

Pastoral View

Who Are The Counsellors?

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The practice of pastoral counselling is at least as old as the church and probably as old as the human race. The phrase, however, is relatively new and there can be no doubt that its emergence represents something of a revolution. This is especially true in the United States. A new literature has sprung up, a new approach to ministerial training has arisen, and the minister's self-understanding has been transformed. The clinic has become more important than the pulpit.

In Britain, too, there has been change, but of a different kind. People have not so obviously pressurised the minister into becoming a counsellor rather than a preacher. Instead, those with personality and behaviour problems have tended to bypass the church altogether. This is quite understandable in the case of non-Christians. What is deeply disturbing is the extent to which it is also true of those who are members of the church. Many Christians are taking their problems to the medical profession — to general practitioners in the first instance and eventually to consultant psychiatrists. Other problems which traditionally have been the province of the ministry are being referred instead to the marriage guidance clinics, detoxification centres and the Samaritans.

To some extent, this situation reflects an anxiety to hide problems from the church, possibly out of a sense of shame. But to a far larger extent it reflects the conviction that these problems are not the province of the church and that its ministers really have nothing to offer by way of special skill in this area.

Correcting the Trend

The trend needs, surely, to be corrected. Psychiatrists are very seldom men of Christian persuasion and their understanding of the human psyche differs radically from that of Scripture. A man's world-view may be relatively unimportant so long as he is treating only physical illness. But when he ventures to treat problems of the mind and maladies of the soul, his psychological theories can be decisive.

Furthermore, many behavioural problems have no medical base. For example, there is no medical pre-disposition to alcoholism and there is certainly no medical cure for it. The same is true of homosexuality and of most (but not all) forms of depression. So far as the Christian understanding goes, these are acquired patterns of sinful behaviour and can only be hopefully treated if accepted as such. To a psychiatrist, such an approach would be execrable.

Above all, the practice of taking emotional and behavioural problems to professional, but non-Christian, counsellors contradicts the biblical pattern. For one thing, Scripture expects that individual Christians will normally deal with their own problems. It certainly does not encourage men and women to bring their depressions, anxieties and strained relationships almost automatically to professionals. This is something pastors should be careful about. The moment problems are referred beyond the immediate personal circle they acquire a new status which makes their solution significantly more difficult. Even the counselling of a friendly and trusted pastor should not be a first resort. Instead, Christians should be encouraged to believe that with God's help they can handle most of their own difficulties.

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We are delighted to welcome him to EVANGEL, and look forward to his contributions on pastoral and other related issues.

Sometimes, however, problems will arise which do need outside help. Yet, even here, the biblical perspective differs very much from the modern one. Just as it was necessary for Christians to go outwith the church to find people competent to judge, so it was unnecessary for Christians to go beyond the church to find people competent to counsel. The principle is clearly illustrated in 1 Thessalonians 5:14, "We urge you, brothers, warn those who are disorderly, encourage the timid, help the weak". The verse encompasses a wide range of pastoral problems: the disorderly (idle, drunk, fornicators, homosexuals), the diffident, the weak-minded. These people need admonition, encouragement and help. But who are to give it? Not extra-church professionals, but those whom Paul calls simply "brothers".

The clear implication of this is that counselling is a responsibility of the whole congregation. *Brothers* is Paul's usual form of address to the whole congregation at Thessalonica (1:4; 2:1; 2:17; 4:1). In 5:12 they are clearly distinguished from the eldership. This means that the whole church has a responsibility towards the disorderly: and also that the weak-minded and the defeated have a right to expect comfort and encouragement from the whole body of believers. In bereavement, for example, Paul envisages that all the members of the church will comfort one another (1 Thessalonians 4:18). The Writer to the Hebrews has the same expectation. The believers are to exhort and even provoke one another (Hebrews 10:24, 25). In a very real sense, each of us is our brother's keeper.

It follows, *a fortiori*, that counselling is the legitimate province of Christian ministers. Their calling is not only to be over the church in the Lord, but to admonish it (1 Thessalonians 5:12). This means that they have no right to off-load the church's behavioural and emotional problems on to non-Christian professionals. It also means that church-members beset by such problems have no right, before God, to by-pass their pastors. The current tendency for the problems of Christians to end up in the consulting-rooms of psychiatrists is a confession of the church's bankruptcy and a scandal to our faith.

A word of caution is necessary, however. A pastor must know his own limitations. Periodically he will be faced with problems he cannot handle — at least not on his own. He must have the humility, in such circumstances, to seek the advice of other pastors (especially of his senior colleagues) and thus benefit from the collective wisdom of the ministry. In a well-ordered presbyterial system, the discussion of such cases would be a regular feature of presbytery agendas. Even then, however, the pastorate collectively will occasionally have to recognise that some problems are beyond their skills because rooted not in spiritual but in organic and medical factors. The depression which is the result of pathology, the violence which is psychopathic and the bizarre behaviour which indicates a deep-seated schizophrenia are the legitimate province of the psychiatrist.

At the moment, the danger of pastors straying into the territory of psychiatrists is a remote one. The traffic is all the other way and the urgent need is to claim (or re-claim) for pastors their biblical role in dealing with the emotional and behavioural problems to be found in the church itself.