Bless me, for I have sinned ...

Behaviour change and the confessional

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Over the past several decades, the practice boundaries of medicine have expanded to include some aspects of psychology and behaviour change.[1,2] As physicians have become more involved in behaviour change, patients are expecting more counseling from their doctors,[1] especially their family doctors. Patients visit their family physicians not only for therapy for physical disease, but also for remedy of mental and spiritual ailments.[1,2] Family medicine is becoming more holistic and comprehensive, and the presentation of patients is matching stride. At the same time, church attendance is declining,[3] as is the number of people finding their way to the confessional.[4,5] In many ways, particularly for family doctors and psychiatrists, physicians are now "confessors" for many of their patients. And where better to learn about taking confessions than the Catholic church, one of the oldest human organizations and where confession has been practised for close to 2000 years.

Confession

Confession is now more properly called *reconciliation*. The Latin root of the word *reconciliation* is *reconcilius*: *Con* means *with*. *Cilius* means *hair* or *eyelash*. Together they mean "to blink." *Re* means "again and again." When we blink, we cleanse our eyes so that we can see clearly. *Reconciliation,* therefore, means to blink in order to cleanse one's "spiritual eyes" or soul, so as to see again with new clarity, harmony, and vision.[6]

For many centuries, Roman Catholics have gone to confession as part of their journey to lead lives of greater virtue and, ultimately, salvation. At the beginning of the early Church, all sins had to be removed through public penance.[7] In the sixth century, public penance was increasingly replaced by individual confession to a spiritual guide, such as a monk or priest.[4,7] The modern Church's understanding of confession remains traditional in its doctrinal aspects, but its focus has shifted more toward its pastoral and spiritual aspects.[4,8]

Parallels

Let us consider the several steps of confession: First, there is an examination of conscience; second, the actual act of confession; finally, an Act of Contrition and penance.[4-8] Are there parallels between a priest and penitent in a confessional, and a physician and patient in the doctor's office?

In the examination of conscience before confession, penitents are urged to conduct a rigorous and structured scrutiny of each aspect of their lives through the lens of Christian scriptures, commandments, and teachings. Similarly, medical counseling methods also consider a structured examination; behavioural concerns are analyzed through the lens of home, family, and occupational functioning. This narrows the focus for both patient and physician, and gives the physician a clearer sense of where to go with the counseling.[1]

After examining one's conscience, one begins the confession. "Bless me, Father, for I have sinned ..." In the physician's office, the patient, who has been invited into a discussion by several open-ended questions, speaks up. "By the way, Doctor, I'm worried about ..."

"It has been so long since my last confession ..." the penitent continues. Catholics are urged to go to confession as frequently as possible for both the confession of grave sin as well as the confession of devotion (venial sins)[8]; this emphasizes the importance of regularity, rigour, habit, and structure. Confession parallels health care counseling in that regular follow-up is often necessary, as full exploration of complex psychosocial problems is not reasonable in one visit.[1]

"My state of life is ..." With a description of the penitent's state of life (eg, married, children, employment), the priest can contextualize the confession, as various life situations and settings present penitents with temptations and occasions for sin.[8,9] For the penitent, this reflection on one's state of life facilitates knowledge of self.[8] For the doctor, it is similarly useful to elicit a patient's understanding of his or her own context. This helps to describe the motivation, intelligence, and insight of patients, all of which are important factors to consider when counseling.[1]

"... and these are my sins." A list of sins follows (ie, the actual confession and "apology" for sins committed).[4,6-8] Even without delving into the theology of confession, its cathartic nature is evident. Uninterrupted, the penitent confesses until his or her list is exhausted. This same catharsis and cleansing occurs as a patient divulges disappointments, anxieties, and perceived failings. The lesson for physicians here is to provide patients with uninterrupted time before responding.[1,2]

At the end of confession the penitent recites the Act of Contrition[8]: "O my God, I am heartily sorry ... I firmly

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resolve … to do penance and to amend my life." The Act of Contrition, as understood from a psychotherapy point of view, is a statement of commitment to change.[9] But long before the current transtheoretical model,[10-13] which has been fundamental to the medical profession's understanding of the relationship between counseling and behaviour modification, the Church's confessional was, for all intents and purposes, using cognitive and performance-based strategies to help penitents achieve decision balance. Patients visiting family doctors for medical counseling parallel penitents going to confession because penitants must also do an examination of conscience in which they have to overcome resistance to sharing information and discussion. This represents a progression from "precontemplative" to "contemplative." Another parallel to the medical counseling model is priests' suggestion of penance; by suggesting penance, priests are in effect moving penitents from "contemplation" to "action," thereby tipping the decisional balance in favour of behaviour change.

Vehicles for change

Medicine has approached behaviour change with rigorous study.[14-16] The Catholic church has approached behaviour change with centuries of practical experience and reflection garnered through performing confessions.[7] What can medicine and the Church learn from each other?

Although spiritual absolution is not the purview of medicine, medicine can better harness the healing power of rituals. Instead of being a retribution for sin, the ritual aspects of penance (eg, fasting, almsgiving, and prayers) can actually distract one from sin and help one refocus on doing the right thing.[17] This healing and spiritual dimension of penance offers insight for the medical profession. Medicine should consider the therapeutic potential of penance and give the counseling process a greater sense of the "sacred."

Counseling in health care is often solution-focused. The issue of guilt and the idea of "sin" are seldom explored.[5,8,9] This differs greatly from the process in the confessional. And although most physicians are not comfortable with or proficient at discussing sin or guilt, these topics can still weigh heavily on penitents and patients alike.[5] How can medicine better explore and address patients' moral crises that can sometimes form the core of their other clinical presentations? There are opportunities for medical counseling to further study confessions.

The Church can learn from the modern medical understanding and execution of behaviour change, as well; Catholic seminary formation can benefit from rigorous and structured training in behaviour change. Current seminary and clerical training is often scant and nonsystematic. Counseling theories can help priests better understand the principles they practise daily in order to more effectively counsel their penitents.

The traditional confessional conceals both penitent and confessor; a wooden screen often hides the 2 parties from each other in the darkened room. Since the late 1960s, after the Second Vatican Council, more priests hear confessions outside of the traditional confessional box; penitent and confessor speak face-to-face without concealed identities. How does this change the dynamic of the confession? How does this affect the effectiveness of the confession? The Church can benefit from the rigour of the medical approach to answer these questions.

Confession, or the sacrament of reconciliation, holds for penitents the promise of absolution. Counseling in the doctor's office holds for patients the promise of changing wayward behaviour. There are parallels and convergence in style, content, and process. Both are vehicles through which people look for "salvation." Confession has moved from penance to reconciliation; medicine has moved from disease-focused to holistic. And while fewer and fewer penitents are going to confession, more and more patients are seeking counseling from their doctors. The Church is faced with the challenge of making the sacrament of reconciliation more appealing and effective. And medicine is faced with the challenge of increasing the relevance and accessibility of counseling. The Church and medicine have much to learn from each other.

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