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PASTORAL PSYCHOTHERAPY AND ITS ROLE IN PASTORAL MINISTRY

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ABSTRACT

This paper argues for the essential role of pastoral psychotherapy in contemporary ministry. The interview findings gathered from pastors and theological students reveal a spectrum of attitudes toward psychotherapy that ranges from strict reliance on Scripture to cautious openness and integrative acceptance. Although none of the respondents rejected therapy outright, however, many acknowledged limitations in addressing mental health concerns and affirmed the need for holistic care. These findings highlight the significance of integrating psychological insight with theological conviction. The paper demonstrates this through a fictional pastoral case study that employs Cognitive Behavioural Therapy (CBT) to address a student's anxiety. The case study demonstrates how therapeutic intervention can be effectively implemented and maximised within a pastoral framework. It concludes that pastoral psychotherapy is a vital and theologically responsible dimension of effective pastoral care today.

Keywords: Pastoral Psychotherapy, Cognitive Behavioural Therapy, Pastoral Ministry, Therapeutic Intervention, Holistic Care.

Introduction

The essence of pastoral ministry is to minister to the needs of humans within the context of all that God, the creator, has made available. This range encompasses spiritual, psychological, emotional, and physical needs. Pastoral ministry, from the beginning, seeks to empower people to connect with God through Jesus Christ and to experience healing and wholeness by equipping them to face life victoriously. However, contemporary pastoral ministry takes place in a societal and psychological landscape that is far more complex than the one earlier generations encountered. People bring problems shaped by trauma, mental illness, addiction, complicated family dynamics, and social stresses that often resist simple pastoral

platitudes. They often require a measure of psychological understanding to relate to their problems properly, empathise with them, and proffer practical solutions without being judgmental.

Nevertheless, the incorporation of a psychological undertone has brought about debates and arguments. Some insist that biblical counselling alone is sufficient for all pastoral care needs, while others argue that pastors should make disciplined use of psychological insights through pastoral psychotherapy. This paper defends the latter position, arguing that pastoral psychotherapy, when properly understood and bounded by Scripture, is a faithful tool that helps pastors apply biblical truth more effectively in providing holistic care for humans.

To build this case, the paper examines the concept of pastoral psychotherapy, contemporary issues facing pastoral ministry, and the theological tensions surrounding the use of psychology. It further incorporates findings from field interviews conducted among pastors and theological students, revealing diverse attitudes toward psychotherapy. Finally, the paper illustrates practical integration through a pastoral case study employing Cognitive Behavioural Therapy (CBT) in addressing a student's anxiety. Together, these elements demonstrate that pastoral psychotherapy holds a significant and necessary role in effective pastoral care today.

The Concept of Pastoral Psychotherapy

Pastoral Psychotherapy is concerned with the intentional integration of psychological principles and theological understanding and reflection, coupled with clinically informed practices, towards the end of providing holistic pastoral care. Powlison (2021) noted that the pastoral ethos originated from Jesus Christ, the one who was touched by the weakness, struggles, and temptations of those with whom He spoke and for whom He died (p. 25). This implies that pastoral ministry is simply an offshoot of the ministry of Jesus Christ. The word "pastoral" refers to ordained clergy and laity who understand that caregiving is part of their ministry (Clinebell, 2011, p. 8). Caregiving is not restricted to ordained ministers. It is a shared ministry that is readily available to all who recognise it as such.

Psychotherapy itself is a collaborative process that requires both the therapist and the client to co-construct solutions regarding life's tasks (Corey, 2017, p. 4; Buchanan & Haslam, 2019, p. 3; Carrington, Yeates, & Masterson, 2024, p. 11). It is not about changing the individual through quick advice, but rather facilitating healing through a process of genuine dialogues with clients, using theoretical understandings of human nature and behaviour. God is in the business of changing lives (Adams 1973, p. 29). Every effort of the pastoral ministry is to an end of partnering with what God is doing towards bringing the needed transformation in people which often time is not always instantaneous. Oyedele (2017)

highlighted that pastors and ministers engage in psychotherapy to change basic aspects of personality and behaviour patterns to make them more constructive and creative (p. 8). It differs from basic pastoral care in that it involves a more technical level of expertise. Moreover, it differs from secular clinical psychotherapy due to its bias, which focuses on theological convictions and spiritual practices deeply rooted in the Bible (Nganyu 2025, p. 105). Its uniqueness lies in the ability to narrow down biblical counselling insofar as it deliberately incorporates tested psychological knowledge as tools for applying the scriptures to the inner life. Secular counselling does not in any way give credence to faith practices.

Biblical counselling, on the other hand, although deeply rooted in theological understanding rooted in Scripture (Adams 1979, p. 17), does not recognise or give any iota of affirmation to the place of psychology or clinically informed practices, regardless of how proven they might have been globally. This makes psychotherapy stand between pure biblical counselling and secular psychotherapy. Nevertheless, healing formed an integral aspect of Jesus' mission on earth, and it remains a vital component of the church's ongoing ministry (Pillar 2009, p. 1). Hence, the convictions and foundation upon which pastoral psychotherapy is grounded are solid and proven.

In the same way that pastoral ministry has a theological foundation (Biwul, 2018, p. 94), so does pastoral psychotherapy, an offshoot of pastoral ministry, which is deeply rooted in convictions that align with sound theological understanding. The first, and by no means the least in relevance, is Biblical anthropology (Kunhiyop, 2012, p. 67). This approach aligns with the growing recognition of the importance of integrating theology and spirituality into psychotherapy (Nganyu, 2025, p. 76). The scriptures establish that humans are embodied, meaning they are spiritual beings who are moral and relational. A man is a spirit who has a soul and lives in a body. Even though the human mind is complex, humans have been given the capacity to investigate and gain a measure of understanding of it to their own benefit.

The second conviction upon which pastoral psychotherapy is grounded is biblical authority and sufficiency. The Bible remains normative for faith and life, a conviction with which pastoral psychotherapy is fully aligned. The Bible is a book of authority (Akintola 2020, p. 27; Wright, 2009, p. 18). It sets the boundary between what is moral and immoral, what is helpful and what is not, what is good and what is evil. The Bible has been subjected to rigorous criticism over the years (Oyemomi 2019, p. 55), yet it remains standing. While the scriptures offer direct answers to several problems and challenges that humans encounter in life, it seems as though they leave some human questions open-ended. In other words, there are certain life questions that do not have direct answers in the scriptures, but it is worthy of note that there are sufficient guiding principles in the scriptures that can serve as a guide to

answering man's questions, understanding their plights, and providing tools for helping man find the needed help.

The third conviction is common grace and secondary revelation (Butman, 2013, p. 66). God's providence encompasses ordinary human discoveries, such as science, medicine, and psychology, which are instrumental in helping us steward creation and care for God's people. Revelation is the process by which God unveils himself and his will to humans (Akintola 2020, p. 24). Moses wrote in Deuteronomy 29:29 that the hidden things belong to the Lord, but the revealed things belong to us and our children that we might do the words of the law. Every invention of man is a function of the creativity of man as inspired by God. God has given humans the inherent ability to explore and be creative with life, and they should not shy away from it. They should rather seek to maximise it.

The fourth and last that will be considered in this paper is pastoral vocation. Pastoral psychotherapy recognises the pastor's role in shepherding persons toward an abundant life, which requires both proclamation and compassionate, skilled care (Nganyu 2025, p. 105). In practice, pastoral psychotherapy supplies pastors with conceptual tools that include the understanding of trauma, depression, and anxiety. These are basic clinical skills that are not alien to the scriptures, and they include active listening, risk assessment and crisis stabilisation, and referral wisdom. The field of psychotherapy is increasingly oriented toward meeting the standards of evidence-based practice by integrating research-informed interventions to enhance treatment efficacy (Overholser, 2019, p. 89). Accordingly, pastoral psychotherapy intentionally keeps Scripture as the final arbiter of meaning while using psychological techniques as means, not ends, of pastoral care.

Contemporary Issues in Pastoral Ministry

The significant role and relevance of pastoral ministry in the lives of humans cannot be overstated. The pastoral ministry is God's big idea for the holistic care of humans, yet it is not without its challenges. While pastoral principles do not and should not change, methods have evolved over the years. The contemporary world and globalisation add another layer to the challenge of pastoral ministry (Ayankeye 2022, p. 22), which begs for creativity in the approach to ensure an effective and efficient ministry that does not leave anyone behind.

Pastors today encounter problems that often demand more than an exhortation to trust God (Kollar, 1997, p. 32). This is not in any way an attempt to belittle the biblical injunction that charges men to put their trust in God, as it is only such men that God makes himself strong on their behalf (2 Chronicles 16:9), but an attempt to make known the insufficiency of making religious statements flippantly at the expense

of giving people practical ways to deal with their problems. Some of the pressing issues of pastoral ministry are discussed below.

Trauma and Grief is one of the pressing issues that the pastoral ministry is faced with today. Contemporary studies affirm that many individuals live with enduring emotional wounds arising from domestic violence, communal conflict, natural disasters, accidents, or loss (Hunsinger, 2015, p. 18; Ritblatt & Cruz, 2023, p. 52). Trauma distorts one's perception of God, self, and others. It creates ruptures in trust and belonging. When grief is not well processed, it can become chronic sorrow that manifests as anger, withdrawal, or even disbelief.

Hence, without an understanding of the dynamics of trauma, pastoral responses may unintentionally reopen these wounds rather than bring healing. For instance, simplistic theological statements such as "It is well" or "All things work together for good" can silence pain rather than invite transformation. Contemporary pastoral ministry must therefore become trauma-informed. This will help them recognise the body's memory of pain, the mind's struggle with meaning, and the soul's yearning for restoration. The pastoral caregiver's role is to accompany the wounded with empathy, patience, and prayer, helping them rediscover God's presence within their suffering and to move toward post-traumatic growth.

Mental Health disorders are another issues of concern. Conditions such as depression, anxiety, bipolar disorder, and schizophrenia are increasingly common in congregations and communities (Newton, 2023, p. 19). Stigma and spiritual misunderstanding often lead many Christians to hide their struggles because they fear that their faith will be questioned. Yet these are not merely spiritual weaknesses but complex biopsychosocial realities that require informed pastoral sensitivity and, at times, professional collaboration.

Feelings of wellbeing is fundamental to the overall health of an individual (Teibowei & Oladimeji 2022, p. 68). A pastor may pray with someone battling depression, but they must also recognise the possible need for psychiatric evaluation or medication. Theologically, acknowledging mental illness affirms the incarnational truth that human beings are embodied souls, spiritual yet biological. Pastoral ministry must thus uphold both spiritual and medical wisdom, creating communities where seeking help is not seen as a lack of faith but as an act of stewardship of one's body and mind.

More so, addictive behaviours such as substance abuse, pornography, gambling, and digital dependency have become widespread, affecting individuals and families across economic and social boundaries (Ritblatt & Cruz, 2023, p. 53; Hokoda *et al.*, 2023, p. 104). These addictions reflect deeper crises of

meaning, loneliness, and spiritual emptiness that often accompany modern life. The implications extend beyond moral judgment.

Addiction undermines community trust. It erodes family relationships, and redefines notions of personal freedom. It exposes the limits of willpower theology which is the idea that faith alone, detached from holistic understanding, can resolve deeply ingrained behavioural patterns. Addiction also challenges traditional notions of sin and repentance by revealing how biological compulsion and psychological dependency can coexist with moral agency.

There is also the challenge of family and relationship breakdowns. The breakdown of families and relationships represents one of the most significant social challenges of the contemporary era. Marital crises, infidelity, parenting difficulties, and generational conflicts create environments of instability and emotional displacement (Jones 2015, pp. 271 & 280). These breakdowns have far-reaching implications for moral formation, communal trust, and the transmission of intergenerational faith.

Children raised in fractured homes often internalise patterns of fear, insecurity, and detachment that shape their spiritual and relational development. The disintegration of family structures also weakens the moral fabric of communities (Wandoo, Aondana, & Martina, 2022, p. 3), leading to increased isolation and a decline in empathy. Theologically, family breakdowns necessitate a re-examination of covenantal love and forgiveness, not as abstract virtues, but as lived practices under social and emotional strain. When family systems collapse, the very spaces designed to nurture faith and emotional safety become sources of pain and confusion, requiring society and the church alike to confront how culture, economy, and moral erosion intersect to shape domestic life.

Furthermore, there is the growing challenge of suicidality and crisis Situations. The growing incidence of suicide and self-harm across age groups represents a crisis of existential despair (Ritblatt & Hokoda, 2023, p. 87; Robinson-Zañartu, 2023, p. 146). Feelings of hopelessness, loss of identity, and perceived worthlessness have become alarmingly common in both secular and religious settings. The implications extend beyond the individual act of self-destruction to the collective question of meaning: what happens when a society loses its capacity to offer hope?

Suicide challenges the understanding of life as a divine gift and human existence as inherently purposeful. It exposes the deep tension between doctrinal ideals of faith and the lived reality of despair. The increasing visibility of suicidality, especially among youth, signals a spiritual fatigue within societies that have become disenchanted with transcendence. For pastoral theology, this raises profound questions

about the nature of human suffering, the silence of God in the face of pain, and the adequacy of faith narratives in the context of existential emptiness.

Lastly, the challenge of pastoral burnout and stress cannot be over stated. Pastoral burnout and stress have emerged as critical issues within religious leadership worldwide (Lehr, 2022, p. 28). The cumulative pressures of ministry, which involves unrealistic expectations, administrative burdens, emotional labour, and constant availability often lead to fatigue, depression, and disillusionment. The implications extend far beyond the personal exhaustion of clergy; when leaders lose vitality, communities lose direction.

Burnout diminishes creativity, empathy, and moral clarity, and this often result in conflicts, ethical lapses, or disengagement. It also exposes systemic problems within religious institutions, which are cultures that reward overwork, but at times neglect boundaries, and undervalue rest. This phenomenon thus challenges triumphalist understandings of ministry that equate productivity with faithfulness.

The Case for Pastoral Psychotherapy

Findings from Field Interviews

To support the theoretical arguments presented in this paper, interviews were conducted with pastors and theological students across various ministerial contexts. Their responses reveal how Nigerian pastors perceive pastoral care, understand the sufficiency of Scripture, and relate to the use of psychotherapy in ministry. While none of the respondents outright rejected psychotherapy, their perspectives reflect a complex mixture of openness, caution, and theological resistance.

A major point of agreement across all participants (100%) was the belief that pastoral ministry is holistic. Respondents affirmed that a pastor's responsibility extends beyond preaching to include emotional, psychological, and relational care. They frequently referenced the biblical image of shepherding to describe the expectation that pastors should care for the "whole person." Despite this holistic orientation, several pastors admitted feeling inadequately equipped to handle mental health concerns. Some rely almost entirely on Scripture and prayer, while others recognise the limits of their competence and express a desire for additional training. This reveals an emerging awareness that contemporary pastoral ministry demands psychological insight.

The most significant divergence among respondents concerned the meaning of the sufficiency of Scripture in relation to psychological struggles. Three theological positions emerged. The first group (35%) held a strict Sola Scriptura view, insisting that Scripture alone is sufficient to address all emotional and psychological issues. These respondents tended to interpret psychological distress as spiritual in

nature and believed that biblical remedies were entirely adequate. The second and largest group (40%) adopted a mediating position. They affirmed Scripture as spiritually sufficient while acknowledging that therapeutic tools may serve as useful complements when interpreted through a biblical lens. This group distinguished between Scripture's sufficiency for salvation and its silence on certain psychological processes, allowing room for integrative approaches.

The third group (25%) argued that Scripture, though authoritative, does not address every psychological reality. They viewed psychological knowledge as part of God's provision through human discovery and saw no contradiction between biblical faithfulness and the responsible use of therapy. These three positions reveal that pastoral resistance is theological rather than emotional. When asked why many pastors remain cautious about psychotherapy, about 45% identified key concerns. One common reason was fear that psychotherapy may dilute spiritual emphasis or make ministry appear overly clinical. Approximately 20% attributed resistance to misinterpretation of Scripture, noting that some pastors reject anything not explicitly mentioned in the Bible. Around 30% identified ignorance or lack of exposure as a major factor, observing that unfamiliarity with psychotherapy leads to suspicion. Additionally, 15% expressed concerns that psychology might undermine biblical authority or introduce humanistic ideas.

Despite these reservations, the majority expressed conditional openness to psychotherapy. About 85% indicated they would refer congregants to trained therapists, especially Christian therapists whom they believe can balance psychological insight with biblical values. Referral practices also revealed pastoral limitations. Roughly 90% said they would refer cases beyond their competence, such as severe trauma or clinical depression. However, they emphasised that referral supplements rather than replaces pastoral care.

Looking ahead, about 70% of respondents predicted increasing openness to Christian-based therapeutic integration, citing rising mental health challenges and the inadequacy of traditional approaches. Yet around 30% maintained that pastoral care should remain primarily Scripture-based, allowing only limited and carefully controlled integration. Overall, the findings point to a pastoral landscape shaped by theological diversity, practical limitations, and growing openness to psychological support. Resistance to psychotherapy is largely doctrinal rather than hostile, and this suggests that with proper training and theological framing, pastoral psychotherapy can gain broader acceptance within Nigerian ministry contexts.

Rationale for the Adoption of Pastoral Psychotherapy

Critics of pastoral psychotherapy often argue that biblical counselling, devoid of psychology, is sufficient for providing pastoral care to anyone in need. One classic example is Jay Adams, who argued that counselling must be thoroughly reconceptualised from a biblical foundation to bear the label ‘Christian authentically’ (Jones & Butman, 1991, p. 402). They affirm and advocate that the scriptures have everything necessary for sanctification and pastoral care (Lambert, 2015, p. 10).

It is imperative to state that, to be sure, scriptural sufficiency speaks to the fact that the Bible is fully adequate for salvation and spiritual formation; however, it does not mean the Scriptures are a comprehensive manual for every technical discipline, such as medicine, engineering, psychology, neuroscience, and so on. Kilengi (2023) noted that counselling skills and approaches are essential in pastoral counselling because they help pastoral counsellors with frameworks to guide their interventions with clients (p. 152). It is safe to thus assert that pastoral psychotherapy does not challenge Scripture’s authority; rather, it uses humanly discovered methods to apply biblical wisdom in a more precise form in specific contexts.

A perfect example, for instance, is engaging cognitive behavioural therapy, as developed by Aaron Beck, to help someone address distortions in their thinking pattern. Cognitive Behavioural Therapy aligns perfectly with the biblical injunction that children of God must seek transformation through the renewal of their minds, as stated in Romans 12:2. According to CBT, there is a link between an individual’s thought process, their feelings, and behaviour (Corey, 2017, p. 236; Gladding, 2022, p. 115). A person’s behaviour can be altered if their negative thinking pattern can be replaced with a positive thinking pattern.

In short, the Bible provides ends and categories, while psychology has the potential to provide means for pursuing those ends in concrete and evidence-based ways. Take, for instance, medicine is not anti-faith. Medicine is a human discovery, but it did not emerge from a vacuum. Man could discover medicine because God already made a provision for it since creation. Human intelligence and creativity, from which medicine and psychotherapy were born, are blessings from God, and man is expected to maximise them to His glory and to the benefit of humanity.

More so, proponents of biblical counselling worry that psychological theories are rooted in humanism and risk diluting the gospel. Lambert argued that psychologists, from the inception of the field, have endeavoured to help people with their life’s problems, independent of their awareness of God (Lambert, 2015, p. 7). While it is true to admit that some psychological theories are philosophically hostile to faith, many others are empirically descriptive and morally neutral. Akintola (2020) asserts, in corroboration with Paul Tillich, that the gospel message can be presented from the perspective of the listener’s culture,

where philosophy, politics, and technology converge (p. 122). The posture of pastoral psychotherapy is critical in that it filters psychological insights through Scripture.

Ağilkaya-Şahin (2016) noted that the Bible exhibits traces of typical elements (such as empathy, acceptance, and hope) associated with the therapeutic aspects of pastoral care and counselling, of which pastoral psychotherapy is one (p. 75). There are useful tools that describe and explain human realities that often cohere with biblical portrayals of relational need and sin-brokenness. And historically, the church has long appropriated useful human learning (medical practices, pedagogy) without compromising doctrine. The link between spiritual and psychological health is a significant one that cannot be ignored (McMinn, 2011, p. 48). This nexus is indeed a crucial one substantiated by body of researches that corroborates the profound impact of spiritual factors on mental health outcomes.

Furthermore, it is believed that pastors are already overworked, and hence, expecting clinical competence is unrealistic and unwise. Powlison (2021) argued that if the psychotherapeutic definition controls the vision of counselling, can pastors realistically acquire the necessary secularist education to provide psychotherapeutic care to hundreds or thousands of souls?" (20). The truth is that pastoral psychotherapy does not require every pastor to become a licensed clinician; rather, it proposes a tiered competence. This addresses basic pastoral competencies, intermediate skills for those with additional training, and referral to clinic specialists for severe cases. Establishing an effective referral system requires acknowledging the boundaries of one's professional competence.

When a pastor identifies a congregant exhibiting severe depression or suicidal tendencies, it is prudent to refer the individual to a licensed mental health practitioner for specialised care (Nganyu, 2025, p. 109). Vakasausau (2024) emphasised the importance of pastoral ministers undergoing training that will help them better understand human psychology (p. 8). The training of ministers is so distinctive because it provides pastoral counsellors with a unique spiritual perspective on people and their problems (Benner 1997, 24). Counselling practice necessitates a grounding in a theoretical framework that informs an understanding of identity formation and guides therapeutic interventions (Kollar, 1997, p. 97). This simply further stresses that pastoral counsellors require rigorous training to integrate theological insights with therapeutic competencies

Lastly, It is worth noting that some critics argue that pastoral psychotherapy is unnecessary because all human struggles ultimately stem from sin and the Fall; therefore, once sin is confessed and a person is reconciled to God, freedom and healing follow through divine grace alone. In their view, therapy risks undermining the sufficiency of Scripture by substituting psychological intervention for repentance and

reliance on the Holy Spirit (MacArthur, 1991, p. 57). Many also posit that therapy risks replacing reliance on the Holy Spirit.

Effective counselling cannot be done apart from the Holy Spirit (Adams, 1970, p. 20). Properly integrated, however, pastoral psychotherapy is a Spirit-led practice. Nganyu (2025) highlighted, based on research findings, the efficacy of integrating evidence-based psychotherapeutic practices with spiritual principles (p. 76). Techniques such as prayer, Scripture, and the Spirit remain central (Benner, 1997, p. 29). Far from displacing dependence on God, pastoral psychotherapy can prevent misguided spiritual advice (e.g., telling someone with clinical depression to “pray it away”) that unintentionally harms congregants. Engaging psychological insight can thus be an act of pastoral stewardship—loving one’s neighbour by utilising every means God provides to promote healing.

Fictional Case Study of Sharon and Therapeutic Intervention

Sharon, 19, is a 400-level Mass Communication student known for her calm, responsible personality. Outwardly, she appears stable, attending fellowship, helping in choir rehearsals, and keeping good relationships, but inwardly she struggles with persistent anxiety and fear of failure. Her challenges intensified after her father lost his job, her mother’s health declined, and she was publicly criticised by a lecturer during a presentation. Since then, Sharon has experienced racing thoughts, sleeplessness, panic symptoms, and overwhelming self-doubt.

Though she prays and attends church occasionally, she feels guilty for her emotions, believing that “a strong Christian shouldn’t feel this way.” She admires classmates who handle pressure gracefully but avoids leadership roles herself, convinced she will embarrass herself. Assignments now trigger dread, and she withdraws from friends, fellowship, and academic activities. Outwardly calm yet inwardly overwhelmed, Sharon’s life has become defined by fear-driven avoidance.

Assessment of Sharon’s Case through a Cognitive Behavioural Therapy Lens

Sharon’s experience can be understood within a CBT framework as a pattern of unhelpful thoughts, intense emotional reactions, and avoidance behaviours that reinforce one another. She tends to interpret normal academic pressure as evidence of personal failure, often catastrophising situations and assuming that others view her negatively. This distorted interpretation makes challenges feel threatening rather than manageable, and it increases her fear of being exposed or embarrassed.

Her thinking is further dominated by negative automatic thoughts such as “I will fail,” “Everyone is ahead of me,” and “God must be disappointed.” These thoughts shape her self-image and spiritual outlook,

producing deep self-doubt and guilt. Emotionally, Sharon experiences distress that includes panic-like symptoms such as racing heartbeat, shaky hands, and confusion, especially before presentations or major deadlines.

In response, she has developed avoidance patterns that temporarily reduce anxiety but worsen her long-term functioning. She withdraws from academic tasks, isolates herself from friends, procrastinates, and pulls back from fellowship and choir responsibilities. This forms a typical CBT interaction cycle in which negative thoughts trigger anxiety, anxiety produces avoidance, avoidance increases fear, and the fear strengthens the original negative thoughts.

Counselling Goals (Using CBT Principles)

The first goal of counselling is to help Sharon challenge distorted thinking and replace catastrophic interpretations with balanced, realistic, and scripture-informed truths, in line with the renewal of the mind described in Romans 12:2. This process will help her interpret pressure as a normal part of growth rather than proof of failure.

A second goal is to reduce avoidance by gradually reintroducing Sharon to academic responsibilities through small, achievable steps that rebuild confidence over time. She will also be guided to improve emotional regulation by learning breathing exercises, grounding techniques, and positive faith-based self-talk that can calm her body and steady her thinking in moments of anxiety.

Counselling will also aim to rebuild a healthier faith perspective by helping her understand that anxiety is not a spiritual defeat but a human experience that can be managed with wisdom and support. Alongside this, Sharon will develop coping and problem-solving skills such as breaking tasks into steps, prioritising assignments, and creating supportive study routines that reduce overwhelm.

Intervention Techniques

CBT-based interventions will focus on equipping Sharon with practical tools to disrupt the anxiety cycle. Cognitive restructuring will be used to identify distorted beliefs and replace them with more accurate alternatives. Thought records will also help her track triggers, recognise patterns, and practise reframing her responses with clarity and truth.

Gradual exposure will be introduced carefully, beginning with smaller academic tasks and progressing towards more demanding activities such as presentations. Scripture-based self-talk will be integrated to support her renewed thinking, while relaxation techniques such as controlled breathing and grounding will help reduce the intensity of panic symptoms. In addition, behavioural activation will encourage

Sharon to re-engage with healthy routines, relationships, and spiritual commitments that support emotional stability and resilience.

Expected Outcomes

With consistent counselling and practice, Sharon is expected to gain clearer awareness of her thought patterns and develop healthier interpretations of academic and personal stress. As she applies CBT strategies and gradually confronts avoided tasks, her anxiety should reduce, her confidence should improve, and her academic functioning should stabilise.

Spiritually, Sharon will begin to see anxiety not as a sign of failure but as an area where God can renew her mind and strengthen her emotional resilience. Over time, she is likely to develop a more balanced identity, emotionally grounded, spiritually supported, and better equipped to face both current demands and future challenges.

Conclusion

Pastoral psychotherapy provides a theologically faithful and practically necessary response to the complexities of contemporary ministry. The interview findings demonstrated that while pastors affirm holistic care, many feel limited in addressing mental and emotional struggles, and their attitudes toward psychotherapy range from Scriptural exclusivity to cautious openness and full integrative acceptance. These perspectives reveal that “Scripture-only” or “psychology-only” models cannot adequately meet the challenges faced by congregants today.

The practical case study using Cognitive Behavioural Therapy (CBT) further illustrates how psychological tools can operate within a pastoral framework without compromising biblical authority. When guided by Scripture and theological wisdom, such interventions help congregants experience renewal of mind, emotional regulation, and restored functioning. Thus, pastoral psychotherapy upholds the sufficiency of Scripture for spiritual formation while recognising psychological insight as a gift that enhances pastoral competence. Its integrative approach equips pastors to offer compassionate, relevant, and effective care in a world where human struggles are increasingly complex. When this kind of model is embraced, it is not a departure from faithful ministry but a continuation of Christ’s commitment to holistic healing.

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