

Trends in Counseling

- Pastoral Care, Pastoral Counseling -

The practice of “*care of souls*” (*cura animarum*) or “*pastoral care*” goes back to ancient times. It is found in all faith traditions and cultures and it usually refers to the emotional and spiritual care given to individuals in need. In the Christian and within it in the Catholic tradition it came to refer to the clerical office, including technically the usual activities of a pastor entrusted with the task of “shepherding the flock,” “tending to the sheep” as the Good Shepherd does (Jn 10; Ez 34), and as it had been entrusted to Peter at the Lake of Tiberias (Jn 21:15-19). However, ‘*cura*’ also means healing, referring to the healing ministry, a mandate also entrusted to the disciples by Christ (Mt 10:8). In the Greek texts we find the word *therapeúo*, i.e. therapy to render this meaning of curing, healing. But this Greek word also has a second, less known meaning: ‘to serve’ (as in Acts 17:25) implying that instead of being a lofty expert and lord things over the other, this ministry rather requires a standing below or alongside, a “standing under” (~ understanding) exemplified by Jesus when he was washing the disciples’ feet (Jn 13). So we have a very rich and complex symbolism underlying the manifold meaning of pastoral care as it has been handed down to us over the centuries.

How has this ministry of “tending, shepherding, caring, healing” evolved throughout history?

The parameters of this presentation do not allow for any detailed analysis. What I am going to list are only highlights in a nutshell to draw a background against which we can look at the tasks and challenges of pastoral counselor training today.

We can say that from the time of Christ until well after Reformation little differentiation was made between psychological and spiritual disorders. Many forms of insanity were treated as spiritual problems caused by demonic possessions or moral deficiencies. This approach continued up to the 19th century. Even after medicine began to develop and physical explanations were discovered for organic diseases, psychology remained bound to faith and morality. Change came with Freud and his psychoanalytic theory. His new approach implied that human mind can be studied scientifically through observation and measurement. This new turn took psychology out of the realm of the spirit and rooted it in empirical research. Within decades psychotherapy and psychology were replacing spiritual and moral guidance as the primary method of alleviating mental suffering. There was a sudden surge of psychological theories addressing not just mental disorders but all the areas of human life and human

development. In general terms we could say that people began to turn with their problems to psychologists while religious practices have become empty, losing their life transforming power. (May, 1992). The guidance, the fellowship, the faith tradition the churches continued to offer seemed no longer to satisfy people's need for wholeness, health, and happiness.

The first attempts at integration started among Protestant clergy who took psychological training and integrated these new disciplines into their ministry. The practice of pastoral counseling and clinical pastoral education was born. In these settings the ministers were able to give individual in-depth guidance to people, but in most cases this guidance became more and more psychological and less and less spiritual. (May, 1992) Mainline churches began to integrate psychology into the training of their ministers and into priestly formation; however, there has always been some suspicion and a certain resistance to psychology within ecclesial circles, which can be felt up to the present day. The main reasons for it can be found either in the theoretical foundation of certain schools of psychology that are incompatible with a sound Christian theological anthropology, or in the fear of "over-psychologizing" at the expense of spiritual depth.

Due to radical changes in philosophical thought and scientific theory, by the end of the 20th century major paradigm shifts took place in the psychoanalytic and psychological theories as well, giving rise to an interest in the spiritual dimension as an important source and means of healing and transformation.

What are these major paradigm shifts that led to the change of perspective?

Following World War II a major paradigm shift took place in the philosophical and scientific thinking marked as postmodernism. The move from positivist thinking to postpositivism and later to constructivism changed the way thinkers were relating to reality, which also brought changes in the scientific worldview, in the method of knowing, and in the theory of truth (Cooper-White, 2004). The paradigm shift was also felt in the realm of psychology and psychotherapy, as the positivist approach to therapy gave way to the relational paradigm in which the helper's subjectivity gained more and more attention giving rise to a totally new way of interpreting and using transference and countertransference in the therapeutic relationship (Cooper-White, 2004). If we consider how the paradigm shift affected society we come to face the phenomena of pluralism and secularism, which present us with new challenges in the field of education, religious affiliation, people's way of relating to social values, religious practices, etc. The counter reactions to these social changes are either extreme fundamentalism (for example one can consider the phenomenon of radicalization of second generation immigrants

in Western Europe, or the drastic move to ultraconservative religious practices among young people), or extreme relativism, total nihilism (Wikström, 2013).

In the field of psychology one can observe a rapid development of different types of helping relationships analogous to psychotherapy (usually referred to as counseling; *German - Beratung*). There is a proliferation of counseling theories – according to a cautious estimation by the 1980s over 240 counseling theories were embraced since the appearance of the Freudian theory (Cheston, 2000).

What exactly happened in the field of psychotherapy and psychology, and how did it happen?

By the beginning of the 20th century the attitude of psychology towards religion shifted from one of openness and interest to suspicion and hostility.

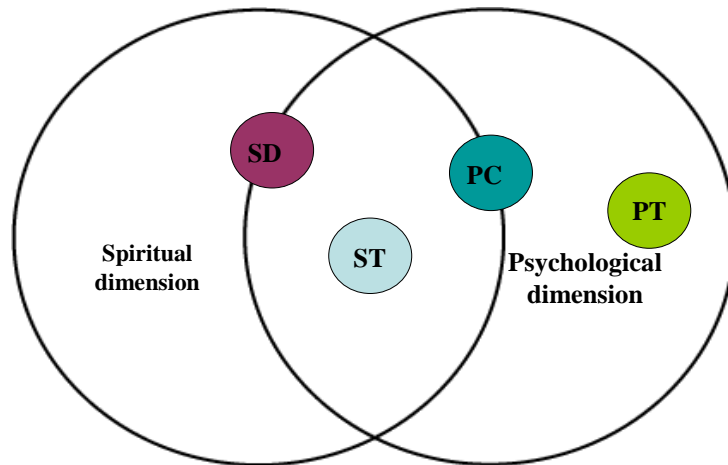
Models of personality and psychotherapy that emerged in the context of positivistic philosophy of the time, starting from Freud's psychoanalytic perspective through Skinner's behaviorist theory often stereotyped religion as illusory, a defense mechanism that encourages avoidance and denial, a phenomenon that is part of the pathology or at best an attitude that leads to passivity.

The consequence of this trend of development was that spirituality became a taboo topic in both the training of psychologists, counselors, psychotherapists as well as in the clinical practice itself; and consequently the clients become reluctant to bring in themes of their spirituality into therapy because it was evident that such themes have no place in their therapeutic process. If some of them did dare to do so, they usually encountered overt or covert rejection on behalf of the therapist. (Pargament, Murray-Swank, 2005)

Within the changing paradigms however, empirically-based research led to the realization that spirituality can be part of the solution for many people, while for others spirituality can be part of their problem (e.g. negative forms of religious coping, pathological guilt, etc.), and this, too deserved attention in the psychotherapy process. Surveys have also shown that people wanted spiritually-sensitive help. It became evident that spirituality cannot be separated from psychotherapy and the conviction grew that spiritually-integrated psychotherapy can work. (Pargament, Murray-Swank, 2005)

Just as medicine had to learn to take into consideration the overlap of the person's physical and psychological dimensions and address the psycho-somatic phenomena in order to affect complete healing, psychology had to consider the overlap of the spiritual and psychological dimension of the person if it aimed at a really holistic healing intervention. Len Sperry (2001)

places the different forms of helping relationship at different points of this overlap and argues for the validity and necessity of a spiritually integrated psychotherapy.



*PT – Psychotherapy, PC – Pastoral Counseling,
ST – Spiritually Integrated Psychotherapies, SD – Spiritual Direction*

Sperry, L. (2001): *Spirituality in Clinical Practice. Incorporating the Spiritual Dimension in Psychotherapy and Counseling*, Taylor & Francis Group, Philadelphia, PA.:

Within each school, trend of psychotherapy spiritually oriented practices emerged – for more details see the handbook of Spiritually Oriented Psychotherapy edited by Sperry and Shafranske (2005).

Nevertheless those advocating for the integration of spirituality into psychotherapies were very much aware of the challenges of such a process. In their handbook Sperry and Shafranske (2005) summarize these challenges stated as questions and organize them under the themes of *knowledge, practice, and education*:

“Knowledge

- What are the constituents of the constructs of religion and spirituality, and how are they differentiated from each other and other systems of human meaning?
- What is the relationship between psychology and spirituality? [...]
- What are the effects of spiritual beliefs, affiliations, and practices on emotional and physical health and subjective well-being?
- What are the effects of spiritually derived virtues and ultimate purposes on emotional and physical health and subjective well being?
- Is there an identifiable developmental trajectory in spirituality, and how is this related to psychological development?

- What is the relationship between spirituality and other aspects of cultural diversity?

Practice

- What are the ontic commitments within existing models of psychotherapy? What are the effects of these commitments? What are the ontic commitments within spiritually oriented psychotherapy?
- What approaches and procedures may be used to assess spirituality as differentiated from religiousness?
- What are the similarities and differences between psychotherapy, religious counseling, and spiritual direction? What are the unique features of spiritually oriented psychotherapy?
- Should the integration of spiritual resources into psychotherapy be conducted by psychotherapist or by a religious professional through collaboration? What ethical guidelines should be established [...]
- What guidelines and ethics should inform efforts to modify spiritual beliefs and practices that have been demonstrated to compromise directly the emotional and physical health of the patient?
- What is the impact of the spiritual commitment of the psychotherapist on the provision of spiritually oriented psychotherapy?
- What competencies are required to ensure the ethical practice of spiritually oriented psychotherapy? [...]

Education and Training

- What are the domains of knowledge and practice in spirituality that should be minimally addressed in the training of mental health professionals? What are the core competencies, and how are they developed?
- What are the core components in curriculum and in clinical training,
- Should spiritually oriented psychotherapy be considered a specialty or a proficiency? [...]
- What guidelines should be established in education and training to establish competency? [...]¹

¹ Sperry, Len and Shafranske, Edward P. Future Directions: Opportunities and Challenges. In: Sperry, Len and Shafranske, Edward P. (Eds.), *Spiritually Oriented Psychotherapy*. American Psychological Association. Washington, DC. 2005. 352-354.

In the past decade since the publication of this study research has addressed and at least partially answered many of the questions raised above. Just to mention a couple of topics: advances in the assessment and measurement of spirituality using the ASPIRES (Assessment of Spirituality and Religious Sentiments) scale developed by Ralph L. Piedmont and his team,² or research started in the area of parallel accompaniment of a person in psychotherapy and spiritual direction, exploring the possibilities of collaboration between therapist and spiritual director.³ Nevertheless, some of the dangers and challenges of such an integration process prevail. The major risks listed by the authors are the following: the risk of trivializing spirituality, i.e. “turning it into one among the many tools that can be selectively applied by cool dispassionate therapists interested in returning their clients to normalcy;”⁴ the danger of spiritual reductionism, i.e. explaining spirituality away by reducing it to a bunch of measurable psychological, social, or physiological processes; the danger of imposing subtly or less subtly the spiritual/religious values of the therapist onto the client; as well as the danger of over-spiritualizing, i.e. overstating the importance of spirituality (Pargament, Murray-Swank, 2005). In the light of these dangers the authors set some requirements for any process of integration of spirituality and psychology and/or psychotherapy. However, these requirements pose further problems.

The first requirement is that integration has to be based on *a theory of spirituality*. But how can spirituality be defined without making reference to its ultimate source, God? But by making references to or statements about God one already enters the territory of theology. It is interesting to see how the authors have been wrestling with this task or defining spirituality, trying to stay on the fine line running between disciplines.

This leads us to the second requirement, that of the need to be *empirically oriented*. And here we run into questions related to the theoretical/philosophical/theological/scientific framework we are operating from. What does empirical research entail when we address the issue of spirituality? What is our scientific worldview, our method of knowing that would generate our questions? How do we view the nature of reality? What is our theory of truth?⁵ From what

² Piedmont, Ralph L.; Kennedy, M. Christine; Sherman, Martin F.; Sherman, Nancy C.; Williams, Joseph E. G., A psychometric evaluation of the Assessment of Spirituality and Religious Sentiments (ASPIRES) Scale. In: Research in the Social Scientific Study of Religion, Vol 19, 2008, 163-181.

³ Tomcsányi Teodóra, Kővári Magdolna, Horváth-Szabó Katalin. A lelkipérezés. A pszichoterápián és a lelkipérezésen túl. In: Pszichoterápia. Vol. 18/2. 2009. 20-27.

⁴ Pargament, Kenneth I., Murray-Swank, Nichole A., An Empirically-Based Rationale for a Spiritually-Integrated Psychotherapy. In: Mental Health, Religion, and Culture. Volume 8. Issue 3. 2005.

⁵ Cooper-White, Pamela, Shared Wisdom. Use of the Self in Pastoral Care and Counseling. Augsburg Fortress 2004. p. 45: Three Positions toward Reality.

vantage point do we start our quest? Do we take the approach of the psychology of religion, or that of pastoral psychology, or that of theology, or theological anthropology? Developing an adequate theoretical framework requires a multidisciplinary approach. And even more: a change of attitude. It seems that decades ago, at the very outset of the attempts at integrating psychology and religion Gerald May (1987) had already captured the essence of the problem when he outlined the need for a “contemplative psychology”⁶ that will be able to give up the *willful mastery* of empirically scientific quest and *willingly surrender* before *mystery*, i.e. yielding before the ultimate questions that cannot be answered.

The third requirement for integration is that of ecumenism. Touching upon questions of spirituality and God we always run the risk of getting entangled in theological argumentations – one of the major fears of those who still oppose the idea of integration. How can we tap into the depth of spirituality that reaches across denominational lines, reaching even clients “who have created their own idiosyncratic religions.”⁷ And there are other issues of competency when it comes to the question of understanding and defining health and unhealth. Do we judge the health of religion/spirituality by psychological principles, or do we judge psychological health by religious principles? Or, are we able to develop a true dialogical approach to describing and understanding complex phenomena?

How does integration actually happen, and what are its implications for counselor training?

I am going to present a model of integration I was introduced to at the Pastoral Counseling Department of the Loyola College in Maryland, USA. It is rooted in the foundational work of professors Barry K. Estadt and Melvin C. Blanchette, founders of the Department, and it was further developed by Professor Robert J. Wicks and his faculty team. I am going to present it in the way it has shaped my thinking and clinical practice, and in the way it has been shaped by my further readings and experience as we began to implement it into a pastoral care/counseling training program started by a group of practitioners at the Institute of Mental Health of Semmelweis University, Budapest (Tomcsányi et al., 2013).

How can pastoral integration be reached in such a way that we avoid the basic conflicts inherent in the series of questions quoted above? What do we actually integrate and where? If we start out by asking how spirituality can be integrated or rather fit into the practice of counseling or psychotherapy, we will inevitably end up in a dead end because we try to “willfully” grab the

⁶ May, Gerald, *Will and Spirit*. Harper San Francisco. 1987

⁷ Pargament, Kenneth I., Murray-Swank, Nichole A., *An Empirically-Based Rationale for a Spiritually-Integrated Psychotherapy*. In: *Mental Health, Religion, and Culture*. Volume 8. Issue 3. 2005. 15.

ineffable and squeeze something that opens up to the infinite into a finite and well delineated theoretical framework of whichever scientific approach to psychology or therapy. Moreover, by doing so we place ourselves outside or above the process, as if we could manipulate it in an objective, neutral manner of some sort of a scientific detachment, which is an illusion of the positivist and modernist thinking. Postpositivist experience has revealed that we cannot separate our subjectivity from any aspect of our knowing. Respectively, there is no such thing as value free counseling or therapy. Whether we are aware of it or not, reflect on it or not, or whether we define it in any way or not, we do have our own spirituality, and as practitioners we do take it with us into the helping relationship. So spirituality is already there in the *intersubjective pool*⁸ forming between client and practitioner.

On the other hand, if one willingly surrenders before the mystery, the absolute transcendent reality in whom “we live and move, and take our existence” (Acts 17:28), consciously reflecting on the “spiritual force-field” in which everything (the ever expanding universe, as well as the microcosm of the particles that make up matter) and everyone is living, moving, and taking their existence, and consciously and continually reflects on oneself in a system of a three-way relationship to oneself, to the other, and to the transcendent, integration will happen within: within the person of the practitioner. This rootedness in the ultimate reality – I call it the living God – and the continuous reflection on one’s relationship with God, with oneself, and with others result in an authenticity (congruence) that points beyond denominational differences in theological doctrine. Love (who is God – 1 Jn 4:8) becomes a lived experience of being unconditionally accepted and held, and this also makes the unconditional acceptance of others (the unconditional positive regard) possible. In this “circle of grace” (Wicks, 2012) it becomes of a secondary importance what counseling theory one is adhering to, or which kind of therapeutic approach one practices as long as it is coherent with one’s pastoral theological anthropology and one is well trained in it. (Well grounded theoretical training and clinical practice are indispensable.) A helping relationship becomes pastoral not because spiritual themes are addressed, or issues of the client’s faith or religious practices are discussed in the sessions. The client might not even be a believer at all, and might not be interested in any spiritual topic, but the helping relationship will still be pastoral because of the integrated presence of the practitioner that makes the “spiritual force-field” tangible and operative in the therapeutic encounter.

⁸ Cooper-White, Pamela, Shared Wisdom. Use of the Self in Pastoral Care and Counseling. Augsburg Fortress 2004.

Thus pastoral integration happens when we can define a helping relationship as a mode of healing (therapeutic) intervention held in a constructive, creation-affirming theology (Cooper-White, 2011). With this approach we can circumvent a lot of argumentation regarding questions of competency – very much present in the countries of East Central Europe. If being pastoral depends on the integrative presence of the practitioner, the type of helping relationship he or she is practicing – be it care, counseling, or psychotherapy, depending on the level of his or her training, as well as on the goal, focus, and content of the work – will also be pastoral not because of a certain type of therapeutic approach, but because of the practitioner’s way of being in the therapeutic relationship. In this way we can speak about pastoral care, pastoral counseling, as well as pastoral psychotherapy. All of them have in common the way of being of the practitioner, whereas the difference lies in the focus, the goals, the content of a given helping relationship, as well as in the methods used in the therapeutic process. Pamela Cooper-White (2004, 2007) uses the Johari Window to illustrate the distinction between care, counseling, and psychotherapy. In the diagram areas 1 and 3 are the usual domains of pastoral care, involving conscious communication between the pastoral care worker and the recipient of the care. Area 2 is also, on occasion, an area for pastoral care, as personal feelings and behaviors the client is not fully aware of, are observed by the care worker. Area 4 is the realm of pastoral psychotherapy, as it represents the area of the unconscious.⁹

	KNOWN TO SELF	NOT KNOWN TO SELF
KNOWN TO OTHERS	<p>1 Social Level (free action)</p> <p><i>Pastoral Care</i></p>	<p>2 Risk Level (blind spots – seen by others but unknown to self)</p>
NOT KNOWN TO OTHERS	<p>3 Private Life Space (avoided or protected)</p> <p><i>Pastoral Care and Counseling</i></p>	<p>4 Unknown/Unconscious (area of unknown activity)</p> <p><i>Pastoral Psychotherapy</i></p>

⁹ Cooper-White, Pamela, Many Voices. Pastoral Psychotherapy in Relational and Theological Perspective. Augsburg Fortress. 2007. p.6.

Thus from the vantage point of pastoral integration the key question for counseling training and practice is not so much what pastoral counseling consists in, but rather *who* the pastoral counselor is. In this respect the working definition provided by Barry Estadt, co-founder of the Pastoral Counseling Department of Loyola College in Maryland is fundamental, as it captures the very essence of the profile of a pastoral helping professional: “A *pastoral counselor*, ... is a [religiously] (now we would say spiritually) *integrated person*, ... *who approaches others with a sense of mystery*, ... *along with an ability to enter into communion with others in a therapeutic alliance*, ... *with the goal of reconciliation and personal religious integration*.”¹⁰ From this definition all the major characteristics of a pastoral counselor can be unpacked: as a spiritually integrated person the pastoral counselor is aware of his personal finiteness, is aware of the holy, has a faith that transcends the here and now; she has personal capacity to trust. He can gratefully accept his personal pilgrimage; she lives in the process of *morum conversio*, the ongoing conversion of the heart, the ongoing transformation in Christ into Christ, or as Len Sperry put it “the conscious commitment to living out the fundamental changes in all dimensions of life”¹¹. By being a pilgrim on the spiritual journey of ongoing transformation, she can also become co-pilgrim for others. The pastoral counselor is characterized by a sense of awe, respect, and mystery; he lives in the presence of God and is aware of the power of his own presence as he allows God’s healing power shine through. She is characterized by personal integrity, maturity. He knows pain and suffering from experience, so he becomes able to be with others in their suffering without being pulled down by it. She is able to enter a therapeutic relationship rooted in well founded theoretical knowledge and ethical conduct. He is reconciled with himself, with others, and with God, and is able to promote reconciliation and transformation.

The pastoral helping professional lives and practices in the “circle of grace” (Wicks, 2007, 2012). The existential base for one’s life and practice is a pastoral anthropology fed by Scripture, personal relationship with God, and by how one lives one’s spirituality, the key element of which is a life of prayer. The regular – daily – retreat into an inner place of quiet and solitude – and occasionally retreating into longer periods of silence – helps one face one’s own truth in the embrace of a loving God. This is not only a place of intimacy, but also a place

¹⁰ Estadt, Barry K., Profile of a Pastoral Counselor. In: Barry K. Estadt, Melvin C. Blanchette, John R. Compton Eds. Pastoral Counseling. Loyola College Pastoral Counseling Faculty. Prentice Hall. Englewood Cliffs, New Jersey.1991. p. 1.

¹¹ Sperry, Len, Transforming Self and Community. Revisioning Pastoral Counseling and Spiritual Direction. The Liturgical Press, Collegeville. Minnesota. 2002. p.119.

of struggle where one grapples with who God is and who one is. Finding our core identity of being in the image of God, and getting securely rooted in our true self, helps us face the illusions of the false self that keep us captive. This regular quiet meditation leads one to self knowledge and mindfulness, which open up inner space for compassion: first compassion with oneself, as we embrace our full truth in humility; when we accept our reality and learn to let go of our illusions, gentleness and compassion for others is being born within us. This inner space opened by mindfulness and self-knowledge is the place of continual growth and transformation. It is a place of peace and a place of continual challenge at the same time. And it is also a source of life that can feed others. It is the source of life for ourselves and for those entrusted onto us. If this inner space is born within us, we become islands of tranquility and compassion, as well as sources of healing as we become able to offer space for the suffering and for all who seek support, consolation, and encouragement. We become able to offer people “hospitality”... *“a space where change can take place. It is not to bring men and women over to our side, but to offer freedom not disturbed by dividing lines. It is not to lead our neighbor into a corner where there are no alternatives left, but to open a wide spectrum of options for choice and commitment. ... It is not a method of making our God and our way into the criteria of happiness, but the opening of an opportunity to others to find their God and their way. The paradox of hospitality is that it wants to create emptiness, not a fearful emptiness, but a friendly emptiness where strangers can enter and discover themselves as created free; free to sing their own songs, speak their own languages, dance their own dances; free also to leave and follow their own vocations.”*¹²

In conclusion we can say that the approach of pastoral integration is not concerned with questions of how spirituality can be defined empirically and applied in the therapeutic process, but rather it is interested in the spirituality *of* the therapeutic/counseling process, i.e. in the way the practitioner’s lived spirituality (one’s own experience of God and of oneself in relation to self, others, and God) becomes manifest in the counseling practice. This will define one’s Way of Being, it will undergird one’s Way of Understanding, i.e. the theoretical knowledge, as well as the knowledge of the client’s strengths, resources, and skills, and it will shape one’s Way of Intervening, i.e. the actual work one does in the therapeutic/counseling process. (Cheston, 2000)

¹² Nouwen, Henri J. M., *Reaching Out. The Three Movements of the Spiritual Life.* Doubleday. 1986. 71-72.

What are the implications of this model of pastoral integration for the counselor training?

The pastoral counseling specialization program of the Institute of Mental Health of the Semmelweis University in Budapest went through a three-year accreditation process started in 1999 and was inaugurated in 2002. It is hosted and administered by Semmelweis University, a secular institution, but it is run in cooperation with church related institutions of higher education (in the beginning with the Károli Gáspár University of the Hungarian Reformed Church and Sapientia Catholic College of Theology of Religious Orders, and at present with the Lutheran Theological University and with the St. Athanasius Greek Catholic Theological College. The founders envisioned a program that (1) was administered in an ecumenical spirit (in terms of cooperating institutions, as well as regarding the composition of the faculty team and the student body); (2) offered thorough theoretical knowledge in the field of social sciences (using a multi- and interdisciplinary approach that builds on a previous degree in theological disciplines); (3) combined theoretical training with praxis-oriented work (focusing on skill development, improving self-knowledge, and promoting change in the students' attitudes and everyday living); (4) encouraged a reflective attitude that promotes integration; (5) employed methods of adult education (creating an environment conducive to dialogical and self-initiated learning; (6) included methods of monitoring the learning processes to ensure quality control.¹³

The main characteristics of the program can be summarized in the following four points: (1) it is based on praxis-oriented, interdisciplinary courses; (2) it offers different ways of promoting integration (individual attention given to students through a mentoring system; modular and integrated presentation of topics, such as lectures delivered jointly by instructors from various disciplines; dialogical approach; ongoing reflection on readings and experience; special courses focusing on pastoral integration); (3) it provides an environment that stimulates the formation of community, a sense of belonging and trust in one another and thereby encourages students to facilitate each other's learning; (4) work in small groups, where students are guided through all four levels of learning: reflective observation, connecting experience to theory, active experimentation, and practical testing.¹⁴

Some statistical data: since 2002 altogether 270 students have graduated from the program. Up to 2011 the program included 3 years of study; in 2011 it was redesigned into a 2 year program following the new guidelines regulating higher education. At present the sixth class is finishing

¹³ Tomcsányi Teodora, Török Gabor, Csáky-Pallavicini Roger, Itzész András, Sallay Viola, Martos Tamás and Török Péter. An Ecumenical, Interdisciplinary, and Integrating Specialization Program in Pastoral Counseling in East Central Europe. In: *Journal of Psychology and Theology*. 2013, Vol. 41, No. 1, 62-77.

¹⁴ Idem.

their first year of study. Looking at the composition of the present class will give a general picture of the overall composition of the student body attending the program. Out of the 54 students there are 26 women and 28 men; according to profession 28 priests/pastors/ministers and 28 who are not priests or pastors; 12 religion teachers, 8 religious representing 7 different orders, and there are people from different other professional backgrounds as well (social worker, doctor, economist, teacher, physical therapist, etc.). According to religious affiliation we can see the following distribution, which more or less mirrors the distribution of denominations in the country: Roman Catholic 32; Calvinist 16; Lutheran 3; Baptist 2; Adventist 1. Age distribution: 6 students in their 20s; 20 in their 30s; 24 in their 40s; 2 in their 50s and 2 in their 60s. Average age: 39,5.

In terms of structure there are three major components in the curriculum: Theoretical Courses in 180 hours; Skills Development Courses in 180 hours; Courses Developing Self-Knowledge and Self-Reflection in 200 hours. The theoretical courses include Human Development and Development of Faith, Psychology of Religion and Pastoral Psychology, Theory and Methodology of the Helping Relationship, Mental Disorders, Family and Sexuality, Society and Social Issues, Group Work and Group Dynamics.

The skills development courses focus on two major areas: the practice of pastoral counseling, and activity/ministry supervision. The former is a form of small group supervision based on verbatims brought by the students from their actual field of ministry/practice, and it runs throughout both years of study with a week of intensive work in-between. The latter accompanies students in their actual ministry, introducing concepts of project management and organizational development as well as a way of reflection on liturgical celebrations as occasions for and arenas of pastoral care.

The courses developing self-knowledge and self-reflection include a 130 hour series of psychodrama, running throughout both years of study, an intensive week of pastoral integration, and individual spiritual direction with off-site spiritual directors recommended by the institute. There is an ongoing evaluation of the effectiveness of the training program based empirical research. To prove and to improve the efficiency of the program two researches have been carried out in the last decade of the program. The first focused on the motivations of the students of different denominational backgrounds when they applied for the program. The second one was a longitudinal survey that analyzed the effectiveness of the changes of key competencies. It measured the characteristics and the changes in the characteristics of the students with a questionnaire that is the Hungarian equivalent of the Californian Psychological Inventory (CPI-

S), and it measured the changes in the pastoral counselor's competency in counseling interactions with a questionnaire developed especially for this occasion.¹⁵

Both the results of the above mentioned studies as well as the continual feedback of students and faculty are used to continually fine tune the structure and content of the program so that the pastoral integration outlined above may take place in the counselors to be.

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¹⁵ Török Gábor Pál, A lelkigondozó szakirányú továbbképzés curriculumának kidolgozása, eredményességvizsgálata és fejlesztése. [Developing, Evaluating, and Improving the Curriculum of the Pastoral Counseling Training Program]. Doctoral Thesis. Semmelweis University. Budapest. 2013.

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