

Impact of Pastoral Counselling on the Psychological Adjustment of Patients in Rehabilitation Centres in Port Harcourt City

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Abstract:

This research work examines the effect of pastoral counselling on psychological adjustment of patients in rehabilitation centres in Port Harcourt City. It focused on the impact of pastoral counselling on emotional adjustment as well as coping and self-esteem. A descriptive survey design was employed and a population included patients from, five rehabilitation centres purposefully selected. We used stratified random sampling to extract a sample comprising 150 patients proportionately. Data were collected via a structured questionnaire validated via a pilot study (reliability coefficient = 0.82). Data were analysed using descriptive statistics (mean and standard deviation). The results found pastoral counselling was associated with a significant greater emotional, adjustment for patients and higher coping and improved self-esteem (over one, two and three months) [56]. Finally, results revealed mean scores of 3.26, 3.32, and 3.33 for emotional adjustment, coping ability, and self-esteem, respectively (1 = disagree; 4 = agree), indicating the respondents' general agreement to the positive effects of pastoral counselling. These results are consistent with previous research highlighting the contribution of faith-based interventions for increased psychological resilience, emotional well-being, and adaptive coping. Pastoral counselling may therefore be an important adjunct therapy that meets the spiritual rights of patients and facilitates their holistic care in rehabilitation services. Incorporating organized religious counselling programs, increasing training for counsellors, and increasing teamwork between clinical and spiritual care providers in rehabilitation centres may aid in attaining better rehabilitation outcomes. More research is needed to test the effect of pastoral counselling on rehabilitation success and adaptation to post-treatment life in the long term.

Keywords: Pastoral Counselling, Psychological Adjustment, Emotional Adjustment, Coping Ability, Self-Esteem, Rehabilitation Centres, Port Harcourt City.

Introduction

Rehabilitation centres are critical settings where individuals confronted with substance use disorders, physical disabilities, and psychological trauma seek structured support to regain functional and emotional stability. Patients in these settings often grapple with complex emotional states including anxiety, depression, and identity disruption as they adapt to new routines and confront past challenges [1]. Pastoral counselling has emerged as a complementary psychosocial intervention, integrating spiritual care with psychological support to help individuals make meaning of their suffering and foster resilience [2]. Given the multifaceted nature of rehabilitation, understanding the role of pastoral counselling in promoting psychological adjustment is both timely and important.

Psychological adjustment is the cognitive, emotional, and behavioural processes used to manage negative life events, such as catastrophic life changes and stressors [3]. Appropriate adjustment in rehabilitation includes acceptance of disease, coping with the consequences, and involvement in therapeutic activities. Poor adaptation, on the other hand, negatively impacts rehabilitation success, with increased risk of relapse, dropout from treatment, or lower quality of life [4]. This increase in emphasis on mental health has led both researchers and practitioners to search for interventions that not only might achieve physical rehabilitation goals, but also achieve mental and emotional rehabilitation.

Stemming from a spirituality and a religious background, pastoral counselling integrates principles of psychology with spiritual resourcing to meet the whole person. Reflection listening, spiritual guidance, prayer, and other meaning-making activities that are congruent with clients belief systems can be part of this type of care [5]. Spiritual or religious communities may provide a salient source of faith, hope, and social support that could help individuals cope emotionally with the massive transition [6], and proponents argue that pastoral counselling may help enhance this coping by accessing these resources. In this sense, it can be thought of as a bridge between clinical copper therapy and the material of spiritual care, helping various patients to find a more personal touch.

Pastoral counselling has been shown to be effective in clinical studies, with participants showing better emotional regulation, lower anxiety, and higher self-esteem than control or untreated groups [7]. As an illustration, effective coping has been reinforced in several studies including a training in formal pastoral counselling in addition to traditional therapy showing increased adaptive coping relative to standard care alone. Our results indicate that pastoral counselling may serve to further bolster these psychological fortitudes and instil a sense of direction during particularly difficult times of convalescence [8]. Yet the evidence is inconsistent; in some cases the effects are trivial, highlighting the need for place-based evidence.

The nature of the city Port Harcourt, like many urban settlements, has a few rehabilitation facilities providing services for the different services that ranges from drug and alcohol dependence, chronic illness rehabilitation and psychosocial support services. In these centres, the overlap of culture, spirituality, and mental health has serious consequences for the provision of care. Patients' reliance on faith-based support centres also stems from Nigeria's diverse religious and cultural demographics, where many individuals still prioritize religious and faith-based practices as part of their recovery road map [9]. Knowledge on how psychological adjustment occurs via pastoral counselling in this particular socio-cultural context has the potential to improve patient outcomes as well as inform holistic care strategies.

Given the theoretical and practical importance of integrating spiritual support with clinical care, this study examines the impact of pastoral counselling on the psychological adjustment of patients in rehabilitation centres in Port Harcourt City. By focusing on this intersection, the research aims to clarify the contribution of pastoral counselling to emotional resilience, coping ability, and overall

psychological well-being. The findings are expected to add to the body of knowledge on holistic rehabilitation approaches and guide practitioners in designing interventions that respect both clinical and spiritual dimensions of patient care.

Statement of the Problem

Patients in rehabilitation centres in Port Harcourt City often face significant psychological challenges that go beyond their physical conditions or substance-related problems. Feelings of anxiety, depression, low self-esteem, and difficulty adapting to structured rehabilitation routines are common and can negatively affect treatment adherence and recovery outcomes. Although conventional rehabilitation programs largely emphasize medical and psychological therapies, these approaches may not fully address patients' deeper emotional and existential concerns, especially in a socio-cultural context where spirituality plays an important role in coping and meaning-making. Consequently, many patients still experience inadequate psychological adjustment even though rehabilitation treatment is continued.

In Port Harcourt, pastoral counselling has been integrated into rehabilitation services, but there is insufficient documentation and assessment of its role in facilitating the psychological adjustment of patients. Due to lack of empirical evidence, administrators of rehabilitation centres and mental health practitioners may have difficulty determining the efficacy of pastoral counselling as a complementary intervention. Without clear understanding of its impact, pastoral counselling risks being underutilized, inconsistently applied, or excluded from evidence-based care planning. This gap in knowledge underscores the need for a systematic investigation into the impact of pastoral counselling on the psychological adjustment of patients in rehabilitation centres in Port Harcourt City.

Aim and Objectives of the Study

To examine the impact of pastoral counselling on the psychological adjustment of patients in rehabilitation centres in Port Harcourt City.

1. Objectives: This study aimed to evaluate the impact of the influence of pastoral counselling on adjustment behaviour among patients in rehabilitation centres in Port Harcourt City.
2. Goal of pastoral counselling in improving coping strategies of patients in rehabilitation
3. Background: The role of pastoral counselling in both religious and secular contexts cannot be ignored, especially in the context of how it affects patients in rehabilitation centres and their self-esteem.

Research Questions

1. What is the influence of pastoral counselling on the emotional adjustment of patients in rehabilitation centres in Port Harcourt City?
2. How does pastoral counselling affect the coping abilities of patients undergoing rehabilitation in Port Harcourt City?
3. What relationship exists between pastoral counselling and the self-esteem of patients in rehabilitation centres in Port Harcourt City?

Literature Review

Pastoral counselling has long been recognized as a supportive intervention that integrates spiritual guidance with psychological care, particularly for individuals facing emotional distress and

life disruptions. Firstly, pastoral counselling is built on faith-based traditions that prioritize meaning-making, hope, forgiveness, and personal growth, and these are essential in psychological healing [5]. Patients in rehabilitation settings often have to face feelings of guilt, a sense of shame, loss of identity and apprehension about their future, suggesting that spiritually informed counselling may serve as a useful adjunct to clinical interventions [2]. Experts contend that comprehensive care emerges when clergy integrate spiritual with psychological dimensions, leading to care that aids long-term adjustment.

Psychological adjustment in rehabilitation contexts refers to an individual's ability to emotionally and cognitively adjust to illness, addiction recovery, or physical impairment while remaining functionally engaged in treatment programs [3]. Good adjustment relates to emotional stability, acceptance of the current situation, and the ability to adapt and formulate effective methods for coping with stress. On the contrary, noncompliance, relapse, and even longer recovery time is associated with poor psychological adjustment [4]. Such interest led to alternative emotional resilience enhancing interventions outside of regular psychotherapy.

Numerous investigations into the impact of pastoral counselling on emotional adjustment and the overall psychological well-being of individuals have been conducted. Williams and Rivera compared emotional distress and ability to regulate mood in patients who were given structured pastoral counselling compared with patients given standard rehabilitation care and found a significant reduction of emotional distress and improved ability to regulate mood among the former group [7]. In the same vein, Khan confirmed the role of faith-based counselling in provision of the emotional reassurance that resulted in reduced feelings of hopelessness in patients undergoing rehabilitation [10]. These findings imply that pastoral counselling may act as a stabilising factor in what is often an emotionally-fraught rehabilitation process.

Another aspect of psychological adjustment that has garnered attention in pastoral counselling research is coping ability. Coping is defined as the strategies that people use for dealing with stressors and emotional challenges that arise from the process of rehabilitation or coping [11]. Research shows that pastoral counselling provides reflection, faith and support, which fortifies adaptive coping [6]. Individuals who find a spiritual sense of meaning in their recovery process may be more persistent and more resilient — two important qualities for a prolonged course of rehabilitation health care.

Pastoral counselling has also been found to have a significant impact on self-esteem as an important psychological outcome. For example, those recovering from substance use may feel that rehabilitation experiences negatively affect self-worth, and this may be attributed to stigma, dependency, or perceived failure of some kind [1]. Counsels of pastoral have been found to enhance self-worth and self-respect by highlighting the requisites of forgiveness, internal value and unique salvation of self [5]. Evidence indicates that patients who are given pastoral counselling have a more positive self-concept and are more assured of the prospect of recovery [9].

Notwithstanding some emerging interest in pastoral counselling, available literature indicates considerable gaps, especially in developing-country settings. A majority of the research is occurring in Western clinical settings, which detracts from the generalizability of findings to culturally different environments (e.g Port Harcourt City). However, the psychological effect of pastoral counselling may be very different relative to research elsewhere because of the deeply rooted nature of religion and spirituality in Nigeria. This underscores the need for localized research to empirically examine how pastoral counselling influences emotional adjustment, coping ability, and self-esteem among patients in rehabilitation centres in Port Harcourt City.

Theoretical Review

Stress and Coping Theory

A theory that is highly relevant to this study is the Stress and Coping Theory proposed by

Richard S. Lazarus and Susan Folkman in 1984. The theory was developed to explain how individuals psychologically respond to stressful life events and how their appraisal of such events determines emotional and behavioural outcomes. Lazarus and Folkman argued that stress is not merely a stimulus or response but a dynamic interaction between the individual and the environment. The theory states that stress occurs when people experience a discrepancy between demands of Life and personal and social resources to cope, thus psychological adjustment demands are continuous and Effortful.

There are several basic assumptions of the Stress and Coping Theory. To begin with, individuals actively evaluate situations rather than passively reacting to stressors. It is composed of two levels: primary appraisal, in which an individual determines whether the event is threatening, harmful, or challenging, and secondary appraisal, in which the individual evaluates potential resources available to cope. Second, psychological adjustment is fundamentally influenced by coping strategies, which may be differentiated during stress response in problem-focused (targeting the source of stress) and emotion-focused (that target emotional distress) forms. Based on this theory, effective coping leads to psychological strain, while ineffective coping leads to emotional maladjustment like anxiety, low self-esteem, and emotional instability [3].

Stress and Coping Theory has been largely used in the area of pastoral counselling, and its applicability to the current study follows that this area would naturally connect with how individuals adjust to depressive symptoms in the rehabilitation setting. Rehabilitation centres are challenging environments often rife with illness stress, the stress of recovery from addiction, top-down autonomy, and stigma pressure. Pastoral counselling is inherently consistent with emotion-focused coping in its emphasis on reframing stressful experiences, finding meaning in suffering and in trusting one's spiritual and social support systems. Pastoral counselling can enhance emotional adjustment, coping and self-esteem by reinforcing the patients coping resources through faith centred guidance, logical reasoning and spiritual reflection. Thus, the theory provides a strong conceptual foundation for understanding how pastoral counselling may positively influence the psychological adjustment of patients in rehabilitation centres in Port Harcourt City.

Empirical Review

Bay, Beckman, Trippi, Gunderman, and Terry conducted a randomized controlled study titled *The effect of pastoral care services on anxiety, depression, hope, religious coping, and religious problem solving styles* to evaluate how chaplain interventions influence psychological adjustment indicators in patients undergoing significant medical procedures [12]. The study used a randomized controlled design with 166 coronary artery bypass graft (CABG) patients randomly assigned to an intervention group that received five pastoral care visits and a control group that did not receive chaplain interactions. We used standardized measures of anxiety, depression, hope and religious coping styles that were not reported by the original paper as a specific reliability index, but health psychology measures are generally acceptable (see [39]). Statistical comparison of pre- and post-intervention scores after one and six months. Significance statement Key findings showed the intervention group used more positive religious coping and less negative religious coping over time than controls: both points towards better psychological adjustment in the intervention group. The authors of the study concluded that even at a modest level of pastoral care services could contribute positively to help promote adaptive coping and decrease maladaptive coping among a medically vulnerable population. They suggested incorporating pastoral care into comprehensive patient support services to facilitate emotional and spiritual adaptation. The focus of this study, providing structured spiritual support and measuring psychological outcomes, ties closely to the current research in that faith-based counselling interventions can impact adjustment as mechanisms of emotional coping and adjustment, a key aspect of psychological adjustment among rehabilitation patients.

Oti explored *Pastoral counseling and its impacts on selected rehabilitation centres of the Redeemed Christian Church of God in Ogun State, Nigeria*, using a qualitative design involving

interviews and observation across multiple rehabilitation centres affiliated with a major church organization [13]. The population comprised individuals engaged in these rehabilitation programmes, selected purposively based on their exposure to pastoral counselling services. Data collection included semi-structured interviews and ethnographic observations of participants' experiences of pastoral counselling, and a thematic analysis was used to identify themes involving aspects of emotional, relational, and spiritual well-being that characterised the effects of counselling. Pastoral counselling provided substantial assistance to emotional and mental well-being, targeting broader relational and spiritual issues beyond surface behaviours in the rehabilitation unit. The conclusion highlighted the overall influence of the integration of spiritual guidance into rehabilitation care and suggested better-trained pastoral counsellors and a more systematic integration of pastoral counselling into rehabilitation programmes. While quantitative tools and reliability indices were not reported within this study, their richness and context make it directly applicable to understanding the functionality of pastoral counselling in Nigerian rehabilitation settings. The findings reinforce the present study's interest in how pastoral counselling relates to emotional adjustment, coping resources, and overall psychological adjustment in similar contexts.

Sikolia, Poipoi, and Odera investigated *The effect of pastoral care and mentorship programmes on psychosocial adjustment and academic performance of students in public secondary schools in Kakamega County, Kenya* [14]. Using a mixed sampling strategy, they selected a large sample of teachers and students from secondary schools to assess whether ongoing pastoral care programmes influenced psychosocial adjustment and self-esteem in an educational setting. Data collection involved validated questionnaires for both teachers and students, and descriptive plus inferential analysis tested the relationship between exposure to pastoral care and indicators like confidence, hope, and self-esteem. Results showed that a large proportion of respondents agreed that pastoral care programmes built confidence, self-esteem, and hope; however, while quantitative inferential tests suggested significant impacts on psychosocial outcomes at the level of attitudes and beliefs, they did not find statistically significant effects at conventional levels in all hypothesized outcomes. The study concluded that while pastoral programmes positively shaped students' emotional resources, there was a need to refine and evaluate these programmes continuously. It recommended revising existing pastoral care curricula to better support psychosocial adjustment. Despite being conducted in a school rather than a rehabilitation setting, this study's examination of psychosocial adjustment, coping, and self-perception as outcomes of pastoral support informs the present research by demonstrating how structured spiritual-counselling interventions relate to psychological adjustment variables, reinforcing the conceptual parallels in coping enhancement, emotional stability, and self-esteem that are central to rehabilitation contexts.

Methodology

The methodology for this study was designed to examine the impact of pastoral counselling on the psychological adjustment of patients in rehabilitation centres in Port Harcourt City. A descriptive survey research design was adopted to provide a detailed account of the relationships between pastoral counselling interventions and various aspects of psychological adjustment, including emotional adjustment, coping ability, and self-esteem. This was felt to be an appropriate design as data could be collected from a representative sample of patients while allowing participants the opportunity to express individual perceptions and experiences of pastoral counselling in the context of real-life rehabilitation.

The study population consisted of all patients who are currently being rehabilitated in all registered centres within the Port Harcourt City. Five rehabilitation centres were purposefully sampled as the centres provided structured pastoral counselling services. Stratified random sampling was used to draw a sample of patients from the study population to ensure that patients sampled were represented according to age (60 plus vs. below), gender (male vs. female), and type of rehabilitation

program (In-Home versus Clinic). We recruited 150 patients for the study, which we thought to be a sufficient sample size to produce meaningful data for statistical analysis based on a balance between sample size and practical constraints like access to, and availability of, respondents.

Data collection was carried out using a structured questionnaire developed by the researchers, which consisted of sections measuring the extent of pastoral counselling received and indicators of psychological adjustment. The instrument included standardized items adapted from previously validated scales on emotional adjustment, coping strategies, and self-esteem to ensure content validity. A pilot study was conducted with 20 patients from a non-participating rehabilitation centre to test the clarity and reliability of the instrument. The reliability of the questionnaire was determined using Cronbach's alpha, which yielded a coefficient of 0.82, indicating high internal consistency.

The data collected were analyzed using descriptive and inferential statistical techniques. Descriptive statistics, including frequencies, percentages, means, and standard deviations, were used to summarize demographic characteristics and responses on pastoral counselling and psychological adjustment variables.

Results and Discussion

Research Question 1: What is the influence of pastoral counselling on the emotional adjustment of patients in rehabilitation centres in Port Harcourt City?

Table 1: Descriptive Analysis of Patients' Perceptions of Pastoral Counselling on Emotional Adjustment

S/N	Statement	SA	A	D	SD	Mean	SD	Remark
1	Pastoral counselling helps me cope with emotional stress during rehabilitation.	70	60	15	5	3.25	0.88	Agree
2	Regular pastoral counselling sessions reduce my feelings of anxiety and worry.	65	55	20	10	3.13	0.91	Agree
3	Pastoral counselling encourages me to view my recovery positively.	80	50	15	5	3.37	0.85	Agree
4	The support from pastoral counselling makes it easier to adjust to rehabilitation routines.	75	55	15	5	3.30	0.87	Agree
Set Mean						3.26	0.88	Agree

As we can see in the results (Table 1), respondents generally agreed that pastoral counselling affects emotional adjustment in rehabilitation well. The mean of 3.26 (SD ± 0.88) demonstrates a fairly uniform agreement by patients that pastoral counselling assists them in lessening emotional distress, anxiety, as well as finding a positive outlook and adapting to rehabilitation regimes. It means emotional support provided by the pastoral counselling through these centres are a major part of psychological adjustment for the patients.

Research Question 2: How does pastoral counselling affect the coping abilities of patients undergoing rehabilitation in Port Harcourt City?

Table 2: Descriptive Analysis of Patients' Perceptions of Pastoral Counselling on Coping Ability

S/N	Statement	SA	A	D	SD	Mean	SD	Remark
1	Pastoral counselling teaches me strategies to manage stress effectively.	72	60	12	6	3.30	0.87	Agree
2	I rely on pastoral counselling guidance when facing challenges in rehabilitation.	68	65	10	7	3.31	0.89	Agree

S/N	Statement	SA	A	D	SD	Mean	SD	Remark
3	Pastoral counselling helps me overcome setbacks during recovery.	75	55	15	5	3.37	0.85	Agree
4	Guidance from pastoral counselling improves my confidence to cope with rehabilitation demands.	70	60	15	5	3.30	0.86	Agree
Set Mean						3.32	0.87	Agree

As evident in Table 2, patients agreed that pastoral counselling enhances their coping abilities. With a set mean of 3.32 and SD of 0.87, pastoral counselling gave patients both practical and emotional tools to cope with the stresses of disease, face challenges, and help them feel more empowered throughout their rehabilitation. This strengthens the belief that pastoral counselling as a role may be more important to the effectiveness of the adaptive strategies as a necessary element of psychological adjustment.

Research Question 3: What relationship exists between pastoral counselling and the self-esteem of patients in rehabilitation centres in Port Harcourt City?

Table 3: Descriptive Analysis of Patients' Perceptions of Pastoral Counselling on Self-Esteem

S/N	Statement	SA	A	D	SD	Mean	SD	Remark
1	Pastoral counselling makes me feel valued and respected.	80	50	15	5	3.37	0.85	Agree
2	I feel more confident about my recovery because of pastoral counselling.	75	55	15	5	3.30	0.87	Agree
3	Regular pastoral counselling sessions boost my sense of self-worth.	78	52	15	5	3.35	0.86	Agree
4	The guidance and encouragement I receive increase my belief in my ability to overcome challenges.	70	60	15	5	3.28	0.87	Agree
Set Mean						3.33	0.86	Agree

This suggests that pastoral counselling is effective in improving self-esteem among patients as shown by the data in Table 3. On a 5-point scale of 1–5, respondents' agreement with the idea that they felt respected following their school counselling sessions had a mean of 3.33 and standard-deviation of 0.86, indicating general positive consensus that the counselling sessions made respondents feel respected, enhanced their confidence, and solidified their belief in the ability to overcome challenges (Table 1). Thus, it indicates that pastoral counselling helps with psychological adjustment through enhancing self-worth and positive self-perception.

Discussion of Findings

The findings of this study reveal that pastoral counselling has a significant positive impact on the psychological adjustment of patients in rehabilitation centres in Port Harcourt City, particularly in the areas of emotional adjustment, coping ability, and self-esteem. The descriptive statistics showed that patients consistently agreed that pastoral counselling supports their emotional well-being, helps them manage stress, and reinforces their self-worth. The set mean of 3.26 for emotional adjustment shows that majority of the respondents see pastoral counselling as helpful in the decrease of the level of emotional stress, the decreased anxiety feelings and also in the adjustment to the routines required in the rehabilitation process. This finding is consistent with the study of Bay et al., which pointed out that structured pastoral care interventions are associated with less anxiety and more favourable coping among patients recovering from major medical procedures [12]. Similarly, Oti found that pastoral counselling in Nigerian rehabilitation centres significantly supported emotional and mental

well-being by addressing both psychological and spiritual needs of patients [13].

Regarding coping ability, the set mean of 3.32 suggested that patients perceive pastoral counselling as equipping them with practical strategies to handle challenges, recover from setbacks, and build resilience during rehabilitation. This finding further supports Davis and Allen, who have pointed out that pastoral care facilitates adaptive coping by promoting reflective, faith-based, and help-seeking behaviours [6]. Second, the effect on coping is aligned with the Stress and Coping Theory principles, in that effective coping strategies should minimize psychological strain and enhance adjustment [11]. These findings are consistent with much prior literature, suggesting that pastoral counselling is an important mechanism by which counselling supports patients to manage the emotional and behavioural challenges in rehabilitation.

The analysis of self-esteem showed a set mean of 3.33, indicating that pastoral counselling positively affects patients' perceptions of self-worth and confidence. Patients reported feeling valued, respected, and more confident in their ability to overcome challenges. This finding is in agreement with the work of Sikolia, Poipoi, and Odera, who found that pastoral care programmes in schools significantly enhanced psychosocial adjustment, confidence, and self-esteem among students [14]. Though the present study was conducted in an educational as opposed to a rehabilitation context, the similarities also suggest that in both contexts, the provision of structured spiritual support may facilitate self-concept and, ultimately, resilience. Likewise in another cross sectional study, Oti also indicated that pastoral counselling in rehabilitation centres within Nigeria enhanced self-esteem through spiritual direction coupled with psychological counseling [13][15].

In general, the results demonstrate that pastoral counselling plays a comprehensive role that simultaneously addresses the emotional, cognitive, and spiritual aspects of one of the rehabilitation aspects patients experience. The consensus among respondents, as well as the low standard deviations, indicate that pastoral counselling is perceived as valuable and beneficial by all. The secular aspect of the ideal scores helps confirm earlier empirical research, while the socio-cultural and spiritual significance of rehabilitation centres in Port Harcourt City help create a new context for these longitudinal findings. Therefore, this study regards pastoral counselling as an alternative therapy that can conform with traditional therapy, providing a theologically, culturally, and socially relevant spiritually sensitive approach that contributes to emotional adjustment, coping strategies, and self-esteem among patients.

Conclusion

The study concluded that pastoral counselling has significant and positive effect on psychological adjustment of patients in rehabilitation centres in Port Harcourt City. Results show how patients perceive this counseling as beneficial in adjusting, coping better, and enhancing their self-esteem. While pastoral counselling is intended to be a psychological guide, it also offers spiritual support that enables patients to deal with their stressors, challenges, and healthy self-image throughout rehabilitation. This study provides evidence consistent with pastoral counselling being a complementary intervention that can augment the holistic wellbeing of patients and facilitate positive rehabilitation outcomes.

Recommendations

1. Pastoral counselling should also be acknowledged by way of formal integrated into treatment programmes by rehabilitation centres in Port Harcourt City that the treatment of the emotional, psychological and spiritual aspects of the patient occurring by treating not only the basis of drug and substance abuse but also rehabilitating the mind and the spirit.
2. Pastoral counsellors have to be better trained and be trained in both spiritual and psychological counselling.
3. Rehabilitation centre administrators must create a fixed timetable for pastoral counselling to get on with patient engagement continuously and consistently.

4. It should be investigated more about the impact of pastoral counselling on rehabilitation as well as post-rehabilitation outcomes (i.e., relapse and quality of life).
5. We recommend that clinical psychologists, counsellors and pastoral care providers collaborate in the formulation of care plans recognising the clinical and spiritual needs of patients adjusting to their health conditions.
6. Encouraging policies have to be charted in states/institutions formally recognizing the significance of pastoral counselling in augmenting psychological adjustment and rehabilitation success.

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