritual beliefs or practices. The study therefore evaluates two models of confrontation from the pastoral field of practice. The first is Nick Pollard's (2004: 48-57) application of Jacques Derrida's theory of deconstruction to pastoral practice, which he calls *positive deconstruction*. This can be useful to pastoral counsellors for addressing clients harmful religious beliefs. In his model, the worldview of the client is identified, analysed, truth affirmed, and harmful elements identified and challenged. The second model by Richard Osmer (2008:4) lists four tasks in practical theology that can help counsellors engage meaningfully with clients coming from various traditions. Following the tasks, the counsellor can engage the client's spiritual and religious tenets in a descriptive, interpretive, normative and pragmatic way.

From the field of psychology two models of confrontation will be investigated. Firstly Heppner et al (2009) recommend seven steps that lead to constructive confrontation with regard to religion. The counsellor develops micro-skills in order to execute this successfully, according to Heppner et al (2009:386). The seven steps are the following:

- alliance;
- timing;
- expecting resistance;
- affirming beliefs and distress;
- helping make decisions;
- guiding towards resources;
- when appropriate, giving advice.

The *seven steps* will be discussed and their possible application by pastoral counsellors assessed. When a client's mode of spirituality and religious ideas become problematic and seems to negatively affect their mental wellbeing, Albert Ellis' model provides the means to challenge their own irrationalities. Albert Ellis' (2000:30) Rational Emotive Behaviour Therapy (REBT) model addresses client beliefs and the ensuing behaviour. It is said to work well with persons whose beliefs are particularly fundamentalist. The REBT model are outlined by Lucy Phillips (2016:1) as follows:

- the activating event;
- the client's beliefs;
- the consequences;
- to dispute irrational beliefs.

REBT allows clients to assess their own problematic beliefs and behaviours. Counselees opt for counselling because they experience certain emotional difficulties. With the counsellor they identify and explore the specific event or events that triggered their emotional response. Clients are guided to identify which of their beliefs add to their negative emotional response. Negative behaviour that results from beliefs and emotional experiences is identified, analysed and the process of

change is set in motion. An example of this is when a counselee who suffers from depression refuses medication because this is seen as a lack of faith in God. The problem lies in the belief. Client are then guided to critically scrutinize their own beliefs and values and come to a rational decision with regard to their health.

This model can be useful for Adventist counsellors when they have to address, in a non-threatening way, a client's religious beliefs and behaviours because these are causing them harm. Prejudice can often be traced back to religious fundamentalism and a modernistic paradigm, which favours the binaries of "right of wrong". Religious fundamentalists tend to be fearful of their values, beliefs and practices being undermined by positive encounters with other ways of thinking and doing. This also holds true for clinical therapists and Adventist clinical pastoral counsellors. The problem of inclusivity and exclusivity is not unique to the Adventist tradition or counsellors. It is therefore necessary that perspectives and insights from other religious traditions will be discussed and shared among clinical counsellors who work in a multi-religious environment. A modern approach tends to use the language of absolutes and can lead to counsellors to making truth claims. Some pitfalls of a positivistic approach will be briefly discussed.

Clinical therapists and pastoral counsellors can experience prejudice towards patients from other traditions. Peter Gilbert (2005:3) recommends that all patients should complete a spiritual assessment when they are admitted to the clinic. This will enable counsellors and therapists to assess the religious and spiritual beliefs of patients and how these affect their mental wellbeing. Two models of assessment will be presented in this study, namely the HOPE questions of Anandarajah and Hight (2001:86) as a practical mode of spiritual assessment and the FICA model (Faith, Importance, Community and Address) if Christina Puchalski (2006:153). These assessment models will enable clinical personnel to asses and determine specific religious beliefs and practices that aid patients in their mental distress and those that cause mental distress. The approach of pastoral counsellors is also pertinent, namely whether it should be more psychology oriented or more "biblical counselling". Tim Keller (2004:1) identifies four models in this regard:

- the Levels of Explanation model;
- the Integration model;

- the Christian Psychology model;
- the Biblical Counselling model.

David Miller (1991:113-114) also identifies four approaches to the relationship between psychology and theology in pastoral counselling, namely the “against model”, the “of model”, the “parallel model”, and the “integrated model”. These models will also be explained and investigated in the study. The question regarding the appropriateness of utilizing psychological approaches and models in relation to Adventist beliefs will be investigated. Humanist approaches and certain psychological models may not be compatible with the traditions beliefs. Cognitive Behavioural Therapy (CBT) or Rational Emotive Behavioural Therapy (REBT) can be better suited to counselling from a biblical approach.

Clinical therapists sometimes use an eclectic approach and choose a variety of models and methods in counselling. The reason for this is often the unique nature of each client’s situation. The possibilities of an eclectic interdisciplinary approach to pastoral counselling in an Adventist psychiatric institution will also be explored in this study. This study aims to identify approaches, theories, models and methods that can be effective in addressing the particular challenges of interreligious pastoral counselling in an Adventist psychiatric clinic.

## 1.6 Chapter outline

Chapter 2 provides a broad overview of the ethos and theological emphases of the Seventh-day Adventist tradition and focuses specifically on views and attitudes with regard to pastoral counselling. The Adventist approach to counselling includes the ideas that God is the ultimate counsellor and that believers always have a calling to proselytise. The resulting difficulties that Adventist counsellors encounter when they do interreligious counselling, are described. The Adventist approach to the role of the pastoral counsellor as “shepherd or prophet” and the focus on “belonging” are highlighted. The differences between a congregational and a clinical setting with regard to pastoral counselling, are explored. Specific insights from the field of chaplaincy are applied to elucidate pastoral counselling in the multi-religious, multi-disciplinary context of a psychiatric facility.

Chapter 3 describes some approaches and methods of mental health practitioners with regard to spirituality and religion. What spiritual care would entail in a mental health facility – a complex and multi-religious environment – is investigated. The specific challenges faced by pastoral counsellors in a clinical psychiatric environment are highlighted and solutions are explored.

Chapter 4 addresses both counselling and personal ethics as they relate to pastoral counselling in the clinical context. The necessity and methods of confronting harmful religious or spiritual beliefs of clients are investigated. Various methods and models of confrontation are presented and evaluated. The complicated relationship between “biblical” and “psychological” counselling assessed in the search of an approach that is both effective and compatible with the Adventist tradition.

Chapter 5 presents the findings and recommendations of the study.

# CHAPTER 2

# THE ADVENTIST TRADITION AND COUNSELLING

## 2.1 Theological identity

### 2.1.1 The Fundamental Beliefs

In the Adventist tradition, twenty-eight core biblical beliefs undergird the ethos of the members, ministers and the institution. Phrases such as “the twenty-eight Fundamental Beliefs”, “present truth”, and “thus sayeth the Lord” are often used when it comes to discussing and assessing “correct” moral behaviour. Adventist church history scholar, George Knight (2000:7), explains that the search for the theological identity of the Adventist church spans over a hundred and fifty years. When the institution of the Adventist Church was established, there were much fewer than the twenty-eight Fundamental Beliefs (Knight 2000:10). The Fundamental Beliefs have evolved over the last century. The theological development in the Adventist institution indicates that “truth” is seen as dynamic rather than static and absolute. Many of the original interpretations of “truth” have changed over time as new knowledge and theological perspectives have come to the fore. These changes differ from the interpretations of the original foundational historic writings of this faith tradition (Knight 2000:17).

Because of the fluidity of even the founding fathers’ understanding of what Adventists like to call “present truth”, early Adventists took a stand against any creed that is unchangeable. The Adventist tradition modifies and revises its beliefs and interpretations. The opening statement of the denomination’s Fundamental Beliefs reads as follows: “Revision of these statements may be expected at a General Conference session when the church is led by the Holy Spirit to a fuller understanding of Bible truth or finds better language in which to express the teachings of Gods Holy Word” (General Conference 2015:1). Neal Wilson, a former president of the General Conference of the Seventh-day Adventist church in the section “A word to the reader”, points out: “The most striking characteristic about Adventism is the fact that we believe that truth is progressive and not static” (General

Conference 2015:1). The language indicates that, though the Adventist paradigm tends to be modernistic and positivistic and "the truth" is seen as an absolute, the tradition is open to alternative interpretations of that "truth" and beliefs. A brief overview of the "fundamental truths" of the tradition that can have an influence on interreligious pastoral counselling will now be discussed.

The twenty-eight fundamentals of the Adventist Church are interpreted in a unique way, which differs from the interpretations of other Christian denominations. These differences pose certain challenges when it comes to matters of morality, truth, and "right or wrong" in a counselling session. Some Fundamental Beliefs that pertain to interreligious counselling will be highlighted briefly. Fundamental Belief 6 states (General Conference 2015:3):

> The Holy Scriptures, Old and New Testaments, are the written Word of God, given by divine inspiration. The inspired authors spoke and wrote as they were moved by the Holy Spirit. In this Word, God has committed to humanity the knowledge necessary for salvation. *The Holy Scriptures are the supreme, authoritative, and the infallible revelation of His will. They are the standard of character, the test of experience, the definitive revealer of doctrines*, and the trustworthy record of God's acts in history.

When a counsellor has a strong biblical fundamentalist approach, he or she can be tempted to use biblical texts in a manner that is not appropriate, especially in an interreligious context.

Fundamental Belief 12 states (General Conference 2015:6):

> The church is the community of believers who confess Jesus Christ as Lord and Saviour. In continuity with the people of God in Old Testament times, *we are called out from the world; and we join together for worship*, for fellowship, for instruction in the Word, for the celebration of the Lord's Supper, for service to humanity, and for the worldwide proclamation of the gospel. The church derives its authority from Christ, who is the incarnate Word revealed in the Scriptures. The church is God's family; adopted by Him as children, its members live on the basis of the new covenant. The church is the body of Christ, a community of faith of which Christ Himself is

> the Head. The church is the bride for whom Christ died that He might sanctify and cleanse her. At His return in triumph, He will present her to Himself a glorious church, the faithful of all the ages, the purchase of His blood, not having spot or wrinkle, but holy and without blemish.

Pastoral counsellors could offend a client whom they view as a person who is still "of the world" and therefore has to be "called out from the world". The counsellor will not be able to use the language of the official church document in an interreligious, inter-faith and inter-denominational setting.

Fundamental Belief 13 states (General Conference 2015:6):

> The universal church is composed of all who truly believe in Christ, but in the last days, a time of widespread apostasy, a remnant has been called out to keep the commandments of God and the faith of Jesus. This remnant announces the arrival of the *judgment* hour, proclaims salvation through Christ, and heralds the approach of His second advent. This proclamation is symbolized by the three angels of Revelation 14; it coincides with the work of judgment in heaven and results in a work of repentance and reform on earth. Every believer is called to have a personal part in this worldwide witness.

The fundamental belief with regard to the mission of the church combined with the urgency of the immanent coming of Jesus, urges *all* Adventist believers to engage in evangelism and to announce judgement. Announcing judgement is often mistaken for pronouncing judgement. Pastoral counsellors who feel called to take up the role of "prophet" can tend to want to correct, rebuke, and pronounce judgement. In an interreligious-counselling setting, this would be unacceptable and ineffective. The counsellor can feel called to convert the counselee to the Adventist tradition even though that would transgress counselling protocol and ethics.

Fundamental Belief 18 states (General Conference 2015:8):

> The Scriptures testify that one of the gifts of the Holy Spirit is prophecy. This gift is an identifying mark of the remnant church and we believe it was manifested in the ministry of Ellen G. White. Her writings speak with

> prophetic authority and provide comfort, guidance, instruction, and correction to the church. They also make clear that the Bible is the standard by which all teaching and experience must be tested.

Fundamental Belief 22 states (General Conference 2015:9):

> We are called to be a Godly people who *think, feel, and act in harmony with biblical principles* in all aspects of *personal and social life.* For the Spirit to recreate in us the character of our Lord we involve ourselves only in those things that will produce Christlike purity, health, and joy in our lives. This means that our amusement and entertainment should meet the highest standards of Christian taste and beauty. While recognizing cultural differences, our dress is to be simple, modest, and neat, befitting those whose true beauty does not consist of outward adornment but in the imperishable ornament of a gentle and quiet spirit. It also means that because our bodies are the temples of the Holy Spirit, we are to care for them intelligently. Along with adequate exercise and rest, we are to adopt the most healthful *diet* possible and abstain from the *unclean* foods identified in the Scriptures. Since *alcoholic* beverages, *tobacco*, and the irresponsible use of *drugs* and *narcotics* are harmful to our bodies, we are to abstain from them as well. Instead, we are to engage in whatever brings our thoughts and bodies into the discipline of Christ, who desires our wholesomeness, joy, and goodness.

Often a counselling session is a space for unburdening the soul and can become a confessional space. Counselees who to discuss behaviour, habits or practices that contradict the norms expressed in this fundamental can receive a *prophetic* rebuke from the counsellor with the intention to “correct” such behaviour. Adventist pastoral counsellors can be tempted to focus on morality and behaviour rather than belonging.

### 2.1.2 The prophet Ellen White

The historic writings White, who lived in the 1800’s, influences the attitudes of Adventist towards counselling. She is a voice of authority on topics of spirituality, religion, practical life, biblical prophecies and health. On the topic of health, she addresses the biological, psychological, social and spiritual aspects of healthful

living. Though her writings are considered to be highly authoritative in this particular religious tradition, their authority is still secondary to that of the Bible. For most Adventist pastoral counsellors White's writings are influential with regard to how counselling is conducted and how psychology is used. In her book, *Mind character and personality, Volume I,* White (1977:19) warns against the use of "phrenology, psychology and mesmerism" as Satan uses these sciences in a well-devised manner to enter into the minds of people. If one does not take the context and era in which this statement was made, into account, it can lead to pastoral counsellors today wanting to discard the insights of the academic discipline of psychology. The field of psychology has provided significant insights since these statements were made.

In her book, *Councils to the church*, White (1991:330*)* warns: "No individual should be permitted to take control of another person's mind." She gives specific guidance with regard to biblical counselling. For White, the best place to seek counsel is from the Bible.  Further White (1909:280) warns: "Every church member should understand that God is the one to whom to look for an understanding of individual duty". White (1889:645) also advocates that confessing one's problems to God is an act of glorifying God. In the literal sense, this can imply that people should not counsel one another because God should be the only counsellor. However she does recommend that "brethren" do counsel together, but they should not give *directive advice* regarding what a person must do (White 1923:530). Advice should be sought prayerfully only from the Lord. The danger for her lies in the fact that human beings are naturally inclined to listen to the person they see, rather than to God whom they cannot see. A further danger is that pastors the counselee could become dependent on the human counselor. With interreligious counselling counselees cannot be pointed to God as their source of wisdom, therefore the danger of dependence on the wisdom of a human being becomes even greater.

For White (1923:330) it is important to do provide biblical counselling, guidance, and teaching to persons who are "inexperienced" in spiritual and moral matters. The aim is to point the "sin sick soul" to the Word of God and to prayer, in order for the person to learn true wisdom and truth from God. For success in this regard, she recommends "Christ's method" (White 1905:143):

> Christ's method alone will give true success. The Saviour mingled with men as one who desired their good. He showed His sympathy for them, ministered to their needs, and won their confidence. Then He bade them, "follow me".

Though White's idea of counselling amounts to proselytizing, the method she favours is commensurate with Rice's focus on *belonging*, after which *behaving and believing* are to follow. The last step in "Christ's method" is, according to White, to call someone to "follow" or to believe. "Christ's method" is about truly caring for people and working for the good of humankind. Making doctrinal differences the focus in counselling, would go against White's guidance. To follow "Christ's method" is to build relationships. This should take precedence over pointing out differences in beliefs or rebuking people. The therapeutic relationship grows from a basis of empathy and a caring disposition. The aim is to build trust. A pastoral counsellor who operates in a positivistic paradigm can benefit from these guidelines, especially when doing interreligious counselling. This will keep differences from becoming the focus. White (1977:764) advises all to work with people who are different and to "take people right where they are".

White (1915:469) also refers to the Adventist organisation as "the remnant" of Bible prophecy. This belief can lead to a superior attitude regarding the Adventist traditions and identity. It can have a detrimental effect on the counselling relationship. Adventist pastoral counsellors can become so exclusive in their approach and attitude that counselling with persons of other traditions becomes impossible.

## 2.2 Adventist approach to counselling

### 2.2.1 God as the Ultimate Counsellor

In the early development of counselling by Adventist pastors, God is seen as the "ultimate counsellor". John Cannon (1956:2) explains that God seeks out humanity even before humanity knows that it is in need of help. This image of God seeking the "lost", serves to caution pastoral counsellors never to push the person in need, but to realise that those who need support, should be sought out. The great example is Jesus who is called "wonderful counsellor". Cannon (1956:1) puts it as follows: "All

that is worthwhile in counselling finds its roots and practice illustrations and examples in the covers of the Bible. The best study we have in this area is in the life in the ministry of our wonderful counsellor Jesus." However Cannon emphasises that formal counselling training should be given to pastors in addition to biblical knowledge of the example of Jesus. An understanding of the identity of the Adventist tradition provides insight into objections and difficulties Adventist counsellor could have when doing interreligious pastoral counselling.

### 2.2.2 Pastoral counselling as evangelism

The approaches of Adventist pastoral counsellors from different paradigms differ when it comes to interreligious counselling. For Adventist scholar, Wittschiebe (1953:2), the task of the pastor includes doing counselling with *all of God's children*. The aim is to heal the hearts and the minds of the broken and crushed. For Colin Standish's (1975:2), however, the work of the pastor cannot be only about counselling. The main focus for him should be on congregational and evangelistic work. The world must be converted to Christ. Many Adventist counsellors subscribe to this kind of approach which has consequences for interreligious counselling. The *Adventist Chaplain* at the New England Memorial Hospital (NEMH 1973:1) lists some of the roles of the pastor as counsellor as, "healing, sustaining, guiding, and reconciliation". "Reconciliation and guiding" in this context implies reconciliation with and guidance toward God. It seems to encourage proselytising. These examples show that Adventist attitudes to proselytising and evangelising "the other" are slow to change. This is especially true of the South African context.

A transition can be seen in the 1980s when Adventist scholar, Preston (1984:1), differentiated between pastoral counselling with someone "in a worshipping community" and with "the unchurched". He called counselling with people outside of the faith community "skilled clinical counselling" rather than pastoral counselling. For Preston (1984:1), counselling only became pastoral when the person was *in the fold.* Certain pastoral counselling techniques such as prayer and sacraments, the use of Bible texts have no meaning for the "unchurched" (Preston 1984:1). Chaplains and clinical pastoral counsellors would then conduct *skilled clinical counselling*.

Similarly Alexandru Mălureanu (2013:128-136) sees pastoral counselling as part of the work of a pastor in congregational ministry. In such a setting of a specific faith tradition evangelism would be acceptable even in counselling setting. It is not a *profession* but rather a *function* performed by the pastor or chaplain. Terry Biddington (2015) differentiates between pastoral care and counselling as "lightweight counselling" versus "specialised counselling". Specialised pastoral counselling includes the work of chaplains who guide people on their spiritual journey, irrespective of creed or beliefs (Biddington 2015:108).

### 2.2.3 Challenges for Adventist counsellors

This section explores the challenges that Adventist pastoral counsellors experience when doing counselling in a clinical setting. Cannon (1956:1) points out that counselling as a discipline was not always accepted among Adventists. The reason for this is that counselling theories were developed outside of the Adventist tradition and are often not compatible with Adventist views. Some Adventist pastors find it difficult to associate with the theories of Freud or Adler, for example. However, positive attitudes towards counselling in Adventism were also prevalent even in earlier days. Standish (1975:1) points out that counselling is not a new tradition. It dates back to biblical times where, for example, Nicodemus sought answers for issues in life. According to Ninaj (1957:1), a form of "referral" can be found in Exodus. The people of God brought their problems to the judges of Israel. If a matter was too difficult it was referred to Moses. Adventist pastoral counsellors therefore do not need to be opposed to counselling or refer people to other counselors. These examples from the Bible allows them to be more open to counselling. For some, it is a problem when referrals are made to specialists outside the faith tradition.

Difficulties that various pastoral counsellors and clinical practitioners experience when doing interreligious training, often make them unwilling to venture onto this terrain. Counselling topics with which pastoral counsellors often have particular difficulty include matters of pre-marital sex, homosexuality, abortion, euthanasia, and divorce (see Human and Müller 2009:170). Adventist counsellors whose epistemology tends to be rather positivistic have similar concerns. They also find it difficult to counsel people from other religious traditions or other denominations.

Adventist pastors are comfortable to focus on topics that are mentioned in the 28 Fundamental Beliefs. These include eating unclean meats, the use of alcohol, tobacco and narcotics, and moral behaviour.

Adventist scholar, Standish (1975:2), identifies some caveats for Adventist pastors. He cautions that egotism can become problematic in pastoral counselling. Egotism can lead pastors to believe that they know the answers to the problems presented by the counselee. They can then be judgemental with regard to the moral struggles faced by the counselee. Standish reminds Adventist pastoral counsellors that God alone may judge the motives and morals of the human heart and that God alone can give unerring counsel. Another danger or difficulty for Adventist counsellors identified by Standish is the human nature of the pastor. Since pastors are fallible and human, they are prone to temptation. When they listen to stories of immorality and sinfulness, this can open their minds to ideas not considered before. Accounts of immorality shared could tempt and In the Adventist culture there is an assumption that the ever-increasing need for counselling is as a direct result of the “faithlessness of the age” (Standish 1952:2).

Adventist pastoral counsellors have a strong belief in the guidance of the Bible in the lives of people. People need of God in order for them to experience mental wellbeing. Alex Swan (1999:173), for instance, argues that many people are *not well* because they have not truly studied the Word of God which makes each person’s purpose and role in life clear. To support his statement he quotes two scriptures, “And you shall know the truth, and the truth shall make you free” (John 8:32), and “My people are destroyed for a lack of knowledge” (Hosea 4:6). For Swan (1999:174), the lack of the study of the Word of God contributes to low self-esteem, and emotional and mental difficulties. He recognises the place of thorough counselling training in order to guide people effectively. However, the primary resources remain the Word of God, the writings of Ellen White and Jesus as the role-model of love. For Swan (1999:177), only a counsellor who is guided by God can have true success in counselling. The verse he quotes for this is: “With men this is impossible, but with God all things are possible” (Mathew 19:26).

According to Bigger (1999:2), the most prominent method in Adventist counselling for dealing with pain and trouble is Scripture. The Bible is used to heal, exhort, teach and correct. His point of departure is that, if a person sought out a pastoral counsellor for help, the person is seeking the "presence of God". True healing can only come God. Help from other sources such as friends, family and professional counsellors only provide brief relief, not true healing. Bible-centred counselling has always been the foundation of Adventist counselling practice. Adventist scholar Walter Specht (1945:1) in his article, "The minister as counsellor", equates Jesus' comforting words of hope with the words of a weary mother, and Jesus' conversations with the sick, demon possessed and those who mourn, with pastoral counselling. The counselling session should be a safe space where counselees can unburden their soul and confess their sins. For Specht (1945:1), mental health problems are largely spiritual. The gospel message provides the solution for many personality problems. The message can bring sanity into a person's life. Most human problems have a spiritual root. Specht (1945:2) supports his stance with the following quote: "He will keep in in perfect peace whose mind is stayed on thee" (Is 26:3). The approach of both Specht and Bigger is Bible oriented. Since 1945 views and approaches have undergone some change. In a pluralistic and "secularized" society there is an ever increasing need for pastoral counsellors who do not focus solely on the Bible, but who can accommodate clients from various spiritual orientations. Already in 1973 the Adventist chaplain of the New England Memorial Hospital put it as follows: "Our day is a transitional period in Christian pastoral care, characterized by confusion as to the nature, purpose, and function of the pastor" (NEMH 1973:1). He warned of serious changes in counselees' attitudes toward Christianity. When people face serious troubles, they often become uncertain. For many God has become irrelevant, or is only a low priority when it comes to solutions.

### 2.2.4 The pastoral counsellor as shepherd and prophet

Adventist scholar Bill Jackson (2009) explains where pastoral counselling fits in with biblical views and practices. The counsellor becomes an intermediary who represents the counselee before God. The counsellor speaks to God on behalf of the counselee. As priests would do, the counsellor calls counselees to be resilient rather

than focus on their shortcomings. As a prophet, the counsellor confronts and proclaims the truth in the "thus sayeth the Lord" manner. This would amount to a *directive approach* to counselling. However, according to Jackson (2009:1), the truth can be revealed and proclaimed also through "reflective listening and asking questions".

Charles Wittschiebe (1956:1) explains the role of confession. Confession does not mean that a counselee is seeking absolution for sin. Its function is to enable the pastoral counsellor to identify underlying difficulties and the counselee's specific needs. The pastoral counsellor remains an "under-shepherd", someone who is a representative of God to the people. White (189:484) explains the role of the pastor as counsellor in relation to God as the ultimate counsellor as follows:

> There is need of shepherds who, under the direction of the Chief Shepherd, will seek for the lost and straying. This means the bearing of physical discomfort and sacrifice of ease. It means a tender solicitude for the erring, a divine compassion and forbearance.

For pastoral counselling to be effective, the most important aspect is that it should be non-threatening. Its approaches and techniques should be inviting. Dudley's (1981:16) description of counselling as applied to pastoral counselling by Adventist scholar Jeffrey Brown (1994:65) outlines the non-threatening approach that should be present in pastoral counselling as follows:

> Pastoral counselling is the process by which one person helps another in an accepting non-threatening relationship to grow towards his fullest potential for successful and satisfying living both in this world and in the world to come.

This description fits well with the image of the pastoral counsellor as a shepherd who leads the sheep gently towards the pen. This is done with care and patience, not by forcing, coercing, rebuking or chastising them as the *prophets* did. Adventist scholar Standish (1975:2), however, argues in favour of reproof and describes the dilemma as follows:

> the pastoral counsellor is confronted with the dilemma of a training that, on the one hand, has led him to seek to love the sinner but point out the sin while, on the other hand, to accept both the counselee and his bahaviour, usually the conflict is resolve on the side of the latter. This too frequently leads to a loss of one of the most essential ministries, the ministry of reproof.

### 2.2.5 The place of *belonging*

In his book, *Believing, behaving, belonging,* Rice (2002) addresses the general Adventist approach of evangelism but also the tendency to reprove people for their beliefs and behaviours. In situations of interreligious communication the Adventist goal is to persuade other to *believe as they do*. A second goal is to teach people how to *behave* according to Adventist beliefs. A third goal is to convince them to *join* the Adventist church. Rice (2002:13) suggests a change in the order, namely first belonging, then believing, after which behaviour would follow. Care for the counselee takes precedence over teaching doctrine or prescribing behaviour and correcting beliefs. Similarly, Powlison et al (2003:91) warns counsellors that models that emphasise correct behaviour and strictly adhere to biblical precepts, can cause psychological harm to persons who struggling with guilt. A psychological approach will be more effective that a biblical approach when people are dealing with guilt or "immoral behaviour". Such an approach would safeguard the client from the religious agenda or belief system of the counsellor.

Saroglou (2016:1325) expands the threesome *belonging, believing, behaving* to include a fourth, namely *bonding*. Bonding comprises a great part of the human experience. Counsellors should be careful when addressing and challenging the four aspects of a client's experience.

| **Dimensions** | **Aspects** | **Products** | **Goals** | **Transcendence** |
|---|---|---|---|---|
| Believing | Beliefs | Dogma | Truth | Intellectual |
| Bonding | Emotions | Rituals | Awe | Experiential |
| Behaving | Morality | Norms | Virtue | Moral |
| Belonging | Identity | Groups | Totality | Social |

Saroglou's model show the psychological aspects of the dimensions of belonging, behaving, believing, and bonding. The intellect pertains to beliefs, emotions and behaviour to morality and the social to the aspect of identity. In a psychiatric clinic all of these aspects are open to discussion in a counselling session. How and when these aspects of person wellbeing are to be discussed, is left to the counsellor's discretion.

The insights of South African practical theologian Daniël Louw (2000:182) in his article, "The hermeneutics of intercultural pastoral care: From psyche to position", also apply to interreligious counselling. Louw emphasises *interconnectedness* and *being with* the counselee, which is where the true value of pastoral counselling lies. He recommends a paradigm shift, from an individual cultural focus to a shared interconnectedness. The focus is less on therapeutic talking and more on "being with" the counselee. He also propagates less emphasis on psychoanalysis and more on socio-cultural analysis. Empathy should be a response to the uniqueness of the other. The aim is to understand the person's story, rather than dissecting the person's beliefs.

One way counsellors can ensure that their focus remains on *belonging,* is through *transspection*, a term coined by Maryama (1986:30) and applied to pastoral counselling by Louw (2000:184). *Transspection* means to put yourself in someone else's position and feel and experience what they are experiencing. Another way of fostering a sense of belonging in the counselling relationship is outlined by the Mental Health Foundation (MHF). According to the MHF (2008:1) spirituality can contribute to a sense of belonging for those who are experiencing distress. Spirituality can bring a sense of hope and control. It can also contribute to better coping strategies for those in distress. Since the spiritual domain falls in the scope of practice of pastoral counsellors, they have the opportunity to genuinely foster a sense of belonging for their clients. Cornah (2006:5) identifies seven steps for clinical professionals to promote an atmosphere of care and belonging for their clients:

- Ask clients about their spiritual needs.
- Identify areas of life that bring hope and meaning.

- Offer the services of a chaplain to all.
- Make spiritual resources available to clients.
- Provide a safe space for spiritual practices.
- Create the opportunity for all clients to discuss their spirituality in a safe space.
- Build support structures in the community with various spiritual and religious groups for support.

Two of the steps have logistical challenges. It is difficult to find sufficient resources to provide spaces for the spiritual expression of people of various religious traditions. To build such spaces would be costly and other religious groups may not want to contribute financially to an Adventist institution. Furthermore, Adventist pastoral counsellors could find it difficult to support or promote support structures run by other religious traditions. The other four steps are possible in any clinic. In this way a sense of belonging can be created in the care institution.

According to Rice (2002:20), what motivates pastoral counsellors to creating a sense of belonging for their clients is God's love. God's love ignites a love for others. Salvation is the means through which God restores the vertical as well as horizontal relationship (Rice 2002:19). Belonging has to do with identity. Adventist pastoral counsellors not only draw their identity from belonging to the Adventist organisation, but also from other organisations and councils to which they belong. Their membership of specific organisations affects the way in which clinical pastoral counsellors do their work. Firstly Adventist pastoral counsellors belong to the Christian faith. Secondly they belong to the Adventist tradition. They also form part of the multidisciplinary team of the psychiatric clinic. They further belonging to specific councils that regulate how they do counselling. The ethos of these institutions influence the ethics and style that pastoral counsellors adopt. The role of pastoral counsellor is one of trust. Much harm can be done if regulating boundaries are not set in place, both through a governing board and on a person level by the counsellors themselves. As Christians, most pastoral counsellors approach ethics from a Christian orientation, and highlight their accountability to God as important (Human and Müller 2009:176).

## 2.3 Pastoral counselling contexts

### 2.3.1 Counselling in congregations

Pastoral counselling in the Adventist tradition began developing around the 1950's. All pastors were deemed "counsellors". The term was applied to congregational pastors who did counselling. Wittschiebe (1956:2) explains that before pastoral counselling became a distinctive discipline in the Adventist tradition, pastoral counselling was solely the work of the congregational pastor who was on occasion called upon to do counselling with members of the congregation. Because pastors did not have specific counselling training, referral to mental health professionals was crucial and required for problems other than spiritual and biblical matters. Through the last 80 years the practice of pastoral counselling in the Adventist tradition has developed and grown. Darold Bigger (1999), a scholar from the Walla Walla Adventist College, points out that pastors are often challenged to counsel people who experience a wide variety of crises. These include crises ranging from "family violence, abuse and neglect, suicide threats or realities, medical emergencies, accidents, depression, financial stress, parent-child tensions, and other such crises clamor for their personal and professional attention" (Bigger 1999:1).

Today it is no longer just the congregational pastor who does counselling. Human and Müller (2009:166) distinguish the following types of pastoral counsellors: the experienced minister in a congregation, the full-time pastoral counsellor, the minister who holds a Master's degree, the pastoral counsellor that has no formal theological training. At the inception of counselling as a practice within the Adventist tradition scholars such as Ninaj (1957:1) found that, when congregational pastors take on the role of counsellor, the focus changes. The congregational responsibilities becomes secondary to the need for care of the individual member. According to her, the pastor's main focus should be the work in the congregation, and the pastor should "not think of himself as an amateur psychologist" (Ninaj 1957:1). Adventist scholar Standish (1975:2) saw it as "tragic" when pastors made counselling their primary focus at the expense of the work of congregational pastor.
In the twenty-first century the Adventist tradition now makes a clear distinction between congregational pastors who do counselling as part of their everyday work and pastoral counsellors who do not do congregational work. However where

congregational pastors engage in counselling the view remains that their primary focus is the congregation and evangelism. Human and Müller (2009:171) concede that being both congregational pastor and pastoral counsellor is a difficult task. The boundaries blur when there is such a measure of personal involvement in the lives of their congregants.

### 2.3.2 Chaplaincy

Because there is no formal department that deals with matters of pastoral counselling within the Adventist church, pastoral counsellors rely on the guidance of the Chaplaincy Department and adhere to the requirements as set out in the Adventist Chaplaincy Manual. The Adventist Chaplaincy Institute Handbook (2016:21) describes it as follows: “ES101 do not discriminate against anyone based on race, gender, age, faith group, national origin or disability”. Further PES101.4 outlines how to approach the religious convictions of a person, groups or CPE student namely, “with respect and sensitivity; avoid the imposition of their theology or cultural values on those served or supervised (ACIH 2016:21)”. Chaplaincy in general and the specific tenets of the field that pertain to the clinical context, can provide Adventist chaplains with guidance as to how to do interreligious counselling in an effective and respectful manner. Insights especially from hospital and psychiatric hospital chaplaincy are useful in this regard.

Different types of chaplains serve in the clinical context. According to Pitstra et al (2020:1; cf Ansari et al 2018:113), chaplaincy is originally a Christian profession and traditionally chaplains serve people who belong to their specific religious or spiritual tradition. Today chaplains are expected to serve all persons, irrespective of their spiritual orientation. Secularised society, according to Bernard van Praag (1982:1), has developed what is called “humanist chaplaincy”, which exists alongside “religious chaplaincy”. In a study with humanist chaplains, Pitstra et al (2020) found that these chaplains viewed their work as “a calling, caring for all fellow human beings, belief in (inter)personal potential, and struggling with a non-supportive environment” (Pitstra et al 2020:3). The main characteristic of humanist chaplaincy according to is that it focusses on *human abilities* only (Pitstra et al 2020:4). Religious chaplaincy focuses on the Divine and is what Fisher (2011:27) calls a *moored spirituality*. Humanistic spirituality steers clear of mainstream beliefs systems

and practices and encourages counselees to discover for themselves what a life that is worth living entails. The focus is on a *good* or *better life* (Pitstra et al 2020:5 & 8). According to Ansari et al (2018:114), Muslim chaplaincy differs from other spiritual counselling or chaplaincy is the sense that it focuses on integrating principles and practices that are uniquely Islamic into its counselling and psychological understanding of mental health. However it shares similarities with Christianity in that though Muslim chaplaincy is rooted in the Qur'an and Christian counselling is rooted in the Bible, they Muslim and Christian counsellors can also provide care for persons of other faiths or religions (Ansari et al 2018:115 and 119). An *interfaith* or *interreligious* chaplain who is also a person of a particular religious persuasion, will have specific challenges. Youngblood (2019:1) warns that the chaplain's own spirituality should not be compromised, but the chaplain should also be respectful of clients' religious orientation or lack of religious conviction.

Unlike clinical chaplaincy, military chaplaincy services are only offered to the staff members. According to Seiple (2009:45) military chaplains' services are directed solely to military personal and not the public. They are responsible for the creation of safe places where military personnel can perform their religious rites and worship while away from home. Peverall et al (2010:833-834) investigate the role of the chaplain in a public funded health care hospital or clinic and where they fit into the multidisciplinary team. They also explore what models of spiritual care will best meets the needs of patients from diverse religious traditions. These are the concerns of this study, namely what kind of training can be made available to assist chaplains in this setting to prepare sufficiently for dealing with spiritual diversity in a clinical setting.

For Mălureanu (2013:124), pastoral counselling is unique in that it is not the same as when other therapists or counsellors make use of spiritual techniques in their counselling. For him, there is a distinct difference between *interreligious chaplaincy,* and faith specific chaplaincy. Pastoral counselling has developed to become a specialised ministry. Over time hospitals, the military and other institutions began contracting pastoral counsellors or chaplains of specific faith denominations to work in these institutions as representatives of their specific faith communities. The objective was that these chaplains of counsellors address the spiritual needs of the patients or staff (Mălureanu 2013:130). Some clinics are interreligious centres with a

large group of permanent or temporary chaplains that can offer services to a variety of people, irrespective of their religious orientation (Mălureanu 2013:140). During his hospital internship Mălureanu (2013:150) encountered chaplains who would, if needed read from the Quran for Muslim patients. Adventist chaplains and clinical pastoral counsellors would find this difficult. Grant Leitma and Julian Melgosa (2008:42) in their article, “An Adventist approach to teaching psychology”, explain that people tend to seek help from a counsellor who shares their spiritual and religious views. They avoid seeking help from others for fear of being ridiculed or misunderstood. This holds true across religious traditions.

### 2.3.3 Clinical pastoral counselling: The setting

In a clinical environment the boundaries are clearly defined because it is a professional environment where counselling is the purpose. In the clinical setting there can be two categories of professionals who do spiritual or religious counselling, namely the chaplain or the clinical pastoral counsellor. In the past, it was less difficult to perform this task. Now a greater degree of professional training is needed. There is a difference between the duties of a chaplain and those of a clinical pastoral counsellor. The chaplain’s duties are usually short-term crises intervention requested by the clinic or patient. In the study by Peverall et al (2010) in a hospital setting, chaplains were asked how they know when their services are needed. One chaplain responded: “We generally roam around and go by gut feel as to where we should go. It is kind of an intuitive process” (Peverall et al 2010:830).

Clinical pastoral counsellors, on the other hand, conduct counselling on the same basis that psychologists or psychiatrists do. An office is allocated to the clinical pastoral counsellor. Patients can make an appointment for counselling or the patient can be referred by other members of the multidisciplinary team. Where in the past the pastor needed no formal training, clinical pastoral training is now needed for people to work in a mental health setting. With regard to clinical training, certain challenges related to fundamentalist views were prevalent even at the beginnings of Adventist counselling. Wittschiebe (1956:2) explains that some Adventist pastors with a fundamentalist approach to Scripture and who subscribe to the ideas of Ellen

White, found it difficult to adjust to working with a supervisor and other trainees. This type of training is not for everyone. Suitable candidates should be selected carefully.

Clinical pastoral education is an important part of the training of pastors who will be working in a clinical environment. The importance of a basic understanding of psychology by Adventist pastoral counsellors was already emphasised by Ninaj in 1957. Practical clinical experience is required by many Adventist institutes. Early on the Adventist tradition adopted the model of Clinical Pastoral Education of Anton Boisen, the theologian who initiated professional “religious ministry in hospitals, mental institutions, prisons, and reformatories” (Ninaj 1957:1). Courses in the Adventist training institutes lasted up to three months and included subjects such as anatomy and physiology. Initially, full-time chaplains and pastoral counsellors were not the norm. The local congregational pastor was called upon to also serve as chaplain in various institutional settings. The unique role of pastors who did counselling in health care institutions was that they were not medical professionals, but came as a “friend” with the aim to address the holistic wellbeing of the patient (Ninaj 1957:2).

#### 2.3.3.1 A psychiatric institutional setting

Clinical institutes increasingly take a bio-psycho-social-spiritual approach to care. Holistic care that includes the spiritual domain is becoming more popular and important with regard to mental wellbeing. Cornah (2006:2) notes how spirituality has been proven to help person with depression, anxiety, stress and recently also with posttraumatic stress syndrome and schizophrenia. Whether or not spirituality will have a positive effect on a person’s mental wellbeing has to do with how spirituality is expressed and lived by that person (Cornah 2006:3). Spiritual aspects that can have a positive effect on mental wellbeing include people’s individual belief system, connectedness to God, membership of a religious body, or being in a religious environment. This is seen to benefit mental wellbeing (Cornah 2006:3). For Corliss Heath (2006:165) optimal mental wellbeing requires “medical maintenance”, and “spiritual wellbeing”, “cultural considerations” and “ethical considerations”. South African pastoral counsellor, André de la Porte (2016:1) finds that about 70% of

people try to make sense of the difficulties in their life from a spiritual perspective, specifically that of their own faith tradition.

The World Health Organisation describes health as “a state of complete physical, metal and social well-being, not merely the absence of disease” (WHO 1998:7). According to the Mental Health Foundation, any institute that deals with severe mental illness should include spirituality into their treatment plan. They put it as follows: “For an individual, culture and religion may be inter-changeable, addressing numerous psychological needs” (MHF 2008:2). It is important to understand a client’s religious orientation because clients often interpret their problems from the perspective of their own religions tradition. These insights by counsellors enhance the counselling experience and contribute to better outcomes (MHF 2008:2). Despite religion being a communal entity, it is experienced and interpreted by individuals on an individual level. This requires that counselees’ religious involvement is discussed at the onset of sessions (MHF 2008:3).

#### 2.3.3.2 The multi-disciplinary team

In a clinical setting, the chaplain or clinical pastoral counsellor is part of a multidisciplinary team. Knowledge of the work of the multidisciplinary team in the clinic is needed in order for the pastoral counsellor to be available to refer patients whose problems fall outside of the scope of practice of the pastoral counsellor (Human and Müller 2009:174). Adventist pastoral counsellors’ training includes Clinical Pastoral Education (CPE) which teaches the pastor to work in collaboration with other professionals such as doctors, psychologists, psychiatrist and teachers, social workers, law enforcement, and lawyers (see Ninaj 1957:1). There is a growing need to not just work in collaboration with other mental health professionals but to move from being a multidisciplinary team to an interdisciplinary team. According to Young et al (2003:690), there is an increasing tendency to request the services of pastoral counsellors when serious problems such as mental illness, struggle with substance abuse, and suicide ideations are encountered. Adventist scholar Jackson (2009:1) recommends that a clear distinction be made between pastors who do counselling and clinical pastoral counsellors. Only pastors have completed education in clinical counselling should from part of the multidisciplinary team in a clinical

setting. Congregational pastoral counsellors who do not have such training should assist only in matters of a non-clinical nature.

Mălureanu (2013:139) emphasises that clinical pastoral counsellors should be well acquainted with the specialties and contributions of all the team members. In a psychiatric clinic patients' primary needs will be psychological in nature and medical treatments will form part of their treatment plan. It is also a possibility that patients will be referred to the pastoral counsellor if spiritual difficulties are part of the patients' mental health difficulties. Interdisciplinary word is needed where a connection between religion, spirituality and mental illness becomes clear. Spirituality and religion are linked to mental illness in various ways. Sometimes deep religiosity manifests as mental delusions, and sometimes psychosis presents as deep seated religiosity. If the interdisciplinary team work together with regard to the diagnosis and treatment plan, they can better avoid the misinterpretation of either religion or mental illnesses. Andor and Owusu (2017:26) explain how manic episodes can often appear in the form of deep devotion. Such expressions of faith should be addressed in the clinical environment. A trained pastoral counsellor will be better equipped to deal with spiritual delusion than clinical health care professionals. Counselees often expressed the belief that their psychological struggles is God's punishment for wrongdoing. The misinterpretation of religious writings is also often cause for significant distress (Andor and Owusu 2017:27). Spiritual perceptions and practices can therefore have a negative effect on client's physical and mental health. Psychosis and anxiety can be linked to increased religiosity, as well as other problematic behaviours such as "dogmatism, authoritarianism, dependency and suggestibility" (Fayard 2006:7). In such instances it would necessitate that the pastoral counsellor address such religious belief or practices that contribute to mental health problems. Kenneth Pergament (2001) points out that not all religiosity is conducive to mental health, whether it is Christian or other types of religiosity. His studies find that the negative or positive effects of Christian religiosity correlate to a person's negative or positive perceptions of God.

In a multidisciplinary team each member addresses different aspects in order for the team as a whole to be able to provide holistic mental healthcare. For instance, when fear is the theme in a counselling session, each member of the multidisciplinary team

will address a specific domain as it relates to that fear. Medical professionals and psychologists will deal with the mental and physical aspects of fear, whereas pastoral counsellors will focus on the religious aspects. This approach was promoted even in the early development of Adventist counselling by Cannon (1956). He argued for the holistic healing of the body, mind, and soul (Cannon 1956:3). Gregory Matthews (1995:2) warns Adventist pastoral counsellors not to connect counselees' personal problems only to "personal sin". Underlying biological, chemical and genetic as well and environmental factors can play a role in mental disturbances. As a member of an interdisciplinary team the pastoral counsellor will have the opportunity to discuss specific religious or mental manifestations with other team members and gain their insights. The team can then plan the treatment based on multiple specialists' input.

Matthews (1995:2) explains that prayer can help soothe emotions for the moment, but hormonal and chemical imbalances cannot be "prayed away". These need medical intervention. This does not mean the pastoral counsellor is denying God's power in the patient's life. It simply recognises the fact that even devoted Christians can have physical and mental problems that need specialised medical care. Together the interdisciplinary team can clarify what problems relate to which fields of specialty and provide holistic care in a balanced way. Correct diagnoses can then be made and the appropriate referrals can be done. With a basic knowledge of family systems theory, for example, a pastoral counsellor can refer persons to a social worker or psychologist when necessary (see Matthews 1995:2).

#### 2.3.3.3 The multi-religious environment

In a multi-faith environment, chaplains serve all regardless of their religious or cultural orientation. However, when specific religious advice is required a wider chaplaincy team is there to assist. In the clinical setting having a variety of chaplains on call to address specific religious difficulties clients are facing is ideal but not always possible, and definitely not in the psychiatric clinic where I did my internship at. Only Adventist pastoral counsellors are considered for fulltime employment. In the National Health Services Chaplaincy Guidelines for England (2015:6-7), the term chaplaincy is not specific to any religion or tradition. Youngblood (2019:1) explains

that, in a multi-religious environment, all persons should have access to a spiritual, religious, or pastoral caregiver who supports them in times of stress. All areas that relate to spirituality and used for multi-faith services, non-religious spiritual gatherings or rituals are directly under the care of the chaplain according to the National Health Services chaplaincy guidelines (NHS 2015:12). It is the responsibility of the chaplain to create multi-faith spaces for, prayer, reflection, worship, meditation and stillness. This is a complicated task since the criteria of various religious traditions should be met (NHS Chaplaincy Guidelines 2015:27). The chaplains' primary task is to address any *religious, spiritual and pastoral* concerns in a way that "enhances resilience and support healthy living" (NHS Chaplaincy Guidelines 2015:12).

# CHAPTER 3

# PASTORAL COUNSELLING IN A MENTAL HEALTH INSTITUTION

## 3.1 Mental health and spiritual care

### 3.1.1 Healthcare professionals and Spirituality

The need that has been identified thus far is that spirituality should not be neglected in the bio-psycho-social treatment plan in mental health clinics, the question is which professional should be responsible for this aspect (Harding et al 2008:116). According to Olsen et al (2019:146), mental health workers in general can address spirituality in a general way. It is not necessary for the person to be a religion specialist. Given the great variety of spiritualties and religious orientations it is almost a given that any counsellor, at some point, will have to do counselling with someone form a religious tradition different from their own (Olsen et al 2019:245). However, Olsen et al (2019:146) point out that addressing spirituality can be difficult for many mental health professionals and clinicians. Therefore they recommend that the aspect of spirituality should be addressed by a specialist such as a chaplain or a pastoral counsellor. Olsen et al (2019:254) identify four types of professionals who provide spiritual care to clients:

- Generalist-particularists: all caregivers can address the spiritual domain. The specialist's spiritual orientation plays a vital role in the process.
- Generalist-universalists: all caregivers can address the spiritual domain. The specialist's spiritual orientation does not play a role in the process.
- Specialist-particularists: only experts should address the spiritual domain. The specialist's spiritual orientation plays a vital role in the process.
- Specialist-universlists: only experts should address the spiritual domain. The specialist's spiritual orientation does not play a role in the process.

The Adventist clinical pastoral counsellors in the psychiatric clinic where I completed my internship are generally specialist-particularist. The clinic stipulates that the counsellor should be Adventist and have at least a Master's degree in pastoral

counselling. Murray and Zeptner (1989:259) illustrate as follows how the various disciplines in general medicine, psychiatry and religion overlap in their responsibility of the bio-psycho-social-spiritual domain of a person's holistic wellbeing:

| **Dimensions of human experience** | | | |
|---|---|---|---|
| Dimensions of experience | Principally related disciplines | | |
| Spiritual | Religion | Psychiatry | |
| Interpersonal (Familial/sociocultural) | Religion | Psychiatry | |
| Intrapersonal (psychological) | Religion | Psychiatry | General medicine |
| Biological (organic) | | Psychiatry | General medicine |
| Physical | | | General medicine |

Pastoral counsellors and mental health workers address the spiritual dimension, psychologists the emotional dimension, whereas general practitioners address the physical dimension. Pastoral counsellors can also address the social aspects of mental wellbeing along with social workers and other mental health workers.

According to Dennis Lines (2007:3), the therapist has taken over the role of the priest or pastor as the person who takes care of the social welfare of society today. For him, the state usurped the role of church when it comes to social welfare and education. The Chaplain of NEMH (1973:1) cautions against society being overly dependent on professions such as penology, medicine, psychiatry, education, social work, and others. Ninaj (1957:1) emphasises that, for the wellbeing of humankind, the aspect of spirituality cannot be discounted. There is a need for appropriate training for pastoral caregivers in order that they can contribute effectively to helping people.

Nola Passmore (2003:183) identifies aspects to be addressed with regard to spiritual and religious counselling. These aspects include boundaries, conflicting values,

techniques for accommodating different religious views, referral networks, and training to deal with religious topics in a sensitive way. The type of counsellor a client chooses mostly depends on what kind of problems they have. If a person has psychological or emotional problems, they would see a psychologist. If they have physical problems they would see a medical practitioner. If they have religious or spiritual issues then they would see a pastor, priest or spiritual counsellor. The challenge is that these essential aspects not be treated in isolation. Even if the problem presents as predominantly in one domain, other domains will most probably also come into play in some way or another (Passmore 2003:185). This illustrates how even a multidisciplinary approach to patient care can miss some essential overlapping aspects if the members of the team work separately. Working together would yield the best results. An interdisciplinary team who share reports on areas covered in counselling would make the holistic approach to care that such a team represents, more effective.

Adventist scholar Matthews (1995:1) sees pastoral counselling as the fusion of theological explanations of how God interacts with humanity, with insight from the social sciences with regard to how human beings behave. A trained clinical pastoral counsellor can contribute to the spiritual and social healing of the person. An example is to postpone the religious issue of forgiveness until the person has dealt sufficiently with the causes of the destructive behaviour. Some clients need more than prayer and Scripture. Knowledge of human nature and behaviour will prove helpful in the counselling setting (Matthews 1995:1).

### 3.1.2 Spirituality and religion

The postmodern era has seen a rise of people who refer to themselves as “spiritual” rather than religious. However, for Adventist psychiatrist Carlos Fayard (2006:8) a focus on spirituality is simultaneously also a focus on religion. He finds that there is a direct correlation between spirituality, religious practices and mental health. In some instances, spiritual beliefs and religious rituals have a positive influence on a person’s physical and mental health. Lower mental health problems and higher life satisfaction have been linked to religiosity. Various definitions of spiritualty and religiosity have been proposed. If it is possible to separate religion and spirituality, a

pastoral counsellor could focus on spirituality rather than the religion in the counselling. Culliford (2005:5) explains that the reason why counsellors tend not to promote religious practices is that these can be harmful to the counselee's mental health.

Professionals who do interreligious counselling are encouraged to concentrate on clients' spirituality rather than their religion. Augustine (1961:43), in his *Confessions,* describes spirituality is a force that motivates. It is relational and anthropomorphic. It is part of a person's being. Others view spirituality as a cultural entity. It is simply part of cultural rituals and beliefs, not intrinsically part of a person's being. For Anandarajah and Hight (2001:83) spirituality incorporates all aspects of human life: how it is lived, experienced and perceived. Spirituality for them has to do with a person's beliefs and norms, while religion refers to the way in which people live out their spirituality and behave based on their internal beliefs and ideologies.

Culliford (2005:4) describe spirituality as that which gives *purpose and meaning* in life. Lukoff et al (1992:3) describe spirituality as an experience and desire to *know something bigger*. According to Parker Palmer (1999:8), spirituality is prompted by humanity's search for something higher than itself. For Fisher (2011:4), spirituality is what brings peace to a person's life. Despite the variety of descriptions, most of the literature agrees that in interreligious counselling the focus should be on spiritually rather than on religion. A focus on the counselees' norms, values and belief systems, rather than on their religion or the way in which they live out the norms, values and beliefs of their religion, can reduce the potential difficulties of inter-religious counselling.

However not all agree that spirituality should be the focus of interreligious counselling. Lines (2007:4) sees spirituality and religion as two inseparable and ancient practices. For Passmore (2003:186) there is a considerable overlap between the two. This should be taken into consideration in the counselling process. Fisher (2011:21) identifies the following three possibilities for describing the relationship between spirituality and religion:

- Firstly, spirituality can be seen as a subcategory of religion or as something that is to be found in religion.
- Secondly, religion can be seen as a subcategory of spirituality.
- Thirdly, spirituality is not a prerequisite for religion. Counselees can subscribe to the one without the other.

### 3.1.3 Types of spirituality

These different views of spirituality and religion presuppose that counselling may or may not include conversations about God and religion. Spirituality today means different things to different groups of people. Gilbert (2005:2) describes religious beliefs as "containing strong spiritual dimensions, philosophically and historically. However, spirituality can be used as a description of beliefs that are not formed from a formal religion and are personal to the individuals who holds them". Fisher (2011:24) points out that various religious institutions and those who subscribe to the occults use these terms in vastly different ways. This makes the understanding of spirituality subjective and personal. Fisher (2011:27) identifies the following three types of spiritualty:

- *humanistic spirituality,* in which the self rather than a divine figure, is central;
- *moored spirituality,* which is oriented towards God; three subtypes of this type are Western, Evangelical, and Conservative;
- *unmoored spirituality*, where adoration and worship are directed to nature.

Not all of these types of spiritualty are compatible with the Christian Adventist tradition. A focus on humanistic or unmoored spirituality during a counselling session will not be an option for an Adventist counsellor. For Cannon (1956:2) a rationalist approach to counselling promotes "increasing self-confidence", whereas a biblical Adventist approach promotes an utter dependence upon God. Many Adventist pastoral counsellors and pastors who do counselling still subscribe to this view.

According to Carvalhaes (2017:8), even when the focus of counselling is on spirituality rather than on religion, the understanding and practices of spirituality differ so widely that it becomes problematic in a clinical group session. She recommends the following for interreligious spiritual group work (Carvalhaes 2017:9):

- separate sessions for each spiritual and religious group, with the emphasis on their unique beliefs and rituals;
- combined sessions where elements of the various spiritual beliefs and rituals are celebrated in their diversity while highlighting the common elements;
- focusing on the common spiritual beliefs and rituals.

Though some promote a strong focus on spirituality rather than religion, there are religious issues that cannot be ignored. Passmore (2003) is of the opinion that there is a need to "explore religious issues in therapy, and to develop strategies and techniques for best dealing with religious issues, and contribute to research and training with regard to religious issues in therapy" (Passmore 2003:184). Welgemoed and Van Staden (2014) emphasise that psychiatrists should understand certain aspects of their clients' religious beliefs and practices. They put it as follows: "For psychiatrists to understand religious matters in a person's life requires skills and knowledge by which pathological and non-pathological religious aspects may be differentiated" (Welgemoed and Van Staden 2014:104). One reason why psychiatrist have avoided addressing religious or spiritual issues with their clients is their lack of knowledge in this regard. In a clinic with an interdisciplinary approach, the clinical pastoral counsellor can be a useful resource. Where religious beliefs come into conflict with the prescribed medical treatments it should not be ignored but addressed and solutions found. Although it is a practice of many psychiatric institutions to record patients spirituality and religion it is not of much use if the recorded information is not used and integrated into the patients treatment program to achieve mental wellbeing (Culliford 2002:249).

Adventist psychologist Carlos Fayard (2006:2) explains how spirituality and God can be given a place in psychotherapy. I met him in 2018 while completing my internship in pastoral counselling at an Adventist psychiatric clinic. We had a conversation on how to address spiritual matters from the perspective of an Adventist counsellor who works with patients who subscribe to other spiritual beliefs. He was unabashed about bringing theology and God-talk into the therapeutic setting when appropriate. Counselling ethics prohibit pushing any specific religious or spiritual view especially

when it contradicts the spiritual or religious orientation of the client. Fayard (2006:3) explains the reason behind the prohibition or inclusion of spirituality and God-talk in the therapeutic setting. It can be traced back to founding fathers of psychotherapy such as Freud to whom religion was a symptom of deeper pathological issues. This, however, is not the only approach to psychotherapy. Carl Jung (1960) included religious discussions in the therapeutic session. Fayard (2006:4) demonstrates that although there is significant progress with regard to the integration of religion or spirituality into psychotherapy, there are pitfalls that have to be heeded. Pastoral counsellors and clinical professional counsellors can be tempted to confront clients' beliefs simply on the basis that it is different from their own and therefore "wrong". This will cause alienation which will be detrimental to the counselling process. However, there are times when religious and spiritual beliefs can be directly linked to mental illness. In such cases both the pastoral counsellor and the psychotherapist should be able to confront the issue in a respectful way.

## 3.2 Clinical pastoral counselling: The challenges

Carey and Davoren's (2008) study identifies certain concerns of healthcare chaplains who do interreligious pastoral counselling. In order to do counselling with people from various religious backgrounds, health care chaplains need training and insight into other religious systems and beliefs in order to provide effective counselling. For some, the underlying fear that they will become "tolerant" of some tenets of these "false religions" leads to an unwillingness to perform this task. An unwillingness to counsel "the other" and exclusivist attitudes sometimes prevail among healthcare chaplains. This especially pertains to counselling people who are from religious orientations that the chaplain considers to be "false" or "atheist" (see Carey and Davoren 2008:23-25). These concerns are the basis for the refusal of chaplains to do interreligious counselling.

Another challenge presents itself when pastoral counsellors attempt to guide counselees from a very different religious orientations to their own, to find meaning and ways of coping in their spirituality. The problem comes in when counsellors feel that they are not free to challenge problematic spiritual viewpoints of the counselee.

Clinical pastoral counsellors often find it difficult to know when they are “allowed to” confront problematic beliefs that contribute to mental illness or irrational thought processes.

Pastoral counsellors also face other difficulties when they engage in interreligious counselling. With the changing times and increasingly pluralist societies, Peverall et al (2010:825) emphasise the increasing need for interreligious and ecumenical pastoral counsellors and chaplains. Peverall et al (2010:826) point out that chaplaincy is one of the few professions that has developed training to prepare counsellors to interact with various religious groups or persons. Hospital chaplaincy or clinical pastoral counselling provide spiritual support to a variety of people through chapel services, prayer, and counselling. Interreligious counselling is not uncommon. In a study with African American clergy, Young et al (2003:688) found that the clergy did counselling with persons in their faith tradition and often also with persons who do not belong to their faith tradition. Peverall et al (2010:832) relate how a *Sikh* chaplain felt challenged when asked to do a prayer for a Christian family, but responded by doing a *general prayer* which seemed to have the effect of “bringing peace” to the family. However not all agree that if an institution has an interreligious chaplain, that will necessarily address the reality of religious diversity successfully. For professionals in a psychiatric institution, challenges would include participating in, or leading, a multi-faith prayer, dealing with spiritual diversity and addressing religious beliefs that conflict with the medical treatment that is recommended. Professionals who do address the spirituality of clients tend to do so in a *generic* or *universal* way (Olsen et al 2019:248).

### 3.2.1 Pastoral counselling and psychology

Chaplain and premier pastoral counsellor of the Seventh-day Adventist church, Larry Yeagley (2002:2), maintains that the clinical pastoral counsellor should be able to identify “observable symptoms of emotional disorders” for the purpose of specialised referrals. The pastor is not responsible for making diagnoses. The treatment assignment team makes the diagnosis of medical and psychological problems,

whereas the pastoral counsellor forms part of the “comfort and consolation team”, which specialises in spiritual matters.

The clinical pastoral counsellor who has access to a team of professionals can refer people when necessary. If pastoral counsellors refuse the help of mental health professionals they place the counselee life at risk. Yeagley (2002:2-3) emphasises the importance of eliciting the help of other professionals who can contribute to the overall wellbeing of the person. A statement such as: “I do not feel sufficiently skilled to deal with the biology of what you are experiencing”, can put the counselee at ease knowing that that the limitation lies with the counsellor and not with them. Ninaj (1957:1) points out that counselees often approach the pastor for help first. Pastoral counsellors are then the ones who have to do the initial assessment in order to make appropriate referrals. In the study of Farrell and Goebert (2008:439) with Protestant clergy in Hawaii, they found that very few clergy referred, even though they felt ill-equipped to deal with mental illness in. This was partly because they were not trained to assess mental illness. Clinical pastoral counsellors in a clinical setting have access to a multidisciplinary team. Psychologists, psychiatrists, and others are usually the first to assess the patient. They then refer patients to the pastoral counsellor if underlying spiritual problems manifest.

A lack of confidence in cooperation can hamper much needed referral. Jill Snodgrass (2019) points out that psychology and religion often have an uncomfortable relationship. Because the two domains do not take each other sufficiently seriously, that can have a negative effect on the referral process. According to Passmore (2003:197), one of the reasons psychologists do not refer to pastoral counsellor, is their lack of confidence in the skills and abilities of pastoral caregivers. Similarly the Protestant clergy in Hawaii felt hesitant to refer to “secular” psychiatrist for fear that they would undermine the spiritual or religious aspects of the person’s mental health and healing (Farrell and Goebert 2008:439).

On the other hand, some specialists are willing to make referrals to pastoral counsellors especially because they themselves are unwilling to deal with religious matters. A study by Grimm (1994:5) found that graduate psychology students were highly ambivalent about counselling strongly religious clients. They found religious

fundamentalism particularly difficult to deal with. For them, religion and faith have not place in healthcare. Grimm (1994:6) too finds a definite “ambivalence, hostility, and confusion” among healthcare workers who were trained in psychology, when they have to deal with the spiritual matters. Little or no regard for people’s spirituality is a type of exclusivism. Thus the best option is for an interdisciplinary team would work together to support one another where the other experiences difficulties.

Adventist scholar Yeagley (2002:1) explains the process of referral when more than pastoral skills are needed. When appropriate referrals are done, healing is facilitated more effectively. Referral benefits not only the person who will receive more effective care, but also the pastoral counsellor who can make better use of the available time and avoid overwork and burnout. Some ethical dilemmas with regard to interreligious counselling can also be solved when the person is cared for by a multidisciplinary team that work together for holistic integrated patient care.

### 3.2.2 Pastoral counselling with the different other

South African society is still largely religious and consists of many religious orientations which represent most of the major religions of the world (Chidester 2006:351). In such a context interreligious counselling is both necessary and challenging. With regard to the experience of spirituality or spiritual things, Lines (2007:2) explains that there is a “down to earth empirical outlook and there is a mystical one”. A balance between the two is crucial. Thpe Bible and prayer are resources for pastoral counsellors. However, these resources alone are not sufficient. Theologians such as Dietrich Bonhoeffer (1970:279) have already pointed out that the world was moving away from religion and that times were changing. This trend can be seen in the postmodern era. However, the postmodern era has also seen a turn toward spirituality. In South Africa most people still consider themselves to be religious persons.

According to Passmore (2003:188), it is better to address religious issues in counselling than to ignore them. However given the variety of outlooks and problems, this proves to be a great challenge for clinical pastoral counsellors who

work in a multi-religious setting. Biddington (2015:107) recognises the need for "non-Christian chaplains" and "humanistic chaplaincy". Rachel Heath (2017:71) points out that chaplaincy plays a vital role in navigating religious similarities and differences. Chaplaincy can include guiding persons of religious and non-religious orientations on their "journey into self-discovery and finding a kind of spiritual enlightenment" (Heath 2017:72). This will help them making sense of their own spiritual journey and religious orientation. It is important that the chaplain create an environment that allows for such encounters. The chaplain should be open-minded enough that if the outcome is not what the chaplain expected, it can still be accommodated graciously by the chaplain. A chaplain should be able to provide counselling for all people who require their expertise, irrespective of their religious or spiritual orientations.

Seung Kim (2014:20) conducted a study that looks at interreligious discussion between Buddhists and other religious traditions and came to the conclusion that, "Christian preferred to talk to themselves". This is statement reflects a similar attitude than that of some fundamentalist Adventist pastoral counsellors. David Bosch (2012: 248) also describes Protestants as removed from or even hostile towards interaction with other religions. The Adventist tradition can be categorised as "conservative Protestantism". Potter et al (2017:84) describes the desire of Protestant conservatives to protect their identity and heritage in a changing atmosphere. Many feel attacked and fear that they will lose their identity when confronted with other beliefs and traditions. Their main purpose is to preserve their beliefs, whether cultural or religious (Potter et al 2017:85). People find it difficult to engage in interfaith cooperation and extremely difficult to sustain interreligious interaction.

The way in which such traditions seek to maintain their identity, is often through exclusivism. Jeannine Fletcher (2014:49) explains that religious identity is often established by expressing what a group *is not*. Boundaries are set according to what *is not* allowed. This practice promotes exclusion and inclusivism. For Jerusha Lamptey (2014) religious differences are tied to boundaries. This is problematic because it "leads to an excessive focus on the boundaries themselves" (Lamptey 2014:36).

South African Religious Studies scholar, Jaco Beyers (2017:1), points out that the world is increasingly becoming plural and that “isolation is something of the past”. He puts it as follows: “Homogeneous communities are becoming the exception and plural communities the rule”. For Beyers pluralism means *connectedness.* As pluralism, increases Christians are experiencing challenges from people of other faiths (Beyers 2017:2). In order to successfully navigate these challenges and invitations to collaborate, a specific tradition should know and understand its own religious position as well as that of others. Beyers (2017:11) puts it as follows: “Pluralism recognises the validity and equality of all religions”. He argues that the times in which we live today no longer allow one religion to be the norm for all other religions. Paul Hedges (2010: 230) points out that Christianity has long claimed to be the proprietor of “the truth” and has exhibited a closed attitude towards others. It has focused on its own doctrines, beliefs and creeds and to the exclusion of all that is different from those beliefs.

Pastoral counsellors whose paradigm tends to be modernistic and positivistic, also tend to be exclusivist in their approach to counselling. Such an attitude will not make counselees feel safe or welcome. It often comes across as judgemental. Such counsellors often use the term “secular” to categorise that which is concerned with the things of the world rather than with the sacred (Lines 2007:13). However, because the sacred and the profane co-exist, it makes counselling a challenge when it comes to the topic of religion. Modernists have a “positivistic desire for absolute certainty” (Lines 2007:14). With the rise of postmodern epistemologies, knowledge was increasingly condemned as “relativistic”. This relativism is seen to hold a strong sway on societal orientations. This creates anxiety for those who seek absolute truths. Christianity influence worldviews in times past. However today non-religious or non-Christians knowledge systems have a strong influence of worldviews and the creation of knowledge that is deemed to be important and valid (Lines 2007:15).

The worldview of pastoral counsellors and counselees is of significance for the counselling process. Worldviews affect the way in which counselling is done and meaning is created. Passmore (2003:196) emphasises that counsellors cannot engage in value-free counselling. Their worldview will affect the techniques they use and the behaviours they address. The influence of worldview is demonstrated by the

following opinions. Haki Madhubuti (1990:1) laments how people "try to fit into somebody else's world view". For Adventist scholar, Brown (1994:68), "counselling that denies the cultural worldview of other cultures is at best myopic and at worst insensitive". According to him, counselling in the Christian context begins with the reality of the human condition (Brown 1994:64). The purpose of counselling is to guide counselees to navigate through the dangers of their own human nature and to achieve a balanced Godly character. These opinions illustrate how the worldview of the counsellor influences how counselling is conducted.

## 3.3 Communality

With all the difficulties that arise when doing interreligious counselling numerous studies suggest a focus on commonality as a solution. With a focus on commonalities between counsellor and the client's values, beliefs, and practices, overstepping counselling boundaries of transference can be avoided. In the field of pastoral care and counselling, Emmanuel Lartey's (2000) work on counselling in a multi-cultural context, distinguishes the following points of departure.

- *Mono-culturalism* is the idea that people are in effect more similar than different.
- *Cross-culturalism* is the idea that people are seen as "totally different from us".
- *Educational multi-culturalism* is the view that others are "interesting" and one can learn about them.

Lartey adds his own approach to intercultural pastoral counselling that is built on the idea that every human person is simultaneously like *all* others, like *some* others, and like *none* other (Lartey 2002:319). A type of mono-culturism is recommended by the World Health Organisation. The WHO module for religious and personal beliefs lists 18 values under 2 headings of commonality, areas where "the other are similar to us" (WHO 1998:7). The headings of commonality are: transcendence, personal relationships, a code by which to live, and specific religious beliefs. The values under each of this are listed as follows:

*Transcendence*

- connectedness to as spiritual being or force;
- meaning of life;
- awe;
- wholeness/integration;
- divine love;
- inner peach/serenity/harmony;
- inner strength;
- death and dying;
- detachment/attachment;
- hope/optimism;
- control over your life.

*Personal relationships*

- kindness to others/selflessness;
- acceptance of others;
- forgiveness.

*Code to live by*

- code to live by;
- freedom to practice beliefs and rituals;
- faith.

*Specific religious beliefs*

- specific religious beliefs.

The focus on similarities as opposed to differences promises to be a more fruitful approach to interreligious counselling. The existing literature tends to focus heavily on areas of commonality in counselling.

The field of educational chaplaincy provides useful insights that can be applied to interreligious counselling. In the field of interreligious education, Ayeni and Ayeni (2011) approach moral education as a “common school” where the aim is to accommodate people of diverse cultures. The emphasis is on shared knowledge and values. The education environment should be a safe space for all, regardless of culture, religion or mode of spirituality (Ayeni and Ayeni 2011:377).

Cecelia Carvalhaes (2017) points out that anger and fear tend to be prevalent where there is difference. This is what makes interreligious work challenging. Given South Africa's history, cultural differences tend to elicit anger and fear among ethnic, cultural and religious groups. These powerful emotional commonalities can be a point of departure for developing guidelines for effective interreligious pastoral counselling (Carvalhaes 2017:3). Protestant theologian and sociologist, Hans Mol (1978) focuses on the four commonalities of all religions, namely *ritual*, *myth*, *objectification or transcendental ordering,* and *commitment.* If this model is followed in counselling and solutions are sought through these commonalities, it would avoid having to enter into specific religious beliefs. However, it would be a challenge to retain this focus amid all the differences that will invariably surface.

Another model that focuses on commonality is Fishers' (2011:17) Four Domains Model that centres on the domains of spiritual experience: the personal domain, the communal domain, the environmental domain and the transcendental domain. These domains cover all worldviews and belief systems. The commonality in each respectively lies in the search for purpose, community wellbeing, care for nature, and the search for a higher power to guide life. For Fisher (2011:18), spiritual health is the overarching dimension of wellbeing. The four domains of spiritual commonality can be useful to interreligious counselling. The pastoral counsellor would zoom in on the counselee's spiritual focus in the four domains. The problem with this model, when it comes to the Adventist ethos, is the way in which each of these domains can be interpreted. Adventist Christianity does accept the importance of personal, communal and transcendent spiritual experiences, as well as the ability to have a spiritual experience in nature. However, how each individual interprets and expresses their spirituality in these four domains can differ significantly and these expressions can contradict specific beliefs of the Adventist tradition. Addressing these types of specifics in each client's domain would be challenging to an Adventist pastoral counsellor.

Also in the field of chaplaincy has there been a focus on commonalities. Many religious leaders have advocated for an "inter-faith theology" in chaplaincy. Carey

and Dovaren (2008:29) identify the following four focus areas of commonality in religion.

- Firstly, religion is about what people *do*.
- Secondly, religion is about what people *believe*.
- Thirdly, religion is about who or what people *believe in*.
- Fourthly, religion is about people who give themselves to a *cause or creed*.

The *communality* lies in common rituals and beliefs, though these are limited. For the most part religious people believe in a deity, though they will mostly not concede that this deity is the same being as the one who is worshipped by people of other convictions, only called by a different name. Most religious groups are dedicated to a cause or creed (Carey and Dovaren 2008:21). These four focus areas of religion is similar to Mol's model. Finding the common framework in religious or spiritual orientations will help counselees and counsellors to find a common a starting point for the counselling dialogue. However, once the focus moves to the specifics, challenges will arise.

An approach that searches for commonalities is one that emphasises people's spirituality rather than particular religious differences. Both psychologists and pastoral counsellors find this approach useful. Since spirituality is a common denominator across all religious and faith groups, this can be a key to addressing patients' mental health problems in a meaningful way without necessarily getting into the details of religious beliefs and differences. However, spirituality can also be viewed in a variety of ways. It is therefore necessary to explore the term "spirituality" and clarify what is meant by "spirituality" and what is meant by "religion".

A focus on commonalities in the counselling setting can serve to alleviate some of the difficulties related to interreligious pastoral counselling. Carey and Dovaren (2008:29) suggest that common rituals and worship practices be integrated in a clinical environment in order to accommodate all faith groups. However, in their study with healthcare chaplains, they found the chaplains to be reluctant to focus on commonalities in interreligious pastoral counselling for fear of becoming

"syncretistic". Another objection was that the focus on commonalities such as prayer and the belief in a higher being could breed familiarity with and tolerance for other belief systems values and practices. Culliford (2002) identifies the following spiritual values that can be found in a variety of religious or spiritual experiences: "kindness, tolerance, compassion, generosity, patience, honesty, creativity, joy, humility, wisdom" (Culliford 2002:255). An initial focus on spiritual values can enable the pastoral counsellor to move gradually into the specifics of clients' religion and spirituality. If a sense of mutuality is formed in the counselling, the counselee can be made to feel welcome and have a sense of belonging. Effective interreligious pastoral counselling therefore focuses on the common values and religious beliefs that the client presents in the counselling session. The commonality in values will build trust even if some topics that are discussed are controversial.

## 3.4 Language

Another effective counselling skill is listening. Often deep listening is sufficient to bring about healing and the resolution of problems for the counselee (Preston 1984:1). The use of Scripture can in some instances be an area of commonality. However, it should not be used as "proof texting or correcting". Likewise, if prayer is important to the counselee, it can be appropriate and effective. For a person from in a worshipping community this technique can be welcomed. However, when the counselee does not share the counsellors religious orientation, prayer can feel strained and awkward and not have the desired effect (Preston 1984:2).

According to Peter Youngblood (2019:1), most chaplains address the issue of various faith traditions by making use of pluralist metaphysics. That is the idea that all traditions contain truth. Counselling then focuses on those truths that are appropriate to the situation. He further recommends the use of nonspecific non-theological spiritual language in counselling. When counsellors adjust their language to a more neutral terminology it creates a safe space for conversation to take place. Watson (2011:74) also points out that "theologically loaded" is not effective in any form of interreligious dialogue. He recommends the use of "meta-terminology" in

order to avoid terms and language that are loaded with meaning for specific traditions.

To create an environment that accommodates most or all spiritual orientations, is the ultimate goal (Heath 2017:74). Chaplains are trained to be sensitive to clients' *language*, dietary preferences and to create religious spaces that are appropriate to various religious and cultural orientations. In the clinical environment, an example of appropriate language is to rephrasing the title of the clinical pastoral counsellor. Counselees who are not from the Christian tradition could be reluctant to seek help from a "pastoral" counsellor since the term has the connotation of "Christian" and they may fear being proselytised by such a pastoral counsellor. In an attempt to avoid specific faith claims through the title of the pastoral counsellor the Waterloo Lutheran Seminary changed the title to "spiritual psychotherapist" (see O'Connor 2014).

Words are powerful. To talk to counselees about their religious tradition and the counsellor's tradition can create transparency, which can have the effect of enhancing the counselling experience. According to Jerald Gort (2008:744), the attitudes toward and interreligious involvement of Christians with people of other religions can be improved through interreligious dialogue. His model for interreligious dialogue focuses on four areas of commonality, namely histories (collective), theologies (focus on religious tenets), spiritualties (ecumenical fears and hopes) and life (social concerns). Entering into dialogue would naturally include interaction and learning about other traditions beliefs and practices which would enhance the counselling experience.

Karen Hernandez (2011:72) recommends that instead of just talking about religious differences Christians should embrace others and spend more time interacting with them. Common ground can be found, which will foster greater mutual compassion (Hernandez 2011:73). Martin Rothgangel (2016:2) points out that psychologists and social workers should be trained in interreligious communication. They should learn about various religious and spiritual orientations and traditions to enable them to foster tolerance and understanding toward others and avoid negative attitudes toward persons from different traditions. Knowledge of the other tends to reduce

prejudice. Youngblood (2019:2) has developed an approach which he calls *comparative theology.* This requires of the chaplain to engage in deep learning regarding the various religious traditions. The aim is to understand clients' religious orientations and challenges, yet remaining rooted in the own faith tradition. Comparative theology only makes truth claims after interreligious dialogue and learning has taken place.

# CHAPTER 4

# APPROACH AND PRACTICE

## 4.1 Ethical codes

### 4.1.1 Counselling ethics

In the Adventist tradition there is no governing body for regulating the work of pastoral counselling. No registration is required. Pastoral counsellors have to rely on the guidance of the Chaplaincy Department. This is the department of the Church that is most closely related to the field of pastoral counselling. The Adventist Chaplaincy Handbook states that there should be no discrimination against persons of other faiths in a counselling relationship (ACIH 2016:21). The imposition of theological beliefs or values on the client is not allowed. Chaplains and pastoral counsellors in South Africa may find these guidelines difficult to follow as their counselling approach tends to be more focused on evangelising with the aim to convert the counselee to the counsellor's faith tradition. Counselling ethics is at odds with such an approach. This causes some Adventist pastoral counsellors to refuse to do counselling with persons from other religions. From an Adventist perspective, Brown (1994:60) emphasises that the "teaching, training and practice of counselling should be congruent with the aims and philosophies of the institution". This makes interreligious counselling difficult, if not impossible.

For pastoral counsellors there are certain ethical difficulties that come up during the counselling process. Julian Müller and Heidi Human (2009:161) conducted unstructured interviews with pastoral counsellors and others whose work relate to pastoral counselling and discovered some of their ethical concerns. At the time of the article the overarching concern for Human and Müller was the lack of a governing council for pastoral counsellors that can guide their decision making (Human and Müller 2009:162). Today, in 2020, such a governing council, the Council for Pastoral and Spiritual Counsellors (CPSC) does exist. The CPSC falls under the Association of Christian Religious Practitioners (ACRP) and is recognised as a professional body by South African Qualifications Authority (SAQA). However the CPSC's regulations

are not strictly imposed and registration is not required by national legislation. It is done on a voluntary basis.

The lack of national legislation requiring registration with this governing body, allows for any person to adopt the title of pastoral or spiritual counsellor without being properly trained or qualified to fulfil the duties of this position. The levels of registration with the CPSC range from *Religious Practitioner* (Level 1) to *a Religious Specialist* (Levels 6-7). The *Religious Practitioner* is required to have completed only a basic course in the field of pastoral care, and anyone with or without a degree in theology can register at this level. A *Religious Specialist* however is required to hold a Doctoral degree in the field of Pastoral or Spiritual Counselling (CPSC 1991). When it comes to ethical guidance some pastoral counsellors prefer to use the guidelines and rules as outlined by the *Health and Professionals Council of South Africa* (HPCSA). However, this regulating body is specifically meant for health professionals, not pastoral counsellors.

This study is focuses specifically on clinical pastoral counsellors and their scope of practice as it relates to interreligious pastoral counselling in a clinical setting. According to the CPSC Designated Scope Table (2017:2), only religious practitioners at level 5-7 are qualified to work in a clinical environment and form part of the multidisciplinary team. The following four guidelines from the CPSC Designated Scope Table (2017:2) are pertinent, namely that the CPSC:

> Makes basic diagnosis of pastoral and spiritual dynamics and dysfunction within an individual, a faith community and/or a social system and refers to an appropriate professional within primary, secondary and tertiary health care systems and cooperates with other professions in the field of helping and healing.
>
> Makes in-depth diagnosis of spiritual and religious pathology in order to deal with demands of spiritual healing/therapy within an individual, faith community and/or social system and refers to an appropriate professional within primary, secondary and tertiary health care systems and cooperates with other professions in the field of helping and healing.

Provides advanced, complex and specialized long term supportive and reconstructive pastoral and spiritual counselling or therapy.
Applies the principle of a team and holistic approach in multi-disciplinarity.

Pastoral counsellors do not officially fall under the HPCSA's regulations however having knowledge of the regulations and applying them to interreligious counselling would be useful since pastoral counsellors form part of a multidisciplinary team who are required to complying with these regulations. The Council for Health Services Accreditation in South Africa states under the section *Hospice Palliative Care Standards (*2010-2014) that spiritual care should reflect respect for various religious, cultural and spiritual orientations of the patients.

Adventist pastoral counsellors form part of the multidisciplinary team of the psychiatric clinic. Their work is therefore governed by the regulation of the ACM, CPSC and HPCSA. In specific instances Adventist aims can clash with the ethical guidelines of the various governing bodies. Pastoral counselling in a postmodern, secularised and humanistic environment presents a particular challenge for Adventist clinical pastoral counsellors.

Ethics mostly has its origin in religion (Seiple 2009:44). Christian ethics should be the main motivation underlying the actions and reactions of pastoral counsellors. O'Connor (2014) finds that the pastoral counsellor should remain within the scope of practice that centres on the Bible. Such an approach presents the danger that the counsellors' religious convictions could be forced onto the counselee. Though counsellors who function in this way remain within their scope of practice, they simultaneously infringe on the rights of the counselee and counselling ethics as stipulated by the various councils for mental health practitioners. On the other hand, to adhere to counselling ethics that prohibit proselytising can be perceived as the opposite of what is seen by Adventists as "the clear preaching and teaching of the Bible and Christian values".

Adventist views on ethics do not always coincide with those of other ethical traditions. In general, Adventist institutes tend to grapple with the ethics of interreligious counselling. This is not only the case when it comes to counselling in a psychiatric clinic. Brown (1994:67), in his article "Toward an integrated philosophy in

student counselling in Seventh-day Adventist colleges and universities*",* explores interreligious counselling. His aim is to develop a counselling philosophy that does not violate the religious beliefs of the institute, the counsellor or counselee. For him Christian counselling is completely different from what he calls “secular counselling”. His aim is to find an appropriate way to do Christian counselling rather than to shy away from it in order to avoid the difficulties of interreligious differences.

On the other hand, counsellors who avoid religious views in counselling do not take Christian counselees’ personal beliefs and spiritual practices into account. Adventist scholar Brown (1994:62) points out that Christian counselling is often seen as unacceptable in an interreligious counselling setting, whereas non-Christian counselling is deemed acceptable, irrespective of the spiritual orientation of the counselee. This can lead to a pastoral counsellor moving avoiding Christian counselling techniques all together. Counsellors are trained to be aware of their own value and belief systems. This awareness can help them to avoid the imposition of their own beliefs and values on counselees (see Grimm 1994:4). Pastoral counsellors are in a position of authority and trust. This could be used to manipulate a counselee in a direction they desire. Such an abuse of a counsellor’s power and authority can be avoided by the strict adherence to counselling ethics (Grimm 1994:2). However, Bergin (1991:10) concedes that it is virtually impossible to do counselling and not influence the counselee’s values and beliefs. He recommends that by speaking openly and honestly about both the counselee and the counsellor’s values, the impact of transference can be lessened.

Difficulties that pastoral counsellors experience with regard to ethics require solutions. Human and Müller (2009:173) recommend various ways in which counsellors can ensure that counselling sessions are conducted in an ethical way. Counselling can be conducted ethically if boundaries are respected. In the clinical environment counselling offices provide an appropriate professional space. Another way of respecting boundaries is to be clear with regard to the specific aims and goals of the counselling at the beginning of each session. It is an ethical requirement to inform the counselee of the pastoral counsellor’s spiritual and religious orientation since the nature of pastoral counselling is “faith-based”. When boundaries are set clearly, counselees can make an informed decision as to whether they would like to

continue counselling with a person who is not from the same religious tradition as their own (Human and Müller 2009:174). Other suggestions as to how to remain ethical during the counselling process include *in depth practical training* from an accredited university, *knowing pastoral boundaries, knowing when to refer, having a mentor,* and *being well read* on topics regarding pastoral counselling (Human and Müller 2009:169). An ethical guideline with which the pastoral counsellors in the study agreed was that that the counselling relationship should be terminated when they as counsellors came to a point where they realised that they were no longer helping (Human and Müller 2009:170). Adventist pastoral counsellors tend not to refer, which can lead to unethical practice.

Human and Müller (2009:174) explain the difference between counsellors who base their ethical decisions on a teleological or a deontological perspective. A *teleological persp*ective is where the decision that is made is based on whether or not a specific action will bring about the greatest good for the most people. A *deontological* perspective is where decisions are based on whether an action is right or wrong according to a certain set of rules, irrespective of the effect the outcome of the decision has on people. Pastoral counsellors who tend to be fundamentalist in their theological thinking often subscribe to a deontological perspective. They follow "scriptural laws" irrespective of the outcome for people (Human and Müller 009:169). Most Adventist pastoral counsellors would subscribe to a deontological approach to biblical laws rather than to the guidelines of the councils to which they belong. Carole Rayburn (2000), in her article "Psychotherapy with Seventh-day Adventists", points out that most Adventists are *conservative* with regard to morality and ethics, topics of "dress, dietary habits, abstinence from sex outside of marriage, smoking and drinking alcohol, and in selection of entertainment" (Rayburn 2000:211). If pastors apply deontological ethics in counselling they will tend to be rather directive in their counselling strategy. More liberal Adventist counsellors, in turn, often find it more difficult to do counselling with conservative Adventists than with persons outside their own religious tradition.

The danger for mental health counsellors who venture into the spiritual or religious domain, is that they will become exclusive in the sense that they regard their religious views as "right" and those of others as "wrong". In the workplace, chaplains

and pastoral counsellors who are employed by and institution, cannot refuse to work with people whose religion or religious outlook differ from their own. The National Centre for the Classification of Health in conjunction with the World Health Organisation states that a counsellor cannot discriminate with regard to who is entitled to pastoral counselling. All people, irrespective of their beliefs, have the right to spiritual counselling. Interreligious pastoral counsellors are obliged to assist in counselling when requested to do so.

### 4.1.2 Personal ethics

Hisham Abu-Raiya (2013:130) points out that religion can cause psychological *construction* or *destruction*. Religion can be the cause of prejudice which in turn can be detrimental to the relationship between clients and counsellors of different religious orientations. Religious prejudice can be especially found among people who see themselves as "religious fundamentalists" and believe that there is only "one true God" (Abu- Raiya 2013:136). People with this outlook often fear that other groups or persons endanger their *sacred values.* This leads to a negative reaction to and the exclusion of those who are seen as a threat.

Exclusivism also exists not only in the sphere of religion, but also in the world of psychological care. In the work, "Licence to deny service", Laurie Meyers (2016:1) explains that it is legally allowed in the state of Tennessee in the USA for counsellors to deny service to clients whose beliefs differ vastly from the counsellor's personal values. A refusal to offer professional care to clients based on religious differences is not allowed according to the Health Professions Council of South Africa. Adventists and Islam both believe to be the "true religion". For Bin Ali (2018:2) this belief does not make Islam exclusivist. However, there is a danger that this belief can lead to judgement and prejudice by the counsellor. Adventist psychiatrist Fayard (2006:2) confesses that it was difficult for him to participate at an interfaith conference on the relationship between psychotherapy and religion. He was part of discussion panel. This forced him to contemplate how his spiritual orientation influenced his clinical counselling.

Even in the early years of the development of pastoral counselling in the Adventist tradition it was emphasised that patience and non-judgement were two main characteristics of a pastoral counsellor. For Wittschiebe (1956:2) this includes that pastoral counsellors should be patient with counselees because is can take weeks, months, and in some cases even years to bring about change. These characteristics of being patient and non-critical are also crucial to interreligious pastoral counselling. People who seek do not need to be censured, disciplined or instructed with regard to what they have done wrong. They are aware of their faults, failures and problems. Some pastoral counsellors take on the role of the prophet as disciplinarian. This approach is not effective with people whose emotions of guilt, sadness and anger brought them to counselling in the first place. He does find that it is also the responsibility of the pastoral counsellor to “call sin by its right name”. However, this should be done in such a way that the counselee understands Gods mercy and forgiveness. Some moments in a session may call for the pastoral counsellor to “not spare the rod”, while other moments may require words of comfort and encouragement. The idea of the pastoral counsellor as shepherd and prophet is supported by early Adventist scholar Wittschiebe. He explains this dichotomy in the work of the pastoral counsellor as: “comfort the afflicted, and afflict the comfortable” (Wittschiebe 1956:2). In Adventism there is a firm belief that “the old ways” have wisdom and should not be summarily discarded in favour of changing and adapting to the postmodern times. Change is not always wise or “correct”. In this tradition the work of older scholars are used alongside that of more recent scholars to illustrate in which instances they agree or disagree. The insights from long ago can serve as inspiration for pastoral counsellors today to be less rigid and more open-minded to change. Ellen White’s work is an example of such inspiration. Though from a previous era, her insights can be enriching for pastoral counselling in the present time. Wittschiebe (1956:1) recommends that a depth of understanding of counselees’ reasoning and behaviour will counteract the propensity of the counsellor to judge. Counselees come in search of a place where they can unburden and discover more about themselves and their journey in life. Though unburdening they want to find solutions to their life struggles. A non-judgement approach to counselling allows counselees to do an honest appraisal of themselves in a safe environment created by a trustworthy relationship. Adventist prophet Ellen White (1889:246)

points to Christ as the example of one who cares for the afflicted, has compassion with those who are weak and offers redemption to those who are burdened by sins.

Mature pastoral counsellors will understand their own strengths and weaknesses. They will not see it as their duty to manipulate the lives of counselees and point out their wrongdoings and sins. Wittschiebe (1956:1) cautions that it is often easier for counsellors to take the splinter out of the eye of the counselee than to remove the log from their own eye. Adventist scholar Yeagley (2002:1) emphasises that scolding or judging should not be part of the counselling session. The pastoral counsellor should approach the counselling session as one broken human being extending a helping hand to another. The pastor should not take on the role of a morally superior human being.

In order to avoid misunderstandings, a judgemental attitude, and exclusivity in the counselling session, Mălureanu (2013:131) recommends that a spiritual *evaluation and diagnosis* be made in order for clients to know and understand their own spiritual and religious context. This will also assist an interdisciplinary team to plan treatment and avoid assumptions regarding clients' spirituality or religion. Some studies advocate for an assessment of the religious beliefs and practices as well as of the spiritual practices and beliefs of the client. Culliford (2002:254) explains how this is beneficial: "In differentiating spiritual needs from the domain of religious practices, it is necessary to identify their general nature. This makes it easier to asses them in individuals". Gilbert (2005:5) recommends doing an initial assessment that identifies holistic values of the person.

A general routine assessment that includes the spiritual and cultural dimensions will help break down prejudice, since all patients will be required to complete a holistic bio-psycho-social-spiritual evaluation. Such an assessment will enable the counsellor to establish what the clients' main values are. In this way overlooking, misinterpreting, or miss-labelling important areas of counselees' spirituality, religion or culture can be avoided. Questions can include: "Are you particularly religious or spiritual?", "What helps you most when things are difficult, when times are hard" (Gilbert 2005:3). Dietary preferences, language preference, religious practices and holy days, religious affiliation and specific questions regarding important religious

rituals should be included. All of this can aid the counsellor to provide more effective holistic spiritual care. In the process of assessment, areas where religion or spirituality are causing problems, can be identified. Areas can also be identified where the counselee's spiritual and religious support is strong. Existing assessment strategies include FICA, the Faith Importance Community Address of Christina Puchalski (2006:153) and HOPE which stands for the sources of Hope, the role of Organised religion, Personal spirituality and practices of patients, and Effects on medical care and end-of-life decisions (see Anandarajah and Hight 2001).

The ideal in a clinical environment is to create a space where each patient feels supported and can express their unique spirituality and religiosity. Whether such an environment is created will depend on the staff. Safe spaces promote open conversation. Spaces can also be provided for practicing spiritual rituals. Staff would need training in order to be able to provide and created such spaces. However, medical professionals are not always open to interreligious training. Gilbert (2005:6) stresses the importance of staff recognising their own religious and spiritual orientation and the possible biases that could arise it. Their biases can be detrimental to patients. If chaplains or pastoral counsellors are included in the multidisciplinary team, part of their responsibility can be to educate staff with regard to interreligious conversation (Gilbert 2005:7).

The outcomes of the assessments of patients' spiritual and religious orientation will provide the information needed for staff to organise appropriate materials and areas for religious expression for patients. The Planetree Patient-centered Care Improvement Guide (2008:14) provides examples on how staff can provide for patients spiritual care:

- Material with information on the various faith traditions and their practices should be made available to staff members.
- Spiritual assessments of where patients find comfort and hope, can be useful in counselling and therapy.
- Spaces for spiritual rituals and worship, both individual and communal, should be provided.

The outcomes of the assessment will also shed light on those religious and spiritual tenets that cause harm to clients. Religious involvement, motivation, and coping have been linked with better mental health and lower mortality (Abu-Raiya 2013:131-134). However, when religious motivation is *extrinsic* rather than *intrinsic*, research has shown negative outcomes (Abu-Raiya 2013:133). Assessment questions can be asked in a way that aims to discover whether religious expression comes from an inner desire or from a sense of guilt due to external pressure. The study of Passmore (2003:187) finds that intrinsic religiosity is associated with lower levels of depression. When religious coping methods are mostly negative, they can be harmful to the mental wellbeing of the counselee.

Mental health professionals should be able to recognise the warning signs that clients are experiencing religious struggles. These individuals should be referred to a pastoral counsellor or psychologist who is trained to deal with matters of religion and spirituality. Even specialists who have trained as clinical pastoral counsellors or interreligious chaplains can find it difficult to address matters of religion or spirituality. This difficult process can be aided by the following:

- if the counsellor is in possession of an assessment that outlines the patient's beliefs;
- a focus on commonalities;
- the counsellor has the ability and the necessary skill to confront problematic and harmful beliefs.

## 4.2 To accommodate or to confront

According to Carey and Dovaren (2008:24), some healthcare chaplains find it difficult to accommodate counselees' spirituality and religious convictions. On the other hand, they do not feel that they have the freedom to challenge these viewpoints, since that is regarded as unethical. At this point is becomes clear that an understanding or willingness to enter into discussion with clients regarding their religious or spiritual orientation is important for treatment to be effective. Part of the assessment with regard to clients' beliefs and religion can be done upon intake. An

assessment in dialogue will help to determine possible areas of concern. An example of harm caused by religious practices is ritualistic fasting that can alter the efficacy of medication and cause unwanted side effects. In Muslim communities fasting includes fasting from oral medication from sunset until sunset during the month of Ramadan. Another harmful effect of religious beliefs and practices is that persons refrain from seeking the help of mental health practitioners because of their belief that faith, rather than medication or therapy, will heal them. These examples show that it can be necessary, at times, to confront certain harmful religious or spiritual beliefs or practices. This will be the responsibility of the clinical pastoral counsellor. Pollard's (2004) *positive deconstruction* method as derived from Jacques Derrida's philosophical theory of deconstruction, can be useful to pastoral counsellors for addressing harmful religious ideas and practices. Pollard's (1997:48-57) counselling method consists of the following four steps:

- The worldview of the counselee is identified.
- The worldview of the counselee is analysed for coherence, correspondence with reality and efficacy.
- Truth contained in the worldview that will help the counselee is affirmed.
- Harmful elements in the worldview are identified.

Another model that can be useful for this kind of confrontation is that of practical theologian, Richard Osmer (2008:4). He identifies four tasks in practical theological investigation. These tasks can also be applied to a situation where clients' ethos or worldview are detrimental to their health and mental health. The for steps are as follows:

- Descriptive-empirical task which asks the question: *What is going on?*
- Interpretive task which asks the question: *Why is it going on?*
- Normative task which asks the question: *What ought to be going on?*
- Pragmatic task which asks the question: *How might we respond?*

To blindly accept the religious beliefs and practices of patients in a clinical context is unwise and detrimental to their health. Culliford (2005:9) recommends that patients complete a spiritual screening when admitted to a mental health facility. This spiritual

screening can help to identify spiritual and religious practices that can be harmful or worldviews and beliefs that aggravate mental illness.

The methods utilised by clinical therapists when clients' beliefs and practices prove to be detrimental to their wellbeing provide insights for pastoral counsellors as to the reasons for and appropriate methods of confrontation. Heppner et al (2009) argue that counsellors should be able to "critically examine cultural impasses and values to determine how they manifest themselves in clients' psychological distress" (Heppner et al 2009:378). Extreme adherence to cultural "impasses" can be the direct cause of psychological distress. Similarly, spiritual and religious beliefs should be examined and confronted when they are the cause mental distress. Respect for a client's cultural or spiritual values and beliefs does not mean that these values should be accepted uncritically (Heppner et al 2009:378). People who seek counselling recognise the need for change. The therapist or counsellor is required to guide the counselee to find ways in which to achieve change for the benefit of their mental wellbeing (Heppner et al 2009:379).

Most ethical codes require the counsellor to respect a person's "cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language and socioeconomic status" (American Psychological Association 2002:1063). This however does not mean that they cannot respectfully challenge certain beliefs if it would enhance the clients overall wellbeing. Heppner et al (2009:381) emphasise that mental health professionals have an ethical responsibility to challenge conflicting beliefs that are causing difficulties for the client. They call this a *micro-skill* which a counsellor develops over time. Allen Ivey and Mary Ivey (2007:262) describe confrontation as "the ability to identify incongruity, discrepancies, or mixed messages in behaviour, thought, feelings, or meanings". Ignoring incongruences in clients' beliefs and cultural practices can cause dysfunctional patterns (Heppner et al 2009:382). Heppner et al (2009:383) utilises the term "cultural empathy" to describe counsellors' ability and willingness to understand the world and effect of that world on the counselee. This can facilitate a positive outcome for the counselling. Heppner et al (2009:386) have developed the following seven point model for confrontation in counselling:

- Accept that cultural confrontation is an essential micro-skill.
- First establish a strong alliance before confronting the client.
- Timing is important: do not confront prematurely.
- Anticipate resistance from clients.
- Affirm the client's culture.
- Guide clients to understand the connection between their psychological distress and their cultural beliefs and practices.
- Guide clients to change their behaviour and make new lifestyle choices.

Kristen Johnson (1991:1) suggests a "responsive" method of confrontation. This is a mixture of directive and non-directive counselling. For Wittschiebe (1956:1) the right balance between non-directive and directive counselling is suitable for Adventist counsellors. This brings a balance between the shepherding role and the prophetic role that are important to this tradition. To find that balance is not always easy. Adventist pastoral counsellors should take care not to be too directive in their proclamations. They should also not avoid them completely. The image of the pastoral counsellor as priest is also relevant. According to Adventist scholar, Jackson (2009:1), the counsellor in the priestly role will focus on affirmation of counselees' resilience in order to encourage them to keep searching for reasons not to give up. The counsellor as priest also encourages clients to participate in meaningful rituals. The counsellor in the role of prophet confronts and proclaims the Word of God. The method by which this is accomplished through questions that probe or confront the client to view the situation from different viewpoints (Jackson 2009:1-2).

## 4.3 "Biblical counselling" and "psychological counselling"

Counsellors from the Christian tend to want to use biblical wisdom to address issues of mental wellbeing. However, in the interest of respecting clients' religion and spirituality and not "proselytizing", pastoral counsellors can shift their focus of from "biblical models and methods" of more psychologically based methods and models. An example of this is to focus on counselees' social troubles rather than their

spirituality. This can enhance the counselling experience and lead to a resolution of the most pressing problems of the counselee.

Adventist scholar Matthews (1995:2) explains that when people experience trauma or loss, they often relate these emotions to a person, an institution, or an object. When the "person" in question is God and the institution is the church, the temptation could be to spiritualise the counselling session. However, anger expressed towards God or the church is often symptomatic of an underlying problem. The counselee may be angry with God and the church because for something that, in effect, has little to do with God or the church. The underlying reason for the anger is grief. If the counsellor focuses on the underlying root problem of grief and guides the client towards healing, the ostensible spiritual difficulty can be resolved in the process.

Not all pastoral counsellors are comfortable to apply psychological models of counselling**.** In their study with Adventist pastors in Southern Ghana, Josiah Andor and Evelyn Owusu (2017:23) found that the techniques used most during counselling are "providing encouragement, listening to members, helping members make their own decisions, and offering prayers" (Andor and Owusu 2017:23). The reason for this is partly because Adventist pastoral counsellors tend to identify the problems people face as largely spiritual or religious in nature. They mostly also have not trained in Clinical Pastoral Eduation (Andor and Owusu 2017:25). Wittschiebe (1956:2) explains that though counselees call on pastors with help in "the fields of human knowledge", the pastors' confidence lie primarily in the realm of spirituality and prayer. Tim Keller (2004:1) contrasts "psychological counselling" and "biblical counselling". "Biblical counselling" tends to focus on "correct behaviour". This can become problematic in counselling. "Psychological counselling" falls outside the scope of pastoral practice for those pastoral counsellors who are not also trained clinicians. For Keller (2004:9) the psychological approach emphasises *love* in order to heal low self-esteem, whereas the biblical approach emphasises morals and obedience "to heal the guilt and troubles of law breaking". He argues that neither of these extremes is viable. Keller (2004:4) identifies four models that can be useful:

- **Levels of Explanation Model**

The Levels of Explanation Model of counselling separates the practice of psychology from “biblical counselling” on the basis that they deal with different aspects of human life. This model views the two as complementary and. Biblical counselling is not opposed to psychology. Pastoral counsellors who use this model remain in their scope of practice.

- **Integration Model**

The Integration Model of counselling makes equal use of psychology and the Bible. The integration of psychology and the biblical wisdom is motivated by the fact that both address the brokenness of humanity. They do, however, make use of different techniques. In instances where the two conflict, the Integration Model favours the biblical approach, especially in specifically Christian counselling.

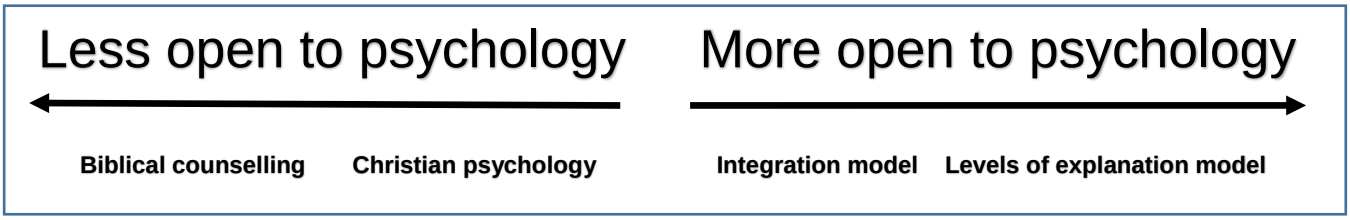
- **Christian Psychology Model**

The Christian Psychology model focuses on the Bible to find solutions to human problems. The counsellor can decide when the use psychological methods would be appropriate and when not.

- **Biblical Counselling Model**

In the Biblical Counselling Model, the Bible is utilised to provide people with direction for their lives and solutions to their problems. In this model, psychology should be used with extreme caution and only when necessary. Scripture is used to exhort and admonish persons to right living.

The four models represent a wide spectrum of practice shown below as a continuum (Keller 2004:4):



Within the Adventist tradition more conservative pastoral counsellors will tend to make use of the Biblical Counselling Model, whereas more “liberal” Adventist pastoral counsellors will most likely make use of the Integration or Levels of Explanation models. In Brown’s (1994:72) opinion, the Integrated Model will work best for Adventist pastoral counsellors. The Integrated Model sees psychology and theology as mutual partners that build on and assist each other. Moreover, from an Adventist perspective, the pursuit of knowledge will always lead to the discovery of God (Brown 1994:73). The attitude of Adventist scholar Brown (1994) towards counselling and psychology shows sensitivity with regard to changing times and new insights, but he succeeds in remaining true to Adventist thought when it comes to pastoral counselling. From Keller’s (2016:10) point of view, the Biblical Counselling Model will not be effective for guiding people with deep-seated psychological disturbances. For less severe difficulties he recommends biblical counselling.

A study by Young et al (2003: 688-692) found that African American pastors were most comfortable using a biblical model of counselling similar to what Keller (2016:1) calls the Preaching and Exhortation Model of Counselling. Techniques they use in counselling include prayer, faith healing, confession, meditation and encouraging counselees to attend church and participate in church activities. The same counselling approaches were used for counselees who experienced “severe mental illnesses”, “violent outbursts”, “marital and family problems, physical illness, alcoholism, and drug addiction, unemployment or work related problems, and adolescent problems” (Young et al 2003). Keller (2016:4) argues that this type of approach is not adequate for addressing severe mental illness.

Miller (1991:113-114) identifies the following four approaches to the relationship between psychology and theology in pastoral counselling:

- the “against model”;
- the “of model”;
- the “parallel model”;
- the “integrated model”.

The point of departure of the *against model* is that psychology and theology are opposites, with opposing theories and practices. The *of model* proposes that when theology has failed to help a patient, the counsellor can resort to psychology. The point of departure of the *parallel model* is that psychology and theology are different, but of equal significance. According to the *integrated model*, psychology and theology are "mutual partners". Together they will ultimately lead the counselee to God. Pastoral counsellors have to decide which model they find most useful. They will have to decide whether or not to include psychological models of counselling in their ministry and, if so, to what degree.

## 4.4 Compatible psychological models

For the purposes of this study, two crucial questions arise. The first relates to the scope of practice for a pastoral counsellor in a psychiatric clinic. The second, from an Adventist perspective, is whether and if so how psychology models can be integrated into pastoral counselling. In a psychiatric clinic where the multidisciplinary team consists of social workers, psychologists, psychiatrists, occupational therapists, physiotherapists and pastoral counsellors, practitioners in the various fields should remain in the scope of their practice as they cooperate with one another as a multidisciplinary team. When it comes to spirituality and mental illness, it is difficult to draw a definite line between where psychological counselling stops and pastoral counselling begins. Not only is the professional team in a psychiatric clinic from various disciplines, but the patients are from various spiritual and religious backgrounds. For Powlison et al (2003:91), psychology and biblical counselling can join hands to address the matter of interreligious counselling.

In their article, "An Adventist approach to teaching psychology", Melgosa and Leitma (2008) observe that the current literature in the field of psychology attributes mental health problems to factors such as genetics, hereditary causes, nature, child development. The result of these problems is termed *abnormal behaviour.* According to Melgosa and Leitma (2008:39), this approach removes personal responsibility and the need to change and take responsibility for problematic behaviour as directed by the Bible. This leads to a rejection of Bible's guidance.

"Christian psychology" recognises the role that a counselee plays in making moral and behavioural changes. The Bible provides guidance, but people have the free will to make decisions and elicit the help of God and the guidance of the Holy Spirit (Melgosa and Leitma 2008:40). Some psychological theories would not be compatible with Adventist pastoral counsellors' religious beliefs. However, therapies such as Cognitive Behavioural Therapy (CBT) can be compatible with the Adventist views. Melgosa and Leitma (2008:41) recognise that there are "many areas of psychology that are compatible with Adventist theology". They mention positive psychology and CBT as two examples. However, some practices that are not compatible with Adventist theology. These includes "hypnosis, psychoanalysis, interpretation of dreams, or unconscious forces" (Melgosa and Leitma 2008:42).

Another psychological model for counselling that is compatible with a Christian and Adventist approach to interreligious counselling is Rational Emotive Behavioural Therapy (REBT). According to Ellis (2000:29), REBT can be utilised to identify how specific religious views or behaviours of counselees are causing them harm. For Ellis (2000:30) REBT is compatible with the beliefs of those who are religious and devout. The basic premise of this approach is that counselees are able to challenge their own irrational beliefs and behaviours. The REBT model can therefore be utilized to challenge certain harmful thoughts, beliefs and behaviours. Lucy Phillips (2016:1) outlines the steps of REBT as follows:

A Activating event
B Clients beliefs
C Consequences
D Dispute irrational beliefs

Working through the ABCD model of REBT will aid counselees to identify the problematic event that brought them to counselling. They will be able to identify their beliefs with regard to the event, the consequences of the event as well the consequences of their beliefs, and finally it provide them with the opportunity to criticize in a rational manner their beliefs that cause, contribute to, or exacerbate the problem.

Pastoral counsellors can draw from both religious and non-religious therapeutic theories and strategies. Many therapists adopt and eclectic approach when they select models, methods and practices of counselling. Passmore (2003:191) points out that clinicians will have to use personal judgement and discernment in deciding which methods will be both ethical and effective. Counsellors can also choose an implicit or explicit strategy. An implicit strategy entails that they do not introduce spiritual material in the counselling session. An explicit strategy would be, for example to use prayer and Scripture in the counselling session. Some clinical therapists and counsellors refrain from explicit reference to spiritual or religious matters for fear of crossing ethical boundaries and moving outside of their scope of practice into the realm of the pastoral counsellor or chaplain. Passmore (2003:196) finds that psychologists who want to engage in explicit spiritual or religious activities, should ask their client's permission. The same goes for clinical pastoral counsellors and especially those who work in a multi-religious and multi-spiritual environment.

# CHAPTER 5

# FINDINGS AND RECOMMENDATIONS

A positivistic and fundamentalist religious approach to counselling can have a negative effect on the wellbeing of counselees. It is especially problematic in interreligious and interfaith counselling. Given the tenets of the tradition, Adventist pastoral counsellors can be tempted to want to proselytize, rebuke and confront counselees whose religious views or behaviour they do not find "right" or acceptable. For similar reasons they can find it unacceptable to do counselling with people of other religious persuasions. Much used phrases in the Adventist tradition such as "thus sayeth the Lord", and "present truth" have resulted in a tendency to over-emphasise one aspect of the Adventist ethos. A balanced understanding of "truth" will be advantageous to pastoral counselling with people of the Adventist persuasion, of other Christian traditions, with people of other faiths and with people who are not religious. Adventist pastoral counsellors who work in multi-religious institutions especially can find that the Adventist understanding that truth is progressive in nature, is compatible with understandings and practices with regard to "truth" in the contemporary world. The approaches to truth need not be mutually exclusive and Adventist people need not isolate themselves from the world around them.

The favourite metaphors of the pastoral counsellor as shepherd and prophet should find a balance in counselling practice. If one role is emphasised at the expense of the other, it would have a negative influence on the counselling process and has the potential to alienate the counselee. Certain Adventist beliefs, when they are not understood in the broader context of the Adventist ethos, can cause an imbalance and lead to exclusivist counselling practices. Such an imbalance is then characterised by prejudice and confrontation. If a pastoral counsellor places a strong emphasis on the idea that the Bible is the "infallible Word of God" and the standard of character, the pastoral counsellor will seek guidance in the Bible for addressing personal, social, and behavioural problems in counselee's lives. When counselees are of the Christian persuasion, this approach can be meaningful, but not with interreligious counselling. If the pastoral counsellor focuses on evangelism according

to the Adventist idea that it is their task as believers to call those who are “still in the world”, out of the world, the counselling session can become proselytising and violate counselling ethics. Religion, and especially religious fundamentalism, has been linked to prejudice. Religious fundamentalists tend to worry that their values will be undermined or are threatened by others. In counsellors, this can lead to exclusivism and an unwillingness to counsel persons outside their religious tradition.

Two Adventist tenets that can be utilized to achieve a balanced view that is conducive to effective counselling, not only with Adventists or Christians but with all people, are the idea of the “remnant church” and the principle of “belonging”. The Adventist Church sees itself as the “remnant church” and acknowledges that *all* are called to be a part of the “remnant”. It is about inclusivity and belonging for *all*. However, this idea is often used to indicate privilege and foster exclusivism, which leads to alienation between the Adventist tradition and others. This goes against the principle of belonging, which fosters inclusivity and a safe environment.

In Adventist circles there is a wide range of attitudes toward counselling, from a complete rejection of the idea the human beings can counsel others, to the acceptance of only “biblical counselling”, to being open to “psychology type” counselling such as, for instance Cognitive Behavioural Therapy. Adventist attitudes toward pastoral counselling are characterised by extremes. Some Adventist pastors are uncertain whether counselling is at all biblically mandated. Their concern is that pastoral counsellors should not usurp God’s role as counsellor. Those who do accept pastoral counselling, generally see it as something completely different from psychological counselling. For congregational pastors the focus is on other responsibilities besides counselling. This often leads to neglect with regard to counselling work in the congregation.

Adventist attitudes in a counselling environment and in interreligious interaction are greatly influenced by the writings of the prophet, Ellen White, Scripture, and the church manuals as published by the General Conference. The authoritative writings Ellen White sheds light on Christian counselling and interreligious interaction. The investigation of her writing as they pertain to interreligious interaction and counselling shows a balanced approach between the role of the pastoral counsellor as shepherd

and prophet. Pastoral counsellors can make good use of her writings while taking the historical context into account and applying her insights to the world of today in an appropriate manner. Her description of “Christ’s method” indicates a focus on empathy, ministering to the needs of the client, and establishing a relationship of trust. If this has taken place, the calling to “bring people to Christ” will find its rightful place.

The model by Richard Rice brings balance to the extreme Adventist views and attitudes with regard to pastoral counselling. The model inverts the order of “believing, behaving and belonging” and makes it “belonging, believing and behaving”. Rice places care and love before rebuke and correction. If Rice’s model is followed, beliefs and behavioural problems will only be addressed later on in counselling process when the root causes of behaviour and harmful beliefs have already been identified and exposed. Respectful ethical counselling and respect for the religious and spiritual orientations of counselees, does not exclude confrontation when the counselee’s beliefs and practices cause harm. A useful term for the attitude that is conducive to effective counselling practice is *transspection*, where counsellors put themselves in the shoes of their clients.

The “belonging, believing, and behaving” model of Rice fits well with the specific domains addressed in a psychiatric clinic. *Belonging* addresses the social domain, *believing* the psychological and spiritual domain, and *behaving* spans all the domains of a holistic bio-psycho-social-spiritual approach to care. To foster belonging and trust is the most important, especially at the beginning of the healing process. Five of Cornah’s seven steps are particularly useful to Adventist counsellors who aim to foster a sense of belonging in the clinical environment. These are the following:

- to ask counselees about their spiritual needs;
- to identify areas of life that bring hope and meaning;
- to make counselling services available to all;
- to make spiritual resources available to all;
- to create a safe space for all to discuss their spirituality and spiritual needs.

Another method to foster belonging is the “Christ method” as explained by White. It can be summarized as: mingle with others; desire their good; show them sympathy; minister to their needs; win their confidence, and then call them to follow Christ. Belonging ties in with a person’s sense of identity. The task of a pastoral counsellor includes supporting counselees’ quest to strengthen their spiritual identity.

In the South African context there registration with accredited councils is possible, but not obligatory. That creates the dilemma that anyone can call themselves a pastoral counsellors, irrespective of having received formal training or not. The Council for Pastoral and Spiritual Counsellors (CPSC) allows for different levels of expertise, ranging from Religious Practitioner on the entry level to Religious Specialist who is someone with a doctoral degree in counselling. The registration criteria and protocols of the CPSC assure that counsellors are registered on the appropriate level. Only pastoral counsellors registered on level 5-7 are authorised to work in a clinical environment. Adventist clinical pastoral counsellors are persons with a range of affiliations. Firstly they belong to the Christian Adventist tradition. They further belong to various councils such as the Adventist Chaplaincy Ministries (ACM) and CPSC. They also adhere to the regulations of the psychiatric clinic in which they are employed. With regard to interreligious counselling, the regulations of the CPSC do not give much guidance. The ethical guidelines of the HPCSA are useful in this regard.

Employees of an Adventist psychiatric institute have to adhere to a variety of principles and values. They have to subscribe to the values of the institution that employs them. Each individual counsellor also has an own personal set of values. They are further subject to the regulations of the board with which they are registered. As citizens of the country, they uphold the laws and adopt the values of the country. Given the variety of sources, it is entirely possible that some of the values can clash. For example, counselling ethics and Christian Adventist ethics do not always agree. Counselling ethics state that a counsellor may not proselytize. According to the Adventist view of biblical ethics, it is believers’ calling to proselytize.

When faced with an ethical dilemma Adventist counsellors will most probably revert to a deontological ethics of biblical rules as their guide. The dilemma is that the

counsellor could then favour the “rules of the Bible” above the ethical rules of the country or governing bodies such as the CPSC or HPCSA. An ethical approach that can prove more useful is a teleological approach to ethical discernment. A dilemma can be, for example, whether or not to utilize the Bible in counselling. The question is which ethical guidelines should be followed – those of the law and regulations, or those of the counsellor’s religious tradition. It is often difficult to find a balanced ethical approach if the ethical guidelines from various sources contradict one another. However, following the rule of teleological ethics, the guiding question can be what the preferred outcome would be. To ensure a good outcome in counselling the following are necessary: sufficient training, setting and maintaining boundaries, referring when necessary, knowledge of other religious orientation and similar relevant topics and ethics as well as having a mentor.

The distinction between congregational pastoral care, pastoral counselling, and clinical pastoral counselling should be clear. The congregational pastor mostly provides pastoral care and counselling for people in the same faith tradition as the counsellor. Chaplains and specialised pastoral counsellors who are employed by institutions also do interreligious counselling. Chaplains and clinical pastoral counsellors are primarily responsible for spiritual counselling in an institutional setting. The difference is that chaplains engage in emergency, short-term interventions and clinical pastoral counsellors work mainly with referrals. They provide more long-term, structured, formal counselling sessions. Both chaplain and pastoral counsellor should have completed CPE training to equip them for working in the interreligious clinical environment. One reason why clinical training is necessary, is to enable the counsellor to identify psychosis which appears as extremely religiosity.

The chaplaincy department and handbook of pastoral counselling of the Adventist Church clearly states that there is to be no discrimination when it comes to religious orientation. Persons of all convictions and beliefs are to be respected. Chaplains should not impose their own theological views on clients. The role of counsellor or chaplain in a clinical setting differs from that of a chaplain in an educational or military institution. In a clinical setting, the chaplain or counsellor does counselling on a short or long term basis.

Many clinics cannot employ a chaplaincy team which includes chaplains of various religions. Many employ only one chaplain who then has to do interreligious work. Many chaplains serve on a voluntary and part-time basis and are volunteered by their denominations. It is the task of chaplains to create spaces for spiritual expression and provide support for staff and patients. In the past, in this country, chaplains were Christian. This is no longer the case. There are now chaplains of other religions that Christianity who serve in South African institutions. Interreligious chaplaincy or counselling is a particularly difficult challenge for people whose religious outlook tends to be conservative or even fundamentalist. Chaplains and counsellors who are employed by state-funded institutions, do not have the freedom to share their religious values as openly as they would in their own tradition. Chaplains from a specific tradition serve persons from their own tradition best. Patients are often referred to a chaplain or pastoral counsellor. Others request to speak to a spiritual worker.

In spiritual counselling, it is inevitable that the conversation will include God-talk: who God is, how God is involved in the lives of human beings, and maybe even what is meant by the word “God”. The answers to these questions will differ depending on the client’s faith tradition or life circumstances. Some chaplains have concerns with doing interreligious counselling and are unwilling to counsel atheists, since that would necessitate leaving God out of the conversation. They would not be able to challenge clients viewpoints, especially those they consider to be “false”. Another concern is the fear of becoming “too tolerant” towards “false beliefs”. When clients request counselling in an institutional setting, chaplains and pastoral counsellors have to oblige, irrespective their religious orientation. On the other hand, clients have the right to refuse to speak to a chaplain or counsellor.

Holistic and mental wellbeing includes spiritual wellbeing. In the clinical setting, the focus is on the bio-psycho-social sphere. Professionals in these fields address mental illness from these perspectives. With the inclusion of the spiritual domain, the need arose to employ full-time chaplains or pastoral counsellors in clinics. The patient, client or counselee is seen as someone who is sick or wounded. That which has caused harm has to be discovered and rectified. This is done by means of the

multidisciplinary team. Various mental health professionals are responsible for various aspects of patients' mental wellbeing. The pastoral counsellor forms a part of this team, and specifically addresses the spiritual aspect of the bio-psycho-social-spiritual whole. This way patient care becomes holistic.

As members of a multi-disciplinary team pastoral counsellors can remain within their scope of practice. They are not obligated to do the work of the psychologist. Treatment strategies are discussed and planned together. This ensures that members of the team will not contradict the approach and treatments of other members. It also avoids the possibility of medical treatments that contradict the religious beliefs of the patients. The pastoral counsellor can assist with providing insight into the belief systems of the patients.

An interdisciplinary approach to psychiatric care improves patient care. An important aspect of being part of the team is learning from one another. To understand that there are medical causes for psychosis and chemical imbalances in the brain, and that not all mental disturbances are related to demon possession or sin, is essential. On the other hand, learning through interdisciplinary dialogue how to recognise spiritual delusions is equally important. In order to work well with the multidisciplinary or interdisciplinary team, pastoral counsellors should be trained and experienced in clinical pastoral education. This will enable the pastoral counsellor to identify basic mental disturbances and illnesses for referral purposes. It often falls to the pastoral counsellor to explain to patients how the multidisciplinary or interdisciplinary team works and how important it is to their holistic wellbeing.

Studies have shown that especially conservative pastoral counsellors are often reluctant to refer people to mental health professionals. Referral not only alleviates the pressure on the pastoral counsellor to deal with problems that are outside of her or his expertise, but it is absolutely necessary when clients show signs of mental illness that fall outside the scope of practice of the pastoral counsellor. In the clinical environment, the adequacy of the training of professionals to deal with spiritual aspects, if often questioned. Another concern is who would be responsible for spiritual and religious support of patients. Mental health workers can address general

spiritual matters as far as their skills-set allows. However when it comes to more specialised care, it becomes the responsibility of the chaplain or clinical pastoral counsellor. Four types of specialists who can include the spiritual dimension in their work. They are the *generalist-particularists,* the *generalist-universalists,* the *specialist- particularists,* and the *specialist-universalists.* Alternatively, if the bio-psycho-social-spiritual dimensions are separated, pastoral counsellors and mental health workers can address the spiritual dimension, psychologists the emotional dimension, and general practitioners the physical dimension. Pastoral counsellors can also address the social side of mental wellbeing, along with social workers and other mental health workers.

Prayer, support and reading of scriptures for encouragement have generally been the techniques of pastoral caregivers to support person in distress. When these techniques are used in an appropriate way with people who subscribe to that particular religious tradition, they can bring powerful support, encouragement and change to the lives of counselees. The pastoral counsellor is seen as a representative of the Divine on earth. Persons who seek spiritual help are in search of the Divine. They come to a safe space to unburden their hearts. Many problems have an underlying spiritual dimension. However, with “secularisation”, pluralisation and humanisation, the need for specialised counsellors has been identified. Various traditions or belief systems can then have their own counsellors and practitioners. However, with sufficient training, a pastoral counsellor can be enabled and equipped to counsel people across the board. The problem of exclusivism is found in many traditions, not only in Christian or in the Adventist tradition. The attempt to protect the own unique beliefs and practices often manifests as segregation, exclusion and prejudice. This is especially true for those who are fundamentalist in their faith tradition. Stringent boundaries come across as exclusion. Having no boundaries at all, threatens identity.

Pluralists promote *commonality* as a way to form connections. This promotes a sense of belonging with counselees. The need for an inclusive model that does not impose values onto others, is valid. However, such an inclusive approach can become exclusive in its inclusion. “Biblical counselling” is in effect excluded when it is seen as counter to counselling ethics. The promotion of one worldview over others

and claiming it as “the best way”, excludes all others. Some Adventist and Christian counsellors argue that usually more provision is made for non-Christian models than for Christian models. Christians are to accept these models which are seen as value-free. However, no model is value free. The values underlying these models are not necessarily acceptable to Christian counsellors. Commonality and a value-neutral model of counselling do not necessarily solve the difficulties of interreligious pastoral counselling in institutions such as healthcare organizations.

The ideal is probably to have a counsellor for each spiritual and religious orientation. However, the reality is that even in specific traditions there are different emphases and interpretations of that particular tradition. Also, this is an expensive alternative that institutions mostly cannot afford. The alternative is to train chaplains and pastoral counsellors for interreligious work, capable of counselling *all* persons irrespective their culture, orientation, religious beliefs or spirituality. This can present a problem from both sides. From the side of the pastors, they can feel uncomfortable counselling with persons outside their religious tradition. From the side of the clients, they can prefer to receive counselling from someone of their own religious tradition. Clinical Pastoral Education is one way of training pastors to be able to counsel persons irrespective their orientation or beliefs.

Some attitudes and views can serve to ease the difficulties of interreligious counselling which is not a simple matter. One such perspective is to see “the other” not as mostly different, but rather as interesting. Interest and curiosity can help to bridge the gap of difference in a way that does not equate difference with threat. Another perspective is to focus on the overarching facets of spirituality. According to the World Health Organisation, aspects that are share by all religious and spiritual orientations include transcendence, personal relationships, a code by which to live one’s life, and specific religious beliefs. In the process of counselling the areas of commonality can be investigated in greater depth. Differences that then come to the fore will be experienced as less threatening because common ground has been established. This will bring about better counselling outcomes.

Pastoral counsellors who do interreligious counselling can make use of a variety of models of commonality. Carvalhaes’ model focuses on *anger* and *fear* as common

human experiences. Mol's model focus on religious commonalities such as *ritual*, *myth*, *transcendence*, and *commitment*. Fisher's four domain model is about the common domains of the *personal*, *communal*, *environmental*, and *transcendental*. Another focus on religious commonalities is the model of Carey and Dovaren about what human beings *do, believe, believe in, and give themselves to.* An approach used by many mental health professionals is to separate spirituality and religion. Spiritual values include love, patience, honesty, joy, wisdom. If Adventist clinical pastoral counsellors can keep to such broad common aspects of religion, they can avoid to becoming entangled in specific tenets of the various religious traditions. However, clients often want to talk about specific religious beliefs with which they struggle. Then it will be more difficult to avoid specifics. In interreligious pastoral counselling the use of specific theological terminology can be a barrier to a successful outcome. Even the term used for the spiritual counsellor can be a potential barrier. The name "pastoral counsellor" has a specific connotation with the Christian tradition.

Prejudicial attitudes can change when people enter into dialogue and social interaction with the other and learn from others and their faith traditions. According to Gort's model areas of dialogue can include history, theology, and spirituality. These areas of discussion can prove to be interesting and insightful for both counsellor and counselee. Such discussions can even serve to strengthen a clear religious identity with the counselee and help them to challenge beliefs based on false premises. A way to avoid dealing with religious specifics is to focus on patients' spirituality rather than their religion. Spirituality is about values, whereas religion is about the way in which the values are practiced in faith communities with certain creeds and rules. For Christian Adventist counsellors it can become disorienting when they realise that there are various ways to expressions spirituality, for example humanistic, moored, and unmoored. The Adventist tradition only relates to moored spirituality and the other two are mostly seen as "wrong".

Not only pastoral counsellors, but psychologists and other mental health workers struggle with interreligious relations with patients. Some religious rituals interfere with medical treatment. Psychologists should have sufficient knowledge of religion to be able to differentiate when practices and beliefs can lead to pathology. Where their

lack of knowledge with regard to spiritual and religious matters makes them hesitant, chaplains or pastoral counsellors who are part of the multidisciplinary team can be of assistance. They can collaborate on patient treatment. Religious beliefs that interfere with medical treatment or have a direct link to mental illness should be challenged by both the counsellor and the medical practitioner. Counselling models that are useful for this include Nick Pollard's model of *positive deconstruction* can be utilised to identify, analyse and evaluate the client's beliefs and challenge and deconstruct the harmful beliefs.

Adventist psychologists, too, experience difficulties when it comes to interreligious work. Some Adventist psychologists concede that it is inevitable that counselling can include "God-talk". Spirituality can be harmful in some instances, or certain mental psychosis can manifest as extreme religiosity. Counsellors are generally restricted to humanistic and rationalistic points of departure and tend to avoid matters of religion and spirituality. However, holistic wellbeing requires that both the horizontal and vertical relationships of the counselee are taken into account. Value-driven counselling will be governed by the values of either the counsellor or the counselee.

Counselling ethics require respect for a client's religious and cultural beliefs. Counselling ethics also require that beliefs and practice that cause or exacerbate mental illness be confronted. Counsellors should acquire this micro-skill. For successful confrontation, counsellors must first have established a strong alliance with client. The timing must be right. The counsellor can most likely expect resistance. The client's beliefs that do not cause harm should be affirmed. The counsellor should establish clear connections between client's beliefs and psychological distress. The counsellor guides the client to make constructive choices. The counsellor facilitates change where necessary and guides the client to make use of the available and appropriate resources. In this effort, a balance between the directive and non-directive approach will have to be found. From an Adventist perspective, that would entail finding the appropriate balance between the task of the prophet who confronts, and the task of the priest who affirms and encourages.

The pastoral attitude of the counsellor should be non-judgemental. The counsellor should not become angry or frustrated with persons who struggle. There is no need to impress upon them what has gone wrong in their lives – their sinfulness and sins. They already know that things have gone wrong and that is the reason why they sought counselling. They are painfully aware of the difficulties in their life. For the counsellor to discern when to censor or discipline and when to offer grace and forgiveness on behalf of the Great Shepherd, much prayer and wisdom are needed. The counselling environment should be a safe space where clients can learn more about themselves, build themselves up, and make progress. Changes made freely and willingly will have a more long-lasting effect that coerced change. Key characteristics of an effective counsellor are compassion, understanding and empathy. Judgement comes across as a form of manipulation. The counsellor manipulates the counselee by means of guilt. Guilt is never a good motivator, for guilt wears off. The Good Shepherd did not scold the sheep for being torn apart by the wolves and not coming into the fold to have their wounds healed.

If there is an intake assessment, it will give an indication of the clients' values and beliefs. The multidisciplinary team will be able to avoid misunderstandings and can plan appropriate care. The assessment will enable them to identify possible problem areas with regard to the clients' religious and spiritual experiences. Two useful assessment instruments are the HOPE and the FICA. Assessments can enable staff to accommodate specific religious and spiritual needs with regard to spaces for worship or dietary preferences. In order for staff to develop the appropriate attitude and to be sensitive to the needs of people from various religions, interreligious training is necessary for all clinical staff. However, not all mental health workers will feel comfortable with interreligious dialogue or training. The chaplain as the "religion specialist" can be the one to assist people from various religious backgrounds.

Extrinsic religious motivation and negative religious coping strategies have been connected to negative mental outcomes. In a multi-disciplinary team people with severe mental illness that manifests religious aspects can be treated by the whole multidisciplinary team of which the pastoral counsellor is a member with particular expertise. Two models that are compatible with a Christian Adventist approach are Cognitive Behavioural Therapy and Rational Emotive Behavioural Therapy. They are

especially effective with clients whose beliefs tend to be conservative or even fundamentalist. The steps of the model are: addressing the activating event that caused harm, acknowledging the clients beliefs and the harm or good that are the result, examining the consequences, and lastly, disputing irrational beliefs and practices that cause harm. All of this is done in a safe space.

This study was particularly concerned with Adventist pastoral counsellors who form part of a multidisciplinary team in the interreligious context of a psychiatric clinic. For such individuals with their background who work in this particular context, the study finds that an eclectic interdisciplinary approach to pastoral counselling can achieve effective results with interreligious pastoral counselling. An eclectic combination of models tailored to these specific needs, can be the following. The pastoral counsellor takes the role of shepherd, according to the image use by Adventist prophet, Ellen White. The shepherd leads the sheep to the fold where they all find belonging, as worked out by Rice in his model that aims to foster client-counsellor rapport. The model of deconstruction by Pollard enables patients to confront those aspects of their worldview and beliefs that cause harm and through the Rational Emotive Behaviour Therapy of Ellis clients are enabled to understand what beliefs are irrational and should be discarded.

Such an eclectic approach makes it possible for Adventist pastoral counsellors to engage in interreligious pastoral counselling without compromising the specific beliefs of their tradition or the guidelines for counselling ethics. Confrontation is not about proselytizing. Confrontation is appropriate when it serves the client's mental wellbeing and holistic health. In all of this the Adventist compass of "Christ's example" shows the direction: to mingle with people, to desire their good, to minister to their needs, to win their confidence, and finally, to be a living example that is safe to follow.

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