

INFLUENCE OF PASTORAL COUNSELLING ON WHOLISTIC HEALTH  
CARE OF CHURCH MEMBERS IN OKE-OGUN AREA, NIGERIA.

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## ABSTRACT

The purpose of this study is to find out the approach by which Holistic Health Care is being provided through pastoral counselling to old and young Christian in both rural and urban settings. It makes pastoral care relevant in contributing to Holistic Health Care. The study also attempted to analyse and establish differences, in the approaches of old and new, urban and rural, male and female, Baptist and other denominations' pastoral caregivers for Holistic Health Care. Similarly the study examined the influence of pastoral counseling across beneficiaries of different denominations of different demographic structures.

Two hundred pastors responded to a questionnaire on the process of pastoral counselling on Holistic Health Care while 600 church members responded to another questionnaire on the influence of pastoral counseling. The study area was Oke-Ogun in Oyo State. Contact pastors selected one-third pastors and the recent beneficiaries by simple random sampling. The pastors' questionnaire (PQ) sought their characteristics: town, denomination, gender and length of pastoral ministry and also asked them to rate the frequency of use on a scale which ranges from very often, often, occasionally and not at all. The following approaches were used. (A) Approaching Holistic Health from what counsellee will do, (B) Approaching Holistic Health by meeting needs, (C) Approaching Holistic Health by working with others,

(D) Helping the counselees to receive healing. (E) Approaching Holistic Health through spirituality of counselees..

Beneficiaries' questionnaire (MQ) sought for identification data: town, denomination, gender, marital status, age group and level of education, and also asked them to rate the extent to which statements on influence was correct on a Likert-like scale. The statements were clustered into five areas, namely: (A) Influence on emotion, (B) Influence on Christian Life/Godliness (C) Influence on Work, (D) Influence on Home and (E) Influence on Healing. See appendix two.

For face and content validity of these two instruments, the researcher ensured that the items are related to the objectives of the study, and first presented them to doctorate. and master students for scrutiny; and second to the team of supervisors for necessary corrections. For reliability of the instruments, test and retest in a trial test gave correlation coefficient of 0.97 for PQ and also 0.97 for MQ coincidentally.

Findings showed that pastors use approach (D) Helping the counselees to receive healing mostly and approach (C) Approaching holistic Health by working with others is least. Hypotheses tested showed that: (1) There is no significant difference in the approach of new and old pastors, and between male and female pastors. (2) There is significant difference in the approach used by Baptist pastors, other orthodox pastors and Pentecostal pastors, and between rural and urban pastors. (3) There is no significant difference in the influence of pastoral counseling among recipients of different denominations, between male and female recipients, between urban and rural

recipients, among youths, young and middle adult, senior adults recipients and between married and single recipients.

Recommendations were made, that pastors in churches should put strong emphasis on pastoral counselling in their churches as it may lead to healing her members of physical, psychological, emotional and spiritual problems. Pastors can borrow approaches across denominational line, and be mindful of suitable approach in rural and urban areas.

Modern trend demands that pastoral care should approach holistic health by helping the counselees to receive healing as they open up, put trust in God, and are open to the Scripture. Pastors also help in providing for the needs of counselees emotionally, spiritually, financially and socially. It is observed from the result that pastors work less with other health workers, they should improve on working with others, like nurses, doctors and community health workers.

## Conclusion

Pastoral counselling as a means by which Wholistic health can be attained is being used by Christian ministers today. Approach (D), which is the approach of helping the counselees to receive healing is mostly used, followed by (A), Approaching Wholistic health by what counsellee will do, followed by (B), Approaching Wholistic health by meeting needs. Approaching Wholistic health through spirituality of counsellee came fourth and the least of the approaches used by pastors is (C), which is approaching Wholistic health by working with others. The fact that all the approaches are usable and influenceive is indicated in the rating of frequency of use which is

not less than 80%. The pastors realize that the counselees need to have feeling of trust as to open up. They are helped to a point of seeing God's goodness. Clients are helped to enjoy their families better. Teachings from the Scripture helps open the eye of counsellee. It is also discovered that as the counsellor builds rapport the counsellee opens up. He finds relationship an essential aspect of life.

Counsellees are also made to respond to healing as their needs are paid attention to and are met. As supportive care is given counsellee responded. It is seen that when pastors had to fast, to be in prayer vigil, come for deliverance services and showing of appreciation and thanks giving, they used this approach less. Most pastors found it difficult to work and relate well with other health workers. An improvement on this will help the pastors in their approaches.

On the various influence that pastoral counselling had on the recipients it was discovered that the greatest influence was on the emotion, followed by influence on Christian life, this is followed by influence on home, this is followed by influence on work and the least influence was on healing. This shows that with pastoral counselling the healing process is gradual. The emotions are first of all influenced. The counsellee feels happy, have a rest of mind, shame was removed. There is better hope and weeping stops. It is this emotional aspect that is first dealt with. Next is the influence on Christian life, the counsellee possibly now prays more and believes in attending church programmes more, he is ready to forgive if unforgiveness will be an hindrance to his prayers. The influence on home follows. This is when the members of

