Sacred Spaces

The E-Journal of the
American Association of Pastoral Counselors

Volume 1
2009

Table of Contents

Music Is the Space Between the Notes

Douglas Ronsheim, Executive Director, AAPC

It is with a great deal of anticipation that I am writing these words as an expression of my appreciation for all (and there are many) who have contributed to the launching of *Sacred Spaces: the E-Journal of the American Association of Pastoral Counselors*. Specifically, I want to mention Ryan LaMothe and James Hyde for their vision, initiative, diligence, creativity, and commitment.

When I initially spoke with Ryan regarding the name, *Sacred Spaces* I asked, "You know what Count Basie said?" He indulged me, "What did he say?" I gave an appropriate pause and replied, "What's between the notes is music." I later learned that the Count was paraphrasing another composer Claude Debussy. It wasn't until recently that I knew this. It still seems that it would have been more likely a comment made by a jazz artist than a classical composer, but that is my bias. Regardless, it is a thought provoking observation.

Perhaps, you also had parents who considered that the life of a young child was not complete without persevering through piano lessons. The space, "between the notes", seemed to last a very long time for me. The *John Thompson Number 2 Red Book* had never experienced such lengthy spaces of time as I attempted my best to position my small hands to strike the correct keys. Thus, I was only focusing on the notes. Music never sounded so bad. So now there is a sense of redemption, as I learn that the space between the notes, in which I forever dwelt, is music. Even if it were for me, mostly silence. I now hear it. For you see…
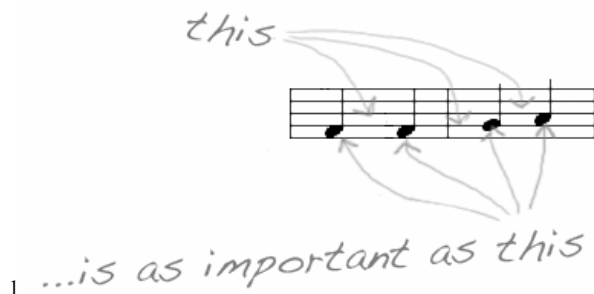
Frequently, we focus on the "things" that make up or account for what we do and who we are: Client hours, Articles published, Books read, Classes taught, Budgets made, Sermons preached. With our palm pilot, iphone, iPod we proudly display how much we pack into a day or night and how many gigabytes we can manage at anytime. No space is wasted; it is all to be filled. A pause in a conversation can be quickly nuanced with a comment to avoid an awkward moment. But there are those who provide an alternative to filling the "void." It is interesting how we label an empty space and how spell-check will not permit one to create it.

I recently read that "educators know that real learning takes place *between* exposures to content! Long-term memory from learning happens *after* the training. The space between the lessons and practice is where the learning is made permanent."[2] If only my parents had realized this. Additionally, "…. Some of the best musicians play in such a way--and leave enough space-- that your mind fills in more."[3] Creative worship provides in between moments of silence where the word of God is heard. Therapists provide space from their words so clients can hear their internal voice.

I have often considered AAPC to be an "in between organization." We're in between the faith community and the broader health/behavioral health community, in between the stages in individual and family transitions, in between relationships that begin with best intentions and end

---

[1] http://www.google.com/search?q=Hooverin'+and+the+space+between+the+notes, accessed, January, 2009.
[2] Ibid
[3] Ibid

before these can be fully realized, in between life and death where we witness to and celebrate life changing events, in between thoughts and ideas which become articles and books, in between those who are authors and those who are the readers.

I shared this observation with a psychiatrist, whom I met at a conference in Denver, this past November. We were walking back from dinner and he said to me, "You know who else talks like that … this stuff about in between?" I paused and responded, "Whom do you have in mind?" On a street corner in Denver, he said, "Martin Buber." Later the next day, he gave me copy of a short writing from the *Tales of the Hasidim*. If we leave the space open, who knows what music might emerge.

So somewhere in between Basie and Buber, client and therapist, office and community, teacher and student, author and reader lays a space that is sacred. I congratulate all who have contributed to this initial E-Journal offering. It is my hope that *Sacred Spaces* will provide each of you a space in your lives where the sacred can be expressed and experienced.

- http://www.last.fm/music/Count+Basie
-

A Note from the Editors

Thank God we do not know the trials, obstacles, and travails that await us when we embark on a journey, otherwise we might think of easier excursions or simply set up our tent on the beach. Of course, when we begin packing for the trek we may have inklings, but these are only specters of what waits. Four years ago, James Hyde and I chatted about the need for a journal that specifically addressed pastoral counseling, as well as a journal that would take advantage of 21st century technologies in making connections to other national and international groups. A week later we had a conference call with Doug Ronsheim, who loved the idea. The first step, he suggested, was to write up a proposal for the Action Council. We developed a draft proposal that was sent to various folks (e.g., Joretta Marshall, Andy Lester, Emmanuel Lartey, Bill Harkins, and Kathleen Greider) in AAPC for comments. After some months of labor, we submitted the proposal to the Action Council and they enthusiastically accepted it, including it in AAPC's strategic plan.

The next step involved roping people in to be part of the implementation team. Sam Lee, Bill Schmidt, Evon Flessberg, and Elizabeth Walker volunteered. This team came up with creative ideas about how to structure the journal and invite people to participate in contributing their work. Sam Lee's wonderful idea of asking elders in AAPC to share their history and wisdom became one of the changes we made to the journal. [Carol Saussey's reflection and Rob Henderson's interview with Orlo Strunk fall under this genre.] The implementation team also had to deal with numerous issues regarding publication, as well as developing a web platform for the journal. After receiving grant money, David Haight answered many of our questions and constructed a platform for the

journal. We thought this would be our biggest challenge, but we soon discovered that it is very difficult for a new journal to develop a submission base. We continue to find ways to encourage contributions.

As we entered the final year, we asked the implementation team to serve as the first editorial board. Unfortunately Sam Lee had numerous other commitments. With Sam leaving, we invited three other scholars and clinicians—Kathleen Greider, Horace Griffin, and Bill Harkins. We are deeply grateful for the time and energy these folks have given to realize the goal of an AAPC e-journal.

One may set out on a journey, not knowing of the obstacles and challenges ahead, but one never reaches the summit alone or without a map. There are many people one meets on the way who offer needed companionship, help, humor, and hospitality. Of course, we know that the journey is not finished and, in many ways, has just begun. The journal's first issue is the initial phase of the journey. In fact, James and I know that the journal must become a possession of the members of AAPC if it is to continue and flourish. Your support, interest, encouragement, feedback, and contributions are needed as we set out to establish an e-journal that reaches out to pastoral counselors in the United States and throughout the world. We hope that the journal becomes a platform for learning and connecting—connecting with other members and members from cognate groups.

The map that led us to this first summit is the mission statement that was collaboratively constructed.

Sacred Spaces is a journal that endeavors to include a variety of theological and human science perspectives as well as quantitative and qualitative research in

addressing issues and topics relating to the theory and practice of pastoral counseling. It is our hope to encourage students, clinicians, supervisors, and teachers to write scholarly and reflective articles on topics that address clinical and theoretical issues in pastoral counseling. Sacred Spaces also seeks to partner with other organizations in developing creative educational, conversational, and writing opportunities for its members.

You will read in this inaugural issue articles that address diverse clinical and theoretical issues. In addition, we have included the voices of two prominent contributors to the field of pastoral care, counseling, and theology. Our hope is to have elders in the field share their wisdom and history so that the present generation and future generations of pastoral counselors deepen their appreciation of their history and increase their compassion and wisdom. We hope that you will join us on this journey and contribute to the life of this new journal. Please let us know if you have any thoughts and suggestions about the journal articles or the journal itself (rlamothe@saintmeinrad.edu).

Ryan LaMothe, Ph.D.

James Hyde, Ph.D.

Theological Accountability: The Hallmark of Pastoral Counseling

Carrie Doering, Ph.D.[1]

Abstract A growing interest in spirituality among psychologists, social workers, and health professionals has created new opportunities for collaboration between religion and psychology. This collaboration challenges pastoral counselors to identify what is distinctive about their identities and practices. The purpose of this paper is to explore the dangers of theological naïveté and elaborate ways in which pastoral counselors are theologically accountable for using first, second, and third orders of religious language, and for identifying the covert comparisons---theological, universal, and phenomenological---they make between their religious worlds and those of their clients.

Keywords Pastoral theology, pastoral counseling, pastoral psychology

Introduction

The dawning of the 21st century has coincided with a new era in the relationship between health and spirituality in North America. Two momentous developments have launched this collaborative relationship between the health sciences and religion and spirituality. First, research has demonstrated what we've all known for a long time, that certain aspects and forms of religion and spirituality can be good for one's health and well-being. Psychologist of religion Kenneth Pargament (Pargament, 1997; Hill & Pargament, 2003) has led the way in developing new ways to measure many aspects of religion and spirituality. Instead of using simple measures

---
[1] Carrie Doering, Ph.D.
Associate Professor of Pastoral Care and Counseling
Iliff School of Theology

of religiosity, like church attendance and frequency of prayer, Pargament and his colleagues have done extensive research on complex aspects of religion and spirituality, determining which aspects are associated physical, psychological, and spiritual health.

Psychotherapists who draw upon this research can help clients formulate goals for both psychological and spiritual growth. For example, Kenneth Pargament, in his new book, *Spiritually Integrated Psychotherapy: Understanding and Addressing the Sacred* (2007) uses his encyclopedic knowledge of this research to help clients develop a well integrated spirituality. At the outset of his book, he makes this very important point:

> Spiritual resources are not simply another problem-solving tool. They are instead embedded in a larger worldview. …[S]piritual resources are, first and foremost, designed to facilitate an individual's spiritual journey. Therapists who overlook the larger sacred purpose and meaning of these resources risk trivializing spirituality and reducing it to nothing more than a set of psychological techniques. (Pargament, 2007, p. 12)

He has a comprehensive and complex understanding of well-integrated spirituality, which he defines as

> …broad and deep, responsive to life's situations, nurtured by the larger social context, capable of flexibility and continuity, and oriented toward a [spirituality] that is large enough to encompass the full range of human potential and luminous enough to provide the individual with a powerful guiding vision. (Pargament, 2007, p. 136).

Pargament's psychological understanding of religion and spirituality exemplifies this collaboration between religion, spirituality and the health sciences which has emerged in the 21st century.

A second development inaugurating this collaboration is the growing use of postmodern approaches to knowledge, which has opened up new possibilities for understanding religion and spirituality, as well as for understanding science. In terms of science, psychologists are realizing the limitations of scientific approaches to knowledge, especially of complex phenomena like religious and spiritual experiences. There is a new appreciation for the ways in which knowledge is socially constructed and highly contextual. As psychologist, Kenneth Gergen, notes

> … to do science is not to hold a mirror to nature but to participate actively in the interpretive conventions and practices of a particular culture. The major question that must be asked of scientific accounts, then, is not whether they are true to nature but what these accounts (and the practices in which they are embedded) offer to culture more generally. The local truths of scientific cultures are essential to maintaining their traditions, but to presume the local to be the universal not only is arrogant but also sets the stage for conflict and deathly silencing. (Gergen, 2001, p. 806)

When postmodern approaches are used by those in the health sciences, there is a whole new array of possibilities for collaboration with those studying religion and spirituality. However, there are also many challenges to using postmodern approaches to religion, which I'll explore in this paper, as I talk about the dangers of theological naïveté.

One of the greatest challenges for those of us with faith commitments, who work with clients who are religiously committed is identified by theologian Paul Lakeland:

> To any but the most unreconstructed of biblical literalists, the challenge of contemporary religious thought is to keep alive in the post-modern world a religious vision created in a distinctly premodern cultural context, honed to a level of sophistication and lived out courageously through many centuries of premodernity. (Lakeland, 1997, p. 39)

The purpose of this paper is to explore how we as spiritual caregivers and pastoral counselors can make unique contributions to this collaboration in ways that avoid the dangers of theological naïveté by being theologically sophisticated.

Re-examining what makes our work as pastoral counselors distinct

This growing interest in spirituality among health practitioners, including physicians, nurses, psychologists, social workers, and family therapists, is exciting for all of us who have worked for many years at the intersection of counseling and spirituality. What I find most exciting is that we have an opportunity to re-examine who we are, and what makes our work as pastoral counselors and spiritual caregivers distinct from counseling offered by those who are spiritually or religious committed, but not theologically educated and formed. The question I pose is this: What does it mean to be identified as counselors and caregivers in the historical tradition of the American Association for Pastoral Counselors? What does it mean to be part of a national multifaith organization which is committed to the professional education, certification and support of people involved in pastoral care and pastoral counseling?

In this paper I argue that what makes us unique in the field of mental health is that we draw upon our theological education to understand our own spirituality, and the spirituality of those we counsel. In contrast, spiritually-oriented practitioners who do not draw upon a formal theological education face the limitations of being theologically naïve when they counsel spiritually or religiously committed clients. We risk being as naïve as them, if we do not intentionally draw upon our theological education. Our theological education, including its ongoing process of spiritual formation, makes our counseling different from other mental health professionals. We have been trained to think theologically and to practice our religious faith and

spirituality within circles of theological accountability. We are theologically accountable not only to our communities of faith and/or the religious organizations that endorse our practices; we are theologically accountable to our religious and spiritual traditions which, for centuries, have been in conversations that inform the work we do and 'whose we are'. It is this theological accountability that makes us *pastoral* counselors and *spiritual* caregivers, and distinguishes us from spiritually oriented therapists who are not theologically educated and credentialed as pastoral counselors.

Examining the relevance of this notion of theological accountability

The notion of theological accountability has rich meanings for me because of the work I do teaching pastoral care and theology. If you work in a context where there are few opportunities to draw directly upon your theological education, then theological accountability may not describe your identity or work as a pastoral counselor. Or, if you are one of AAPC's professional associates and haven't had the opportunity for a formal theological education, then you probably don't think of yourself as theologically accountable. I want to acknowledge that the more your context is similar to mine, the more relevant and meaningful my framework will be; the more different your context is, the less meaningful. The most important outcome of these reflections on theological accountability is that we have ongoing conversations about what distinguishes the work pastoral counselors from spiritually-oriented counselors, as we stand at the intersection of practices that support health and religious faith and spirituality.

I'm arguing that for pastoral counselors, this intersection is truly a crossroads, in several ways. First**,** as pastoral counselors, we are trained to work with clients who seek spiritual as well as mental health. Second**,** in terms of the theoretical perspectives we use, we stand at an

intersection between (1) the health sciences and (2) religious and theological studies, along with other theoretical perspectives that may be relevant, like family systems theory, and gender and race studies. As we stand at this intersection, what does it mean to be theologically accountable as pastoral counselors?

First, we need to be able to use the full range of ways in which to talk and think about theology, namely what I will describe as first, second, and third order theological and religious language. Second, we need to be theologically accountable for the comparative approach we use when we work with those outside of our religious and spiritual traditions. As I explore each of these ways of being theologically accountable, I will identify the dangers of theological naïveté.

Being accountable for using first, second and third order reflections on religion

One helpful framework for distinguishing between theological naïveté and sophistication draws upon the differences between first order, second order, and third order religious and theological language. Theodore Jennings describes these levels of reflection in an essay in the *Dictionary of Pastoral Care and Counseling* where he defines pastoral theological methodology (1991, p. 862). Jennings describes first order religious language as expressions of religious faith and spiritual experiences. This is the language people use when they gather in communities of faith to worship. First order religious language occurs in counseling when a woman cries out that she feels as though she is being punished by God, when a man describes a moment with his infant son that felt sacred, or when a therapist finds herself thinking that the God she believes in wouldn't punish her client, and would celebrate a father's love for his son. First order statements are these spontaneous expressions and thoughts in which we express an embedded theology that may be pre-critical.

In their book, *How to think theologically,* Stone and Duke define embedded theology as "the implicit theology that [people of faith] live out in their everyday lives," and they note that "some of us find it easy to articulate the embedded theology that we carry with us. But many do not" (Stone & Duke, 2006, pp. 13 & 14). This notion of embedded theology can be elaborated using sociologist Pierre Bourdieu's ideas (1992) about culture, as practices with embedded values that we internalize and put into practice. For example, I have internalized my family's and culture's values about what it means to be a woman, and I practice these values in how I experience my body, how I dress, and how I express myself, in my tone of voice and body language. Bourdieu uses the term *habitus* to describe these internalized values that we enact in our practices. As pastoral theologian Elaine Graham has elaborated, religious and spiritual beliefs are internalized in the same way, and become embedded in the ways we view our lives and relate to each other.

> Bourdieu is presenting a model of tradition and continuity by which the values of the past are encoded in social life yet continually evolve because of human agency… [Similarly] Christians [can be described] as participating in and reshaping a living faith through their contemporary practices of worship, care, and social concern. (Graham, Walton, & Ward, 2005, p. 194)

When we visualize religious faith or spirituality as a *habitus*, we can imagine embedded theologies as those beliefs and practices that have become a habitual part of our world, like the ground on which we stand, or the shape of the window through which we look out on life. When our world is disrupted by an existential crisis, we suddenly become aware of our embedded theologies. We may be forced to deliberate and evaluate whether religious and spiritual practices

and beliefs still connect us with a sense of the sacred and help us make sense of what is happening.

In contrast to embedded theology, Stone and Duke describe deliberative theology as "the understanding of faith that emerges from a process of carefully reflecting upon embedded theological convictions." "Deliberative theology *carries us forward* when our embedded theology proves inadequate" (Stone & Duke, 2006, pp. 16 & 18). Deliberative theology becomes second order religious language when we draw upon ongoing conversations about religious faith and spirituality in communities of faith, and among religious professionals and scholars. Entering into such conversations is a form of theological education in which we look at our beliefs and practices from the theological perspectives of our religious community, denomination, tradition, or from a strand within theological studies, like liberation theologies.

Opportunities for informal theological education come in adult bible study and book discussion groups, and through workshops and visiting lecturers. Participation in worship is itself a form of theological education. These informal venues for theological education help people elaborate their religious faith by making it more deliberate. If one's religious tradition is not Christian, then religious studies, such Jewish or Buddhist Studies, can be used to engage in second order reflections on one's religious tradition. I'll say more about broadening our perspective to look beyond Christian traditions when I explore the dangers of making covert comparisons between our religious tradition and those of our clients.

Another opportunity for deliberative theology and informal theological education occurs when people leave their childhood faith traditions and either drift away from participation in faith communities or find new religious and spiritual homes, a trend that has emerged in the past few years and has been documented in a survey on religious affiliation published recently by the

Pew Forum on Religion and Public Life. As Neela Banerjee reported in the New York Times on February 26, 2008, "The report, titled "U.S. Religious Landscape Survey," depicts a highly fluid and diverse national religious life. If shifts among Protestant denominations are included, then it appears that 44 percent of Americans have switched religious affiliations." In this process of redefining one's spirituality and religious faith people are likely to identify their embedded theologies, deliberate over them, and conserve, reconstruct, replace, or reject these theologies. Another significant finding is that, as Banerjee reports, "The group that had the greatest net gain was the unaffiliated. Sixteen percent of American adults say they are not part of any organized faith, which makes the unaffiliated the country's fourth-largest "religious group." She notes that "The rise of the unaffiliated does not, however, mean that Americans are becoming less religious. Contrary to assumptions that most of the unaffiliated are atheists or agnostics, most described their religion 'as nothing in particular.'" Theologians Serene Jones and Paul Lakeland describe how many people "in the postindustrial West increasingly see their own spiritual lives in highly individualized, syncretistic, or postdenominational terms" (Jones & Lakeland, 2005, p. 21).

When we encounter careseekers who have found new religious and spiritual homes or who are unaffiliated we are theologically accountable for responding to and often initiating conversations about how their religious faith or spirituality relates to their lives. Such conversations offer them opportunities to deliberate further over how their religious faith and spirituality may enhance or exacerbate their coping and meaning-making. We need to be theologically accountable for engaging in these second order reflections. In working with this population of people who have found new religious and spiritual homes or who are spiritual but not affiliated, our theological education equips us to recognize the multi-layered nature of beliefs

and practices which are especially prevalent for people in crisis. Careseekers who think they have left their childhood religious faith behind may re-experience it in the midst of a crisis.

I vividly recall a personal experience in which my childhood Catholicism emerged in a crisis. When I was 25 years old and a newly ordained Presbyterian minister in a rural area of Ontario, Canada, I received a call from my father, telling me that my grandfather had committed suicide. My father and uncle decided that they would go to Florida, and make all of the arrangements for his body to be cremated, and that the family would gather later to bury the ashes. This news was shocking to me and I was far away from family and didn't know how to express my grief. I telephoned Iris Ford, the only other woman minister in my part of the country. I asked her if she thought I should ask the Roman Catholic priest in my town to say a Mass for my grandfather. Iris asked me if my grandfather had been Catholic and I said, no, he had never gone to any church, as far as I knew. "So why you want to have a priest to say a Catholic mass for him?" she asked. The question made me realize that in the midst of this crisis, I was drawing on my childhood Roman Catholic practices and beliefs, which formed a sort of embedded layer of my religious world. I was re-experiencing a childhood belief that I needed to intervene in order to help my grandfather's soul get into heaven. This belief was pre-critical in a way similar to the premodern beliefs of the medieval church I had learned it in my catechism. In the moment of crisis, I was acting like a good catholic girl taught by the nuns in fourth grade. At that age, I didn't interpret or even question the absolute truth of beliefs about heaven and hell. Talking with my friend prompted me to deliberate over this embedded theology. I immediately realized that a Catholic mass was an inadequate ritual, and would offer only a limited way of trying to connect spiritually with my grandfather. Instead, my friend and I talked about him, what he had meant to me, and how I understood his death.

Life cycle transitions, as well as crises within our families, in our communities and country, and throughout the world often force us to excavate and identify our embedded theologies and deliberate over them. As Judith Herman wrote in 1992, in *Trauma and Recovery,* "The traumatic event challenges an ordinary person to become a theologian. . . . . The survivor … stands mute before the emptiness of evil, feeling the insufficiency of any known system of explanation" (Herman, 1992, p. 179). If survivors, their families, or communities do not draw upon second order reflections on violence, suffering, and evil available to them in their religious traditions, their theological naïveté may result in theologies that are part of a web of violence, rather than a web of life. We've become painfully aware of such dangers when we hear American ministers make sense of violence by telling victims that God does not give them more than they can bear, this suffering is their cross to bear, or that suffering is an opportunity to find Jesus and be saved. In confronting violence, we all need to be theologically accountable for, first, knowing the religious ways for making sense of violence, such as theodicies that have been constructed over the course of centuries; second, knowing the benefits and liabilities of these theodicies; third, being able to empathize theologically with the ways in which people struggle to make sense of violence, and finally, being part of a process of constructing meanings that are contextually relevant, and which are life-giving, not life limiting or destructive.

I've described first order religious language as expressions of our embedded theologies and second order language as the process of deliberating over these theologies by using religious and theological perspectives, which may be part of informal and formal theological education. Third order religious language examines the theological method we are using to relate theoretical perspectives in psychology and theology to the practices of faith, as well as pastoral counseling. Fifty years ago Seward Hiltner (1958) challenged pastoral caregivers and counselors to think

about method in his classic text, *Preface to Pastoral Theology*. Don Browning (1983), James Poling and Donald Miller (1985), and others in the 1980s challenged pastoral counselors to relate theory and practice using practical theological methods. Evangelical Christian counselors, who parted ways with progressively liberal theological pastoral counselors in the 1970s, have been thinking about methodology for many years, often using a method involving levels of analysis, which frames their psychological theories and practice within an evangelical Christian worldview. We all need to be theologically accountable for identifying our methodology and knowing its benefits and liabilities.

Elaine Graham, Heather Walton, and Frances Ward (2005) describe seven methods of theological reflection, providing historical examples and then listing the pros and cons of each method. They arrive at these methods by surveying historical and contemporary practices of theological reflection. In a qualitative study in which Townsend (2006) interviewed seventy pastoral counselors, he identified four methods that are similar to ones identified by Graham, Walton, and Ward: a formational approach (similar to what Graham et al. call "theology by the heart: the living human document"), a correlational approach (similar to what Graham et al. call "speaking of God in public: correlation"), a diagnostic model, which Townsend describes as a refinement of the formational and correlational methods, and feminist and liberation approaches (similar to what Graham et al. call 'theology-in-action: praxis').

Pastoral counselors and spiritual caregivers can use Graham et al.'s descriptions to think about their own style of theological reflection, and the styles that their clients use. The first method they describe---"theology by heart"---is most common in pastoral counseling and spiritual direction:

God is experienced as immanent, personal and intimate, speaking through the interiority of human experience.   Records of such experience---journaling, autobiography, psychotherapeutic accounts of self---are vehicles of theological reflection and construction. (Graham, Walton, & Ward, 2005, p. 13)

In a companion volume entitled *Theological Reflection: Sources* Graham et al. (2007) offer excerpts that illustrate each method. In illustrating 'theology by heart' they draw upon the writings of Augustine, Thomas Merton, C.S. Lewis, and Anne Dillard.

They identify another method, one that is often used by those in more conserving theological tradition. Described as "telling God's story" this method emphasizes the bible as "canonical." Theologian Karl Barth is used to describe a Christian identity rooted in the foundational stories of the bible, often in opposition to popular culture, in contexts that are seen as fragmenting identity and imperiling truth with cultural relativism. Theologians Hans Frei, George Lindbeck, Alistair McIntyre, and Stanley Hauerwas are identified with this method of theological reflection. In describing the drawbacks to this method, Graham et al. (2005, p. 106) note that the Christian tradition, which is believed to have a unchanging deep grammar, is, in fact radically plural; further, "while some canonical narrative theologians seek to engage fully with the postmodern challenge others are nostalgic for a premodern world in which the Christian narrative provided the predominant epistemological framework for society" (Graham, Walton, & Ward, 2005, p. 106). They ask the provocative question, "But for whom is contemporary pluralism and breakdown of traditional values a problem but for those who have benefited from 'social order' in the past?" (Graham, Walton, & Ward, 2005, p. 106).

I find the last three methods they describe as particularly congruent with more liberal theological perspectives. The method they identify as "speaking of God in public" brings

theological and religious perspectives into dialogue with scientific, artistic, socio-economic perspectives in order to construct new religious and theological propositions, which in a postmodern approach are understood as contextual and provisional. This method, called the revised correlational method, has been used extensively in liberal pastoral theology, for example, in correlating Tillich with psychodynamic models of personality. A problem with this use of the correlational method is that it focuses on the individual and not on larger social systems.

Another method identified by Graham et al. as "theology in action" that is used within liberation theologies addresses this problem. "The starting point of this method of theological reflection has…never been abstract speculation on timeless truths" (Graham, Walton, & Ward, 2005, p. 170); rather, theology begins with concrete experiential knowledge and asks questions about transformative praxis that liberates people from oppression. This theological method is relevant in clinical work with those who are marginalized because of gender, race, social class, sexual orientation, or disabilities.

The final method they examine, which they call "theology in the vernacular" also has great potential for doing theological reflection in clinical work. This method pays attention to the local theologies that can be constructed from everyday language, the symbols of ordinary people, and popular culture. It works particularly well in settings where people cobble together a syncretistic faith which blends aspects of material, ethnic, and religious culture in idiosyncratic ways.

This discussion of methods of theological reflection illustrates the value of identifying a method that is relevant to oneself and one's clients, and knowing the limitations of each method, so that these methods can be used responsibly. As you can see, to use only first order ways of talking about religion or spirituality is theological naïve. In order to be theologically

accountable, we need to use theological perspectives to reflect upon first order religious and spiritual language, and we need to use third order reflections to identify our method and know its relevance and limitations.

How can these three orders of religious language function in spiritual care and pastoral counseling? I liken the use of first order language to the way Christian faith traditions were experienced in premodern times, when, after the third century, Christian women and men lived within a world where their faith was continuous with all other aspects of their culture. They did not need to interpret their faith, or think critically about it, because second order language was the domain of those in religious authority. It may be simplistic to equate premodern and precritical expressions of religious belief, since there was a great deal of critical reflection and religious plurality occurring during this historical period. Nonetheless, looking back, we often nostalgically envision premodernity as a time of doctrinal uniformity.

Much of the heritage of Christian faith traditions and practices comes from this premodern time. For many Christians, participating in their communities of faith often means appropriating these historical traditions by using first order language in pre-critical ways, as though there is no need for interpretation. Indeed, in my experience on ordination committees, candidates for ordination often have to demonstrate that they can whole-heartedly use first order language in attesting to their adherence to the core doctrines of their tradition, as if their use of second order language to explain their interpretation of these doctrines will make them less able to relate to the pre-critical first order language of their congregants.

As theologically accountable pastoral counselors, we need to know how to relate to the first order language used by our clients. We need to be able to empathize theologically, by stepping into their shoes and viewing the work through their religious perspectives. We need to

imagine vicariously what it would be like to give voice to their embedded theologies and begin to deliberate over them. This is all part of the process of theologically joining with our clients and forming working alliances that are religious, spiritual, and theological.

In this process of vicariously stepping onto the religious or spiritual worlds of our clients, we *first* need to assess how they may be yearning for an immediate sense of God's presence or a sense of the sacred, in a pre-critical way similar to how God was experienced in the premodern traditions of Christianity. We can use a pre-critical or premodern lens to assess how people experience God 'directly'. *Next*, we can use a modern or critical lens to interpret their religious experience, using a variety of theoretical perspectives, like biblical critical perspectives, medical, or psychological perspectives. Modern approaches to religious knowledge were formulated in reaction to premodern approaches that gave primary authority for interpretation to the Roman Catholic Church.   The Christian Reformation shifted interpretive responsibility from the communal or corporate frame of the church to the individual, who, drawing upon the Enlightenment approaches to knowledge, used reason to approach the bible and make sense of it. When clients turn to the Hebrew Bible or New Testament for help, they can be encouraged to think critically about how this source of authority can help them make sense of their crisis. For clients experiencing health crises, modern medical knowledge, available on the internet, helps them understand what is happening to them. *Finally*, we can use a postmodern lens to appreciate the contextual and provisional nature of knowledge, including knowledge of God. This postmodern lens brings into view the importance of intrinsically meaningful religious experiences that emerge from the particular cultural, communal and family narratives.

Theological accountability involves being able to use these trifocal lenses (Doehring, 2006). The challenge is to know which lens is the most relevant or meaningful in any given

situation. In my experience, a postmodern lens is predominantly used in the academic study of religion, in theological and religious studies. A modern lens is often used in seminaries, particularly in biblical critical studies, and also in denominational debates over controversial issues, like the ordination of gay and lesbian persons in committed relationships. A pre-critical or premodern lens predominates in communities of faith, especially during the experiences of worship. When we finish graduate degrees in theological and religious studies, and begin our practices of care and counseling, we often face the challenge of how to draw upon the modern and postmodern approaches to religion, which we learned in the academy, in our work with people of faith, who are likely to experience religion in pre-critical or premodern ways.

Before leaving this discussion of first, second, and third order levels of religious language, I want to comment briefly on how this framework can help us evaluate methodologies used in spiritually oriented approaches to psychotherapy written by psychologists, social workers, and family therapists. Often therapists are using first order or premodern religious language to talk about religion and spirituality; they use modern approaches to knowledge to talk about scientific aspects of psychology. They sometimes use postmodern philosophical approaches to reintroduce religious and theological worldviews as a foundational level of analysis; however, they only draw upon premodern approaches to religion, making universal claims that all theistic religions have the same core belief. The clearest example of this approach is the extensive work of Richards and Bergin (2004, 2005) elaborating a theistic approach to psychotherapy. Their theological naïveté, in limiting themselves to first order reflections on religion and spirituality without accessing second order reflections available in theological and religious studies, makes it more likely that they will see all religions through the lens of their own religion, and less likely that they will see differences.

How can we be theologically accountable within a religiously pluralistic context? That's a central ethical question for those of us who identify Christian traditions that have been part of the history of colonialism. I turn now to exploring the dangers of covert religious comparisons that often attend theological naïveté.

Covert comparisons: theological, universal, and phenomenological approaches

The biggest challenge facing pastoral caregivers in the 21st century is how to draw upon our religious tradition when we are helping someone outside of our tradition. In a pluralistic, global context, we need to take responsibility for the comparative method underlying the care we offer to those outside of our religious tradition. I'm going to draw upon the comparative study of religion to describe some common comparative methods that have been used when Christian compare their religious tradition with other world religions.

Christian Theological Approaches

One comparative method, which is common among many Christians, is to use Christian theology to interpret the non-Christian's religious experience. This is like a default comparative method, which creates a theological horizon of meaning that includes everyone. Listen to how Shirley Guthrie, an American Presbyterian theologian, uses this approach:

> We can … recognize [people of other religious faiths] as fellow human beings who just like us are created in the image of God; people who just like us are loved and cared for by God; people for whom just as for us Christ lived, died, and rose again; people who just like us are promised the life-renewing Spirit of God…When we go to meet such people we do not go into foreign territory but into territory where the living Triune God has

already been at work before we get there, we will expect and gladly welcome evidence

that the grace and truth we have come to know in Jesus Christ have reached into their

lives too. We will *expect* and *be glad* to hear them say things about their God and their

faith which sound remarkably similar to what we have to say about our God and our

faith… We sometimes see in them more of the way, the truth, and the life taught and

demonstrated by Jesus than we see in our own lives. (Guthrie, 1996, p. 71)

By theologically weaving a net that will include everyone in his religious meaning-system,

Guthrie is claiming that all people, regardless of their particular religious faith, experience the

general way that God is revealed through nature and through human intellect. In his Institutes of

the Christian Religion (1.3.1), Calvin (1816) described general revelation as a natural instinct

that makes humans aware of God. Many Christians believe that general revelation prepares

people to receive special revelation, which is the revelation of God through Jesus Christ, and

through the Hebrew Bible and New Testament.

The problem with this comparative approach is that we end up submerging the other

person's spirituality within our own religion. Comparative religious studies scholar William

Paden notes, "We all tend naturally to reduce areas of [another person's] life to certain themes

that fit our own worldview" (Paden, 1994, p. 2). Given the dark history of Christianity's

participation in colonialism, we need to be aware of the implicit comparative method underlying

our practices of care, lest we colonize the religious or spiritual world of those who are not

Christians.

Universalist Approaches

Another commonly used comparative approach is the universalist approach, which interprets all world religions as having a common spirituality, as many paths leading to the same goal. This approach, like the Christian theological approach, has a long history dating back to antiquity. While a universalist perspective might bring into focus some underlying similarities between my religious journey and another person's existential journey, it blurs the contextual differences that make my experience of the sacred very different from another person's. The universalist approach is dangerous in ways similar to the theological approach. We inevitably see the core of our religious tradition as the common core of other world religions.

A Phenomenological Approach

A phenomenological method allows pastoral counselors to focus on differences between their religious traditions and their clients. It allows the client's religious expressions to present themselves in their own terms. Using this phenomenological approach I will first try to be aware of my own biases---the lens of my worldview, through which I am liable to interpret another person's worldview and experience. Second, I will try to see the other person's existential searching in terms of his or her life. William Paden, a scholar who studies comparative methods, puts this phenomenological approach into practice by describing each person's religious faith as a "religious world," which he likens to a habitat, "a system of language and practice that organizes the world in terms of what is deemed sacred" (Paden, 1994, p. 10). In the preface to the second edition of his book *Religious Worlds* he describes how "useful, synthesizing, and far-reaching the concept of 'world' is as an organizing category for the study of religion. "'World' is not just a philosophical abstraction… In more human experiential terms, it is an actual habitat, a

lived environment, a place..." (Paden, 1994, p. viii); each person's religious world is "the structure of meaningful relationships in which a person exists and participates (Paden, 2000, p. 335). Paden suggests that each person's religious world is in some ways unique: "Within a single tradition like Christianity, there are thousands of religious worlds" (Paden, 1994, p. viii). "The notion of world calls attention to the radical cultural and geographical diversity among and within religious systems" (Paden, 1994, p. 55)

A phenomenological comparative method enhances empathy. Paden's description of the process of understanding others is similar to the way pastoral counselors talk about empathy: "The notion of different worlds is an essential part of the concept and practice of 'understanding others'…Don't worry about whether other people's beliefs and acts refer to something real in *your* world, but first understand what the beliefs and acts invoke as real in *their* world" (Paden, 1994, p. 54).

The table below outlines the features of each comparative approach to counseling Christian, spiritual, and nonreligious persons.

Table 1

Matching Comparative Approaches to Types of Care

Describing how comparative approaches affect counseling with clients whose religion or spirituality is similar	Christian theological approach: The Christian pastoral counselor looks for theological meanings and	Universalizing approach: The counselor looks for universal themes that are common to both her/his religious/spiritual	Phenomenological approach: The counselor tries to understand the client's religious/ spiritual world without imposing

or different from the counselor's	practices in the religious/spiritual world of the client.	world and the client's religious/ spiritual world.	her or his religious/ spiritual world on the client.
Pastoral counseling with Christian pastoral counselors and Christian clients	The more overlap there is between the Christian world of the counselor and the client's, the more relevant a Christian theological approach will be.	The more overlap there is between the counselor's world and the client's, the more likely there will be common themes	The less overlap there is between our Christian world and the client's, the greater the need for an approach that looks for differences.
Counseling with those who are religious/spiritual but not Christian	Theologically submerges the existential worlds of non-Christians within the Christian world of the counselor	Theologically erases differences and risks imposing themes from the counselor's spiritual/religious world onto the client's religious/spiritual worlds	Makes no assumptions about similarities, but looks for differences between the counselor's religious/spiritual world and the client's

My religious world: Christian, Protestant, Presbyterian, Progressively liberal, Postmodern theological approaches; shaped by aspects of my social identity, like age, race, nationality, citizenship, socioeconomic class, ethnicity, gender, sexual identity, able-bodiedness.

As a Christian, I use theological perspectives to construct my own meanings, for example, in order to understand where God is in my own life experiences,

Pastoral counseling builds a bridge through the process of empathy; imaging how the other is constructing meaning and connecting with a sense of the sacred.

The client's religious or spiritual world: shaped by his/her religious and spiritual experiences, and other interacting aspects of social identity: age, gender, nationality, citizenship, ethnicity/racial identity, socioeconomic class, sexual orientation, and experiences of disability.

In imaging the gulf between the counselor's and client's religious, spiritual, or existential worlds, we can visualize pastoral counseling as a process where we build a bridge between our religious/spiritual world and the world of the client.

Diagram 1

Implementing a Phenomenological Approach

In building this bridge, I need to pay attention to how I am comparing my religious world with the religious world of the client. As I noted earlier, as Christians our default comparative approach is to use our Christian theology to understand the other person's religious/spiritual world. When the client is Christian, this may seem like an appropriate approach. However, when we stop and think about how much someone's Christian world is shaped by cultural identity---the religious faiths of their families, their ethnic and racial identities, their national identity, their gender, age, socioeconomic class and sexual orientation, their experience of disability---we can see that each Christian world is probably going to be quite different from someone else's Christian world. For example, my experience of teaching at a progressively liberal American seminary is going to be quite different from the religious world of a Presbyterian Korean minister. Even when we are engaged in pastoral counseling with people of our own religious faith, we need to stop and think about what approach we are using to compare our religious world to their religious world. The risk of not explicitly examining our comparative approach is that in our theological naïveté we will impose our theology on the client when it is not relevant or meaningful to him or her.

If we are pastoral caregivers functioning in what has been called the classical paradigm of pastoral care, then our job may well be that of imposing our theology on the other. Throughout centuries of Christianity, this paradigm for pastoral care was one of proclamation. The goal of those ordained by the church and representing God was to save the soul, by guiding it, using the true message of the gospel. You can find the classical paradigm being practiced in what is called biblical counseling. Jay Adams's (1970) *Competent to Counsel* is a popular textbook on pastoral care and counseling in more conservative theological seminaries.

In the 20th century, more theologically liberal pastoral caregivers in the United States and Canada, adapted the counseling techniques of Carl Rogers, moving away from what they saw as the moralistic aspects of the classical paradigm. They reshaped pastoral care and counseling as therapy, focusing on the counseling relationship, which was supposed to emulate the unconditional acceptance of God. The goal was to heal, by promoting self growth and self actualization. Here it was not the Christian message that saved the client. It was the relationship between pastoral counselor and client. In this therapeutic paradigm, theology was often used to describe the quality of the relationship, especially in terms of how it was like God's relationship with us. In the clinical or therapeutic paradigm of care and counseling, the default comparative approach to understanding similarities and differences between us and the client was a universalizing approach. We might have been aware of differences between us and the client, but we looked for underlying commonalities, often using psychological rather than theological perspectives.

In an edited volume entitled, *Pastoral Care and Counseling: Redefining the Paradigms,* Nancy Ramsay describes how, in the1990s, the clinical paradigm was widened to include two emerging paradigms which often focused on justice: the communal contextual paradigm and the intercultural paradigm.

> Relational justice, normative for the communal contextual and intercultural paradigms, shifts the understanding of the self to a far more contextual, socially located identity in which the political and ethical dynamics of asymmetries of power related to difference such as gender, race, sexual orientation, and class are prominent. From within the clinical pastoral paradigm pastoral counseling had long focused largely on liberating persons from spiritual and psychological bondage, but relational justice requires that care also

includes attention to liberation from the actual bondage of oppression—the corollary of

freedom from bondage is relational justice. (Ramsay, 2003, pp. 9 – 10)

In the communal contextual paradigm, described by John Patton (1993), the community

represents God in the way it cares for those in need. Within this paradigm, there is the freedom

for pastoral care to be constructed in unique ways, shaped by the context. The intercultural

paradigm includes all of the varieties of pastoral care practiced throughout the world. It pays

attention to how pastoral care often involves building bridging between cultures. Emmanuel

Lartey, a professor who first studied in Africa and later in Great Britain, and who now teaches at

Emory School of Theology in Atlanta, has elaborated the intercultural paradigm. Lartey uses

Kluckholn and Murray's (1948) assertion that "Every person is in certain respects (1) like all

others, (2) like some others, and (3) like no other" (Lartey, 2003, p. 43) to argue that each

careseeker will both reflect aspects of his or her culture and also be unique. He recommends an

"intercultural" approach in which "the complex interrelatedness and interconnectedness of the

three spheres interacting in living, growing and changing human persons is what is expected,

treated as the norm and attended to" (Lartey, 2003, p. 35).

Both of these paradigms acknowledge the extent to which context shapes pastoral,

spiritual, and religious care and counseling. The comparative approach used in both the

communal contextual paradigm and the intercultural paradigm is a phenomenological approach

that emphasizes the differences between us and the client. The chart below sketches the implicit

comparative method used in these paradigms of pastoral care and counseling.

Table 2

Comparing Paradigms of Pastoral Care and Counseling

Paradigms	Classical/Cleric	Clinical/	Communal/Contextual	Intercultural

	al	Therapeutic		
Why	Salvation	Self actualization/ healing	Depends on the context: often involves care and counseling of persons, families, communities; relational justice	Depends on the context
How	Guiding people to God: helping them believe and accept the tenets of the Church	Rogerian therapeutic techniques: Empathy, Non-directive unconditional acceptance	Depends on context: Relational justice, sustaining people in the midst of social oppression; holding people accountable for their participation in social injustice	Indigenous, culturally and religiously authentic strategies for healing, sustaining, guiding, justice-seeking
Compara-tive method	Implicit Christian theological approach: We look for Christian theological	Implicit Universalizing approach: We look for common, universal themes between	Depends on the context: Christian theologizing approach when there is more of a shared religious/spiritual world;	Phenomenological approach: We try to understand the client's religious/ spiritual worlds without imposing

	meanings and practices in the religious world of the client.	our religious/spiritual worlds and the client's religious/spiritual world.	Phenomenological approach when we have less in common with the client's spiritual/religious world.	our religious/ spiritual world on them.

Being theologically accountable for our comparative approach to a client's spiritual or religious world is part of being theologically sophisticated within a pluralistic context where information technology may make it seem as though people across the globe are close at hand. However, as Paden says,

> The profound differences between human world views have not been erased by information technology or international business networks, with their appearance of having so easily unified the surface of the world. Beneath the surface, the earth is still a patchwork of bounded loyalties and hallowed mythologies, a checkerboard of collective, sacred identities. The theater of ethnic and religious diversity has not gone away. The variety of human worlds, with all their conflicts, is still there, despite the façade of unity. (Paden, 1994, p. vii)

This is the context in which we function as pastoral, religious, and spiritual caregivers and counselors. As I have noted, the danger of theological naïveté is that we unwittingly see our client's religious or spiritual world through the lens of our embedded theology. This covert form of theological comparison is a subtle re-enactment of Christianity's long history of colonization. We need to draw upon the work of contemporary comparative religious studies, to engage in second order reflections on religious worlds that differ from our own. We can draw upon third

order reflections to identify comparative methodologies that help use appreciate what is distinct

and different about our client's religious or spiritual worlds.   In these ways, we can be

theologically accountable for our practices of care and counseling.

References

Adams, J. E. (1970). *Competent to counsel*. Phillipsburg, NJ: Presbyterian & Reformed.

Banerjee, N. (2008, February 26). Poll finds a fluid religious life in U.S. *New York Times*.

Retrieved February 26, 2008, from http://www.nytimes.com

Bourdieu, P. (2005). Habitus. In J. Hillier & E. Rooksby (Eds.), *Habitus: A sense of place* (2nd

ed.) (pp. 43-49). Burlington, VT: Ashgate.

Browning, D. S. (1983). *The moral context of pastoral care*. Philadelphia: Westminster Press.

Calvin, J. (1816). *Institutes of the Christian religion* (J. Allen, Trans.). Philadelphia: P. H.

Nicklin. (Original work published 1536).

Doehring, C. (2006). *The practice of pastoral care: A postmodern approach.* Louisville, KY:

Westminster John Knox Press.

Gergen, K. J. (2001). Psychological science in a post-modern context. *American Psychologist*,

56 (10), pp.803-813.

Graham, E., Walton, H., & Ward, F. (2005). *Theological reflection: Methods*. London: SCM

Press.

Graham, E., Walton, H., & Ward, F. (2007). *Theological reflection: Sources*. London: SC Press.

Guthrie, S. (1996). *Always being reformed: Faith for a fragmented world.* Louisville, KY:

Westminster Press.

Herman, J. (1992). *Trauma and recovery: The aftermath of violence---from domestic abuse to

political terror*. New York: BasicBooks.

Hill, P. C., & Pargament, K. I. (2003). Advances in the conceptualization and measurement of

religion and spirituality: Implications for physical and mental health research. *American

Psychologist*, 58, 64-74.

Hiltner, S. (1958). *Preface to pastoral theology: The ministry of theory and shepherding.*

Nashville: Abingdon.

Jennings, T. W. (1990). Pastoral theological methodology. In R. J. Hunter (Ed.), *Dictionary of

pastoral care and counseling* (pp. 862-864). Nashville, TN: Abingdon Press.

Jones, S., & Lakeland, P. (Eds). (2005) *Constructive theology: A contemporary approach to

 classical themes.* Minneapolis, MN: Fortress Press.

Lakeland, P. (1997). *Postmodernity: Christian identity in a fragmented age*. Minneapolis, MN:

Fortress Press.

Lartey, E. Y. (2003). *In living color: An intercultural approach to pastoral care and counseling

 (2nd ed.).* London: Jessica Kingsley.

Paden, W. E. (1994). *Religious worlds: The comparative study of religion* (2nd ed.). Boston:

Beacon Press.

Pargament, K. I. (1997). *The psychology of religion and coping: Theory, research,

 practice*. New York: Guilford.

Pargament, K. I. (2007). *Spiritually integrated psychotherapy: Understanding and addressing

the sacred*. New York: Guilford.

Patton, J. (1993). *Pastoral care in context: An introduction to pastoral care.* Louisville, KY:

Westminster John Knox Press.

Poling, J, N., & Miller, D. E.   (1985). *Foundations for a practical theology of ministry.*

Nashville, TN: Abingdon Press.

Ramsay, N. J. (2004). A time of ferment and redefinition. In N. J. Ramsay (Ed.), *Pastoral care*

 and counseling: Redefining the paradigms (pp. 1-43). Nashville, TN: Abingdon Press.

Richards, P. S., & Bergin, A. E. (Eds.). (2004). *Casebook for a spiritual strategy in counseling*

and psychotherapy. Washington, DC: American Psychological Association.

Richards, P. S., & Bergin, A. E. (2005). *A spiritual strategy for counseling and psychotherapy*

 (2nd ed.). Washington, DC: American Psychological Association.

Stone, H. W., & Duke, J. O. (2006). *How to think theologically* (2nd ed.). Minneapolis, MN:

Augsburg Fortress Press.

Townsend, L. (2006). Theological reflection and the formation of pastoral counselors. *American*

 Journal of Pastoral Counseling, 8 (3/4), pp. 29-46.

Changing (Dis)Course: Psychology and Theology in Light of Social Construction

John Blevins, Ph.D[1]

Abstract This paper examines the challenges that social constructionism presents to the field of pastoral counseling in light of the skepticism that the concept of social construction exhibits toward any kind of normative psychological theory of human beings and human development. The paper examines this challenge for two psychological theories commonly employed in pastoral counseling: psychodynamic psychology and narrative therapy. The paper moves beyond this analysis to argue that Christian theology provides a genre for thinking and writing that addresses this challenge—apophatic theology. The paper ends with a brief clinical example of the implications of apophatic theology for pastoral counseling.

Keywords psychodynamic psychology, narrative therapy, social construction, apophatic theology, negative theology

Introduction

In his description of the history of pastoral theology, John Patton (1993) described the change in the late twentieth century in the field as one from clinical to communal/contextual paradigms. At first glance, this change has led to two profound changes for contemporary pastoral theology and practice: 1) a move beyond clinical settings into other contexts in which pastoral practices can

[1] John Blevins, Ph.D.
Assistant Professor of Pastoral Theology
Candler School of Theology
Emory University
Atlanta, GA 30322

404-727-6338
john.blevins@emory.edu

occur (e.g., new models of clinical pastoral education (CPE) that place chaplains in community based organizations and not merely in hospital settings), and 2) a method for theological reflection that moves beyond a two-way dialogue between psychology and theology to encompass broader social scientific research, critiques, and proposals. This paper will argue that the change Patton described is, in fact, even more far-reaching and that it has profoundly affected the field of pastoral counseling in ways beyond the two described above. Specifically, this paper will argue that the shift from the clinical to the communal/contextual in contemporary pastoral theology is the result of a broader epistemic shift in the scholarly research marked by a reliance on social construction theory and that this broader shift leaves pastoral counseling at a theoretical impasse. This paper comprises three short sections as it explores the implications of this claim. The first will describe the challenges that social construction presents to both psychoanalytic theories and the second will demonstrate the challenges it poses for narrative psychological theory; both of these theories are widely utilized in pastoral theology and pastoral counseling. The third and final section will argue that theology, although it faces a similar challenge, also has a genre at its disposal—the apophatic tradition—which allows pastoral counselors and theologians to speak, write, reflect, and practice in light of that challenge.

Psychology in light of social construction

Social construction theory presupposes that human attempts to understand the world around us are always mediated through systems of thought– languages, theoretical discourses, and complex practices. These systems of thought are products of their culture articulated at certain points in time. In other words, they are contextual and temporal; they change. An appeal to universal, unchanging truth is difficult (in fact, impossible) in social construction theory because the

systems of knowledge that stake a claim for articulating that truth are themselves contingent upon a particular cultural context at a particular point in time. Social construction theory demonstrates an epistemic revolution for research and theory. No longer can a scholarly discipline posit a universal and changeless hypothesis; rather, it must account for its context, self interests, and limitations.

This change has presented a tremendous challenge to psychological theory because psychology stands at the fulcrum of this epistemic shift. On the one hand, psychology assumes universal psychic structures, processes, and developmental phases for all human beings. On the other, psychology provides a theoretical framework for understanding the ways in which human beings develop in complex social networks. These two dimensions of psychological theory are both evident in the writings of various scholars. Sigmund Freud (2000), for example, spoke of the universal applicability of central psychoanalytic concepts, specifically the Oedipal crisis: "It has justly been said that the Oedipus complex is the nuclear complex of the neuroses, and constitutes the essential part of their content. It represents the peak of infantile sexuality, which, through its after-effects, exercises a decisive influence on the sexuality of adults. Every new arrival on this planet is faced by the task of mastering the Oedipus complex; anyone who fails to do so falls a victim to neurosis" (p.92).

Freudian psychoanalytic theory has been roundly and, in my opinion, rightly criticized for the theoretical and clinical limitations that grow out of an uncritical assumption that psychological health can only be achieved in a two-parent heterosexual family structure with strict, clear gender roles. The psychologically healthy human who develops through the psycho-sexual stages of human development will emerge with a normative gender identity (appropriately masculine for boys and appropriately feminine for girls) and sexuality (heterosexual). There are

important reasons to raise a critique to such a claim. If "every new arrival on this planet" must navigate Oedipus, then how does Freudian theory provide a coherent theoretical frame for that navigation in the particular lives of people who do not display the gender and sexuality norms it presupposes (and demands)? Social construction theory offers an important critical suspicion about Freudian psychoanalytic theory in response to such a question. It demands more of psychoanalysis than adjusting its theories to account for its limitations and biases. Rather, social construction theory raises a more fundamental challenge: it challenges the presupposition that psychoanalytic or *any* psychological theory contains a complete description of human development which is universal for all people.

In the generations following Freud, psychoanalytically oriented scholars and clinicians have responded to this critique by taking into account the inherent ambiguity and multiplicity contained within any discourse. For example, in *A Mind of One's Own* Robert Capers (1999) describes the purpose of psychoanalysis, namely the transformation of the psychotic elements of the unconscious into conscious rationality through psychoanalytic conversation and interpretation. Capers is clear that in order for such transformation to occur the analyst must be attuned to her or his own countertransference in order to recognize when the analysand is projecting psychotic, unconscious distortions into the analyst's unconscious. Such attunement is important because the analyst is especially prone to the seduction of this kind of projection, mirroring the analysand's externalized fantasy object rather than reality. In many ways, Capers' theory does share some strong parallels with social construction theory, specifically in its concept of unconscious distortions which characterize the limits of subjective ways of knowing and its understanding of the constructed nature of reality. And yet social construction finally

presents an important critique of Capers' model, not in terms of universal subjectivity but in the assumption that the psychoanalytic discourse floats free of distortion.

How does the analyst resist distorted projections and recognize the transformation of those distortions into analyzable consciousness? Capers argues that "one of the ways in which [the analyst] might know is connected to the fact that, while a pseudo interpretation [that arises when the analyst is in the throes of countertransference] has the propagandistic effect of making the patient feel that he should think or be a certain way, a real interpretation does not. It is nothing more than a bare, evenhanded description of the patient's unconscious reality" (p. 135). But what, exactly, is "unconscious reality" and how can we hope to access it? How can the analyst confidently offer a "bare, evenhanded description of the patient's unconscious reality" in light of her or his own potential unconscious distortions and the potential distortions of the social sphere? Caper's confidence that psychoanalysis can accurately ascertain unconscious psychotic distortions and interpret them correctly is unsustainable when one takes seriously the claim that distortions pervade our perceptions and contribute to a constructed notion of reality and truth.

Capers describes a one-way process by which the analysand projects psychotic distortions into the analyst; from a social constructionist perspective, the converse is also possible. Capers argues that the analyzable neuroses are created from unanalyzable psychotic distortions and that such transformation can occur because psychoanalytic conversations tie unconscious distortions into a connected signifying chain of conscious insights and language. These unconscious distortions can become meaningful because they have been brought into consciousness. Of course, distortions need not resolve after they become hooked into the connected signifying chain of consciousness; in fact the signifying chain of consciousness itself contains distortions. In response, Capers appeals to an *a priori* standard: "Ideas can be defined

in terms of how they fit in with other ideas... and their truth or falsity can also be evaluated by examining their connections to other ideas" (pp. 129-130)

And yet, Capers leaves an important question unanswered: what does he rely on for his evaluation? His description implies that somewhere *out there* among the connections is some objective standard of truth or reality. But each connection has within it the possibility of distortion because no element is free from such distortion and its effects. So how can we evaluate the truth or falsity of an interconnected element when the elements to which it is connected are themselves subject to distortions clouding any certain, clear conception of reality? For Capers, psychoanalytic discourse can be relied on to make such judgments. This, of course, necessitates the belief that distortions derive only from the analysand and that a skilled analyst, firmly relying on psychoanalysis to monitor her or his own countertransference, will be free of distortion. Such assumptions are necessary to Capers' theory even as he claims that the analyst "makes no claim to omniscience" (p. 135). By limiting its understanding of distortions to the inter-subjective space between the analysand and the analyst, psychoanalytic discourse is blind to the social dimensions of its own perspectives.

Such dangers are not limited to the singular example of Robert Capers. Heinz Kohut (1996), the author of self psychological theory, describes the insights of Sigmund Freud as the quintessential example of scientific objectivity and claims that Freud exemplifies "the clear distinction between the observer and the observed" as he first quotes from Freud and then describes what he understands to be his genius:

"I have long surmised that not only the repressed content of the psyche, but also the innermost core of our ego is unconscious, though not incapable of consciousness. I infer this from the fact that consciousness is after all only a sensory organ, directed toward the outside

world, so that it is always attached to a part of the ego [in modern terminology: the self]

which is itself unperceived."

I consider this statement-- the statement of a man who had investigated his own inner life,

including the countertransferences that can becloud or distort the vision of the psychological

observer, more broadly and profoundly than any man had ever done before-- the perfect

expression of the basic attitude of the scientist of his day. It is the statement of the man of the

Renaissance, of the era of Enlightenment, of nineteenth-century science. It is the statement of the

man who has become all vision and vision-explaining thought. It is the statement of the man of

clear-eyed empirical observation whose mental processes are engaged in the service of his proud

realism. It is a statement that is in fully [sic] harmony with the fact that one aspect of the basic

stance of the classical nineteenth-century scientist was the clear distinction between observer and

observed, or, to put my meaning more tersely, it is the expression in theoretical terms of the ideal

of scientific objectivity (67).

Social construction theory demonstrates that distortions are present on the myriad social

levels of contemporary culture. Psychoanalytic theory does not reside outside of those levels, but

firmly within them as demonstrated by the biases embedded within its development paradigms.

The psychoanalytic theorists who develop psychoanalytic perspectives do not reside outside of

those social networks either. For social construction theory, "the ideal of scientific objectivity" is

a dangerous fallacy in psychoanalytic theory or in any social science. The failure of

psychoanalysis to ascertain the social dimensions of its perspectives leaves it vulnerable to

theoretical error and clinical misuse. In light of this vulnerability, the social psychologist Paul

Richer (1992) critiques psychoanalysis and its psychodynamic heirs: "We imagine that by

avoiding objectification and medicalization, the hermeneutic psychodynamic trends in

psychology somehow transcend the job of social control that is explicit in other forms of psychology. Nothing could be farther from the truth. In the end, the prying interpretations of…psychodynamic approaches are far more efficient at normalizing than are either the anti-psychotic drugs of the medical approach or the shaping techniques of behaviorism. Psychology–all of it– is a branch of the police; psychodynamic psychologies are the secret police" (p. 118). Social construction theory presents an important critique to psychological theory precisely because it unsettles two psychological assumptions: the universality of psychological anthropologies and the idea that the psychologist can float free of her or his own subjectivity and social location.

Towards a narrative psychology

The "objectivity" of the modernist worldview, with its emphasis on facts, replicable procedures, and generally applicable rules, easily ignores the specific, localized meanings of individual people. When we treat people with this kind of "objectivity," we regard them as objects, thus inviting them into a relationship in which they are the passive, powerless recipients of our knowledge and expertise (Freedman and Combs, 21).

Psychodynamic psychological theories become problematic in light of the notion of social construction. They provide narratives of human development to account for the origins of psychological derailment. Those origins are the result of universal—rooted in early childhood experiences which we all must face—and individualistic—taking little account of broader social and cultural perspectives. Narrative therapy provides another perspective because it pays attention to client's stories. Obviously, all therapeutic theory and practice claim to do this, but narrative therapy makes a claim that it does so in a different way. Critical of the dangers and

distortions of psychological theories and practices, narrative therapy seeks to minimize the potential for those dangers by challenging the problematic perspectives described above.

Narrative therapy privileges the idea that knowledge and meaning are produced in the social sphere and constituted in language. The larger world around us tells us our story, marks the limits of language for telling it, gives us the lenses for understanding, and polices the acceptability of our interpretation. When people come for counseling, the problems they bring can be explored by thinking about the ways in which their problematic experience fails to measure up to the normative demands of the world around them. Narrative therapy reminds us that there are always alternative ways to tell our stories, alternatives that are often covered over or forgotten because they are illegitimate narratives in the culture.

Jill Freedman and Gene Combs, two prominent American narrative therapists, move beyond a theoretical claim of social construction and describe how this claim impacts their therapeutic work: "When we talk together about 'codependency' or 'schizophrenia' or 'narrative therapy,' it is important to remember that we are actively perpetuating the social construction of these concepts as real elements in the fabric of our daily existence. We all too easily forget that other typifications might lead to the perception of other possibilities. (Would you rather work with 'that borderline' or 'the woman who is so angry about the way patriarchal, paternalistic staff members are treating her'?)" (p. 24). From this perspective, the words in psychological theories or in *DSM* axis I or axis II diagnoses are not merely descriptions; rather they contribute to the construction of a psychological and therapeutic reality *and* they cover up alternative understandings. For narrative therapists, words constitute and perpetuate our realities. The therapeutic response is to find ways to uncover preferred alternatives: "What is important here for psychotherapists is that change, whether it be change of belief, relationship, feeling, or self-

concept, involves a change in language. Fortunately (at least within a postmodernist worldview), language is always changing.… We see this inevitable mutability of language as useful. It makes our conversations with the people we work with opportunities for developing new language, thereby negotiating new meanings for problematic beliefs, feelings, and behaviors– new meanings that can give legitimacy to alternative views of reality" (p. 29).

Narrative therapy, then, allows for new ways of thinking and new ways of practicing beyond psychoanalytic discourse. And yet, narrative therapy runs up against certain limits in its capacity to tell a full and complicated story of our social situation. What if the preferred story in one part of your life changes the story in other parts in complicated ways? What if authoring a preferred alternative isolates you from the social spaces you rely on because you are now in conflict with its norms? By placing the problematic narratives of our lives within the social sphere, narrative therapists are able to move past the limitations of theories and practices that see the etiology of emotional problems in the individual experiences of our childhood. But in moving past psychodynamic perspectives, narrative therapy loses an awareness of the power of the unconscious, both in individuals and societies.

In her review of an anthology entitled *Narrative Therapy in Practice: The Archaeology of Hope*, British psychologist Wendy Hollway (2001) finds the lack of attention that narrative therapists give to psychoanalytic theory disappointing, particularly because she sees certain post-structural psychoanalytic theory sharing the same goals as narrative therapy: "For me, the attraction of post-structuralism was to challenge the asocial, boundaried and unitary view of the individual. Out of a similar politics, these [narrative] therapists want to use the idea of subjects positioned by external discourses to take the blame off individuals for their distress, deconstruct the discourse by locating the problem in oppressive external structures and therefore restory

someone's life in a way that's empowering." But the problem, says Hollway, is that narrative therapeutic theory makes two contradictory claims about human subjectivity: on the one hand we are inevitably formed by broad social discourses and, on the other hand, we make our own meaning by authoring our own story.

Hollway is critical not because narrative therapists hold to both viewpoints, but because she believes that narrative approaches fail to acknowledge the tension: "As with all social constructionist theories the agency of subjects fails to be accounted for. Of course, it can't help but creep back in. Since its re-entry is surreptitious, the nature of this agentic subject is not problematised" (p. 322). In raising this point, Hollway asks important critical questions of narrative therapists: How does the counselor tell the difference between her or his efforts to encourage empowering alternative stories and unexamined participation in oppressive discourse? How does re-storying work if it is not just taking up a different subject position in a different social discourse? Hollway wonders why psychoanalytic perspectives are missing: "If I read between the lines of their assumptions about their clients' subjectivities, it seems that the post-structuralist critique has enabled them to posit a subject who is indeed more social and more multiple, but is as rational as if psychoanalysis had never informed post-structuralism. I think that psychoanalysis has not just been forgotten, however; it has been associated with an oppressive clinical practice that is rejected wholesale" (p. 322). As such, Hollway believes that narrative therapy suffers theoretically because it loses a hermeneutic that allows for insight into the complex dynamics of human beings' emotional lives and relationships.

The editors (2001) of the book responded to Hollway's review. They agreed with her that they rejected psychoanalytic language and theory but that they believed that other discourses could provide a full description of the complexity of our subjectivity: "Social constructionist

theory underpins [the narrative approach]. We read social constructionism as an epistemology, but one that signals a discontinuity with the discourses of knowledge production that underpin psychoanalysis.… We simply do not see the need for a psychoanalytic vocabulary to articulate the complexity of a person's biography. Indeed, we assert that one person will have many biographies, and it is precisely in this complexity that the possibility of both personal and social change resides.… So we see no need to posit a "rational subject" who is striving for a consistent story of self. The selves we work with are persons who are struggling to make their way in an uncertain world, a world where the help of experts, including psychoanalysts, has often been the basis of the occlusion of the possibility of agentic action on their own lives."

Above, I argued that psychological theory stands at the fulcrum between the modernist worldview that presupposes universality and objectivity and the rise of a postmodern worldview marked by the claim that our conception of reality is constituted by the discourses and theories that are produced in the social realm. Because they are situated at the site of this epistemic shift, psychological theories are marked by ambivalence. On one edge of this divide, psychoanalysis posits universal narratives of human development, exercises normative assumptions in regard to gender and sexuality that allow for clinical violence, and presupposes the capacity of the psychoanalytic researcher or practitioner to assume an objective viewpoint; on the other edge, in light of its appreciation of unconscious distortions psychoanalysis provides a rich theory of the complexity of human existence supports the particularity and multiplicity of social construction theory. Narrative psychological theory also straddles this epistemic shift. From the side of social construction, narrative counseling appreciates the pervasive power of the social realm to set the terms by which we understand the world around us and it develops clinical practices to help others develop new perspectives to resist that pervasive power. In doing so, however,

narrative therapy refuses psychoanalytic perspectives that could help to describe the complex multiplicity of distortions in life and paints a picture of human beings who seem to be able to navigate complex and contradictory social spheres with ease. In this flattening of experience and of discourse, narrative therapeutic theories echo modernist claims of a human capacity to avoid the messy entanglements of social discourses.

Negative Theology and the Limits of Discourse

Psychological theories are limited by a fundamental ambivalence—an ambivalence they continually seek to deny or minimize. This creates challenges in both theory and practice for practitioners utilizing such theories. Pastoral counselors, however, have another theoretical discourse at their disposal, a theological discourse. In making this claim, I am fully aware that theological discourse exhibits a similar kind of ambivalence to that complicating psychological theory. There is, however, a crucial difference for theology. There is a genre internal to theological discourse that provides a way for thinking about ambiguity, complexity, and the limits of human knowledge and language (including theological knowledge and language). In contrast, the challenges that social construction theory presents to psychological discourse are external to the discourse itself. In the Christian tradition, this genre of theological discourse is known as negative theology, or the apophatic tradition.

Apophatic theology reminds us that Christian discourse and the Christian God are distinct. As such, no doctrine plumbs the full depths of God because any doctrine is a product of language and language derives from human intellect and human social structures. No human discourse—including theological discourse—is adequate for fully narrating the fullness of God. The apophatic tradition negates the claims of any theologies, not because they are necessarily

false but because they will never be complete. Negative theology is integral to Christian theological language because it reminds us of our propensity for idolatry and self-interest. In making this point, Mark Jordan (2003) says: "Negative theology is neither a grammatical caution nor a fringe phenomenon. It is an event that rewrites Christian theology from scriptural exegesis through systematics to liturgy or pastoral care. It confronts the whole of Christian theology with the clear-eyed reminder that human languages cannot say who God is or what God does, even (or especially) when they are truly sanctified."

Systematic theologians routinely analyze the apophatic tradition in light of the formulation of doctrine. In doing so, they describe negative theology as an afterthought to the systematic theology they have endeavored to articulate. For its earliest authors, negative theology exists not merely as a footnote offered in the midst of endless pages of systematic theological refection. Rather, these authors wrote of the fundamental failure of language as the soul moved deeper and deeper into the presence of God. The genre we have now systematized as the apophatic tradition was first written as testimony to the mystery of God's call. Negative theology, then, could be understood more as a spiritual practice than as a theological discourse; in that light, it is a practice of reflecting on God's love that undoes the very language human beings have concocted to describe that love. It serves as contagion to the seeming fixity of any theological writing that forgets (or denies) its own contingency and historicity.

For pastoral counseling, reflecting on the call of God from an apophatic perspective reveals the ways in which a response to that call calls us past safety and security and certainty. Such a call, however, as unsettling as it may be, is also revelatory. When God calls us past the certainty and safety of what we know—the very frames of reference that block us from God— that call allows us to encounter God more fully. In such an encounter, when we literally come

back our senses, we are changed. Our language is different. Our understandings are different. Our sense of self is different. Our testimony of the love of God is different. An encounter with God changes us; pastoral counselors would do well to reflect on this capacity for change when they reflect on their pastoral practice.

From Theory to Practice

Negative theology can be revelatory for pastoral counseling because it provides a way for reflecting on and narrating one's experience of the divine, an experience that unsettles our vision of the world. In my pastoral counseling work with Jeffrey, we have employed negations on numerous occasions.

I have seen Jeffrey for weekly pastoral counseling for approximately seven months. Jeffrey is a devout Roman Catholic layperson in his mid-fifties. He struggles with symptoms of depression and compulsive thoughts. Jeffrey also sees a psychiatrist for regular assessment of his psychotropic medication regimen and the psychiatrist and I are free to consult in regard to our concerns, hunches, or insights. Over the course of our sessions, Jeffrey and I have established a strong therapeutic alliance—he never misses sessions and is invested in the process—and we are now moving from supportive therapy into insight-oriented reflection.

At various times over the last six months, I have asked Jeffrey about the place of negations as he struggles with loneliness, endeavors to resist the temptation to project a "happy façade" to others when he feels empty, and worries about meeting the various demands of his consulting business. Jeffrey came to see me, in part, because he could not make sense of his life from his own perspective. Psychological theory—specifically self psychological theory—has proven helpful in reminding me of the importance of an empathic attunement to encourage

Jeffrey to venture beyond his façade. Narrative therapy has proven helpful in providing Jeffrey with some concrete tools to understand the power he has over the problems he encounters. Jeffrey has explored deep places of grief in our sessions—his father's illness and death during Jeffrey's early childhood, his regret over deep passions and joys in his life that were deferred in order to "be responsible", a long-term relationship of deep love and camaraderie that recently ended—and psychological theories have indeed been helpful in exploring these dimensions of Jeffrey's life.

Spiritual reflection has also been invaluable in exploring the ramifications of Jeffrey's life history. Jeffrey loves his tradition even as he expresses great sadness over the current state of the church and his own disagreements with official church teaching. At times, Jeffrey displays an intuitive awareness of God's presence and speaks of it with genuine wonder; at other times, he feels alienated from God and describes the aridity of his spiritual life. The shift from the psychological to the spiritual occurs regularly with Jeffrey as we explore his past experiences, life today, and wishes for the future.

Three weeks ago, Jeffrey was angry and frustrated. He felt as if his depression were worsening and deepening and he was mad at his seeming powerlessness to stop it. He recounted an incident in which he inexplicably became enraged. As he pulled into an underground parking garage for an office building in downtown Atlanta, Jeffrey rounded a corner and found a woman facing him in his lane, sitting in her car. She motioned for Jeffrey to back up and he was able to read her mouthed words that there were no more spaces in that section. Jeffrey was furious. Why was she in his lane? How did she know there were no more spaces? He shifted the car into reverse, gunned the engine and retreated back down around the corner to another section of the garage. Jeffrey wanted to know why he was so mad at her when all she was doing was trying to

help.

As the session progressed, Jeffrey expressed more and more frustration. What wasn't he seeing? What did he need to do he wasn't currently doing? What was he doing wrong that he needed to fix? Why was he still lonely and what did he need to do to snap out of it? I asked Jeffrey if he might be asking the wrong questions (a risky move given his litany of wrong actions). It seemed to me that part of what Jeffrey was asking was not what he needed to do better but what he needed to give up. What was standing in the way? What kinds of anxieties contributed to his façade? What kinds of commitments in his work stood in the way of his exploring his deepest passions? What kinds of responsibilities took precedence over his finding delight and joy in God and in his life?

Jeffrey sat silent on the sofa for a minute or so. And then he said that he thought God was sitting in the middle of his lane, motioning him to back up and choose another route. There was no longer any space for him. "For so long I've thought that my faith was calling me to resist the things that bring me deep joy because they must be idolatrous. But the idol I've been worshipping is the god—a little "g" god—of empty responsibility and efficiency. The real God—the God I love and have forgotten—is calling me forward. But in calling me forward, God is calling me to give some things up. They are the things that are preventing my journey toward God."

There are undoubtedly psychological perspectives that could be utilized to interpret this conversation. For Jeffrey, however, the language that made sense—the understanding that allowed him to change course—was spiritual language, a language of moving past what he thought he knew, an apophatic experience. Pastoral counselors should utilize psychological perspectives to inform and interpret their work; they should also utilize the apophatic elements of

their own theological traditions.

     Social discourses shape us; they shape our perspectives and our self-understandings. Modernist theories that served as a foundation for much contemporary pastoral theology are limited for helping us navigate those discourses. In response, pastoral theologians and practitioners have turned in increasing numbers from psychology to other social sciences. John Patton described that turn as a move from the clinical to the communal/contextual. That turn anticipates a fundamental shift in the nature of knowledge, an epistemic shift. The apophatic tradition in theology can assist pastoral theologians in navigating that shift.

References

Capers, R. (1999). *A Mind of One's Own.* New York: Routledge.

Drewery, W. et.al. (2001). *Narrative Therapy in Practice: The Archaeology of Hope*, reviewed by Wendy Hollway. A reply on behalf of the editorial team by Wendy Drewery. In *Journal of Community and Applied Social Psychology* 11, 323-324.

Freedman, J. and Combs, G. (1996). *Narrative Therapy: The Social Construction of Preferred Realities.* New York: Norton.

Freud, S. (2000). Three essays on the theory of sexuality. New York: Basic.

Hollway, W. (2001). [Review of the book *Narrative Therapy in Practice: The Archeology of Hope*]. *Journal of Community and Applied Social Psychology*, 11(4), 321-323.

Jordan, M. (2003). *Telling Truths in Church.* Boston: Beacon Press.

Kohut, H. (1996). *The Restoration of the Self.* Madison, CT: International Universities Press, Inc.

Patton, J. (1993). *Pastoral Care in Context: An Introduction to Pastoral Care.* Louisville:

Westminster/John Knox Press.

Richer, P. An introduction to deconstructionist psychology. In S. Kvale (Ed.), *Psychology and*

Postmodernism. (pp. 110-118). London: SAGE Publications.

The Larger Self [1]

Richard Schwartz, Ph.D.[2]

We all know about those luminous moments of clarity and balance, in our own lives and in those of our clients, which come briefly now and again. However we get there, we suddenly encounter a feeling of inner plenitude and open heartedness to the world that wasn't there the moment before. The incessant nasty chatter inside our heads ceases, we have a sense of calm spaciousness, as if our minds and hearts and souls had expanded and brightened. Sometimes, these evanescent experiences come in a bright glow of peaceful certainty that everything in the universe is truly okay, and that includes us—you and me individually—in all our poor struggling, imperfect humanity. At other times, we may experience a wave of joyful connection with others that washes away irritation, distrust, and boredom. We feel that, for once, we truly are ourselves, our real selves, free of the inner cacophony that usually assaults us.

For much of my life, the closest I'd come to actually experiencing this kind of blissful oneness was on the basketball court. Over the years I'd become addicted to basketball because

---

[1] First published in Psychotherapy Networker, May/June 2004

[2] After earning his Ph.D. in Marriage and Family Therapy from Purdue University, Dr. Schwartz began a long association with the Institute for Juvenile Research at the University of Illinois at Chicago, and more recently at The Family Institute at Northwestern University, attaining the status of Associate Professor in both institutions. He is Fellow of the American Association for Marriage and Family Therapy, author of the book, Internal Family Systems Therapy[SM], and co-author of Family Therapy: Concepts and Methods, the most widely-read family therapy textbook. He has co-authored the books, The Mosaic Mind: Empowering the Tormented Selves of Child Abuse Survivors and Metaframeworks: Transcending the Models of Family Therapy. He has written more than forty articles on various psychotherapy-related topics and is on the editorial board of four professional journals. As a teacher, Dr. Schwartz is known for his warmth, sensitivity, and clarity, and has sought to embody the principles of the IFS Model and the spirit of Self leadership.

of the fleeting moments when I entered into a state in which my inner critics disappeared and my body seemed to know just what to do. I had total confidence in my abilities and experienced a sense of joy and awe at being spontaneously in the moment.

When I became a family therapist, I longed to experience something similar in sessions with my clients. Instead my work seemed hard, frustrating, and draining. I believed that it was up to me to restructure families—to use the force of my personality to pry apart enmeshed relationships and open up blocked communication patterns. I thought I needed to change clients by pure force of intellect and will. I had to come up with reframes for their symptoms, solutions to their problems, and new perspectives on their dilemmas. And then I had to find a way to motivate them to do the homework I gave them, and to not feel totally frustrated when they didn't. All this responsibility for creating change, and doing it quickly, not only precluded any peak experiences in my work, it was burning me out.

Then in the early 1980's, I began noticing that several clients with eating disorders described extensive internal conversations with what they called different parts of themselves when I asked about what happened inside them to make them binge and purge. I was intrigued. I had one client, Diane; ask the pessimistic voice she was describing why it always told her she was hopeless. The voice responded that it said she was hopeless so that she wouldn't take any risks and get hurt; it was trying to protect her. This seemed like a promising interaction. If this pessimist really had benign intent, then Diane might be able to negotiate a different role for it. But Diane wasn't interested in negotiating. She was angry at this voice and kept telling it to just leave her alone. I asked her why she was so rude to the pessimist and she went on a long diatribe, describing how that voice had made every step she took in life a major hurdle.

It then occurred to me that I wasn't talking to Diane, but to another part of her that constantly fought with the pessimist. In an earlier conversation, Diane had told me about an ongoing war inside her between one voice that pushed her to achieve and the pessimist who told her it was hopeless. Could it be that the pushing part had jumped in while she was talking to the pessimist?

I asked Diane to focus on the voice that was so angry at the pessimist and ask it to stop interfering in her negotiations with the pessimist. To my amazement, it agreed to "step back," and Diane immediately shifted out of the anger she'd felt so strongly seconds before. When I asked Diane how she felt toward the pessimist now, it seemed like a different person answered. In a calm, caring voice, she said she was grateful to it for trying to protect her, and felt sorry that it had to work so hard. Her face and posture had also changed, reflecting the soft compassion in her voice. From that point on, negotiations with the inner pessimist were easy.

I tried this "step back" procedure with several other clients. Sometimes we had to ask two or three voices to not interfere before the client shifted into a state similar to "Diane's, but we got there nonetheless. When they were in that calm, compassionate state, I'd ask these clients what voice or part was present. They each gave a variation of the following reply: "that's not a part like those other voices are. That's more of who I really am. That's my Self.

I've devoted the ensuing two decades refining methods for helping clients to release this state and to get in this state myself, for I've found that the most important variable in how quickly clients can access their Selves is the degree to which I'm Self-led. When I can be deeply present to my clients from the core of my being, free from anxiety about how I'm doing, or who's in control of the therapy, or whether the client is following the correct

therapeutic agenda, clients respond as if the resonance of my Self were a tuning fork that awakens their own. It's this deep, true, and faithful presence of the therapist—without portfolio or baggage—that every client yearns to connect with.

The Self in the consulting room

I'm meeting for the first time with an anorexic client, Margie, in a residential treatment center where I'm a consultant. She's fought with her anorexia for 19 years, and has found that whenever she starts feeling better about herself, she stops eating. Before the session, I focus on my internal world—to center myself. I hear a familiar voice of fear saying that she's obviously very fragile and I shouldn't do anything to upset her. I tell that part of me that I'll be sensitive to her condition, and ask that it trust me and let my heart open again. I focus on my heart and sense the protective crust that had enveloped it as I approached the time of the session melt away. I can feel more sensation now in my chest and abdomen, with a vibrating energy running through my limbs. I feel calm and confident as Margie enters the office and sits down.

She looks like a cadaver and has a feeding tube in her nose. Her movements are controlled and rigid. She eyes me warily. At once, I feel great compassion for her and respect for the parts of her that don't trust me and may not want to work with me. I'm not invested in a certain outcome for this session. I'd like to help her, but I'll be fine if she chooses not to let me in. I'm curious about what her anorexia has been up to all these years, yet I am certain that it has good reasons for doing this to her. I feel the energy in my body extending nonverbally through my heart toward her, and trust that at some level she can sense it. I'm confident that, if I can remain in this state, whatever is supposed to happen will—I don't have to make anything happen.

I introduce myself and tell her that I'm good at helping people with the parts of them that make them not eat. I ask Margie where she finds that voice of anorexia in her body and how she feels toward it. She closes her eyes and says it's in her stomach, and she's angry at it. She says that it tells her that it's going to kill her and that there's nothing she can do about it. I feel a jolt of fear clenching my gut and hear a familiar inner voice saying, "It's determined to kill her and is succeeding. What if you say something that makes it even more determined!" Again, I quickly reassure the fear with words like, "Trust me. Remember that if I stay present something good always happens." My abdomen immediately relaxes and the soft, flowing energy returns to my body.

In a calm, confident voice I tell Margie, "It makes sense that you're angry with the eating disorder part, because its avowed purpose is to screw up your life or even kill you. But right now, we just want to get to know it a little better, and it's hard to do that when you're so angry with it. We're not going to give it more power by doing that—just get to know more about why it wants to kill you. So see if the part of you that's so angry with it is willing to trust you and me for a few minutes. See if it's willing to relax to maybe watch as we try to get to know the eating disorder part." She says okay and when I ask how she feels toward the eating disorder now, she says she's tired of battling with it. I

have her ask that part to relax and step back too, and then another part that was very confused by the disorder. Remarkably for someone in her condition, each time she asks a part to step back, it does. Finally, in response to my question of "how do you feel toward the eating disorder now?" she says in a compassionate voice, "Like, I want to help it".

The moment in a session when a client suddenly has access to some degree of Self always gives me goose bumps. Up until then I'd had to repeatedly reassure my fear and my

own inner pessimist, who, as each new part of Margie's took over, were sure I could never get access to the Self of someone who was so emaciated and symptomatic. At the point that her own compassionate Self emerged, all my parts could relax and step back because they knew from experience that the rest of the session would go smoothly.

How did I go from often dreading doing therapy, hoping clients would cancel, and feeling chronically depleted, to enjoying therapy as a spiritual practice filled with experiences of connection and awe-inspiring beauty? How did I come to be as refreshed after an intense therapy session as if I'd been meditation for and hour? How did doing therapy come to replace playing basketball as my greatest source of that flow feeling?

The short answer is that over the years, I've come to trust the healing power of what I'll call the Self in clients and in myself. When there's a critical mass of Self in a therapy office, healing just happens. When I'm able to embody a lot of Self, as was the case with Margie, clients can sense in my voice, eyes, movements, and overall presence that I care a great deal about them, know what I'm doing, won't be judging them, and love working with them. Consequently, their inner protectors relax, which releases more of their Self. They then begin to relate to themselves with far more curiosity, confidence, and compassion.

As clients embody more Self, their inner dialogues change spontaneously. They stop berating themselves and instead, get to know, rather than try to eliminate, the extreme inner voices or emotions that have plagued them. At those times they tell me, they feel "lighter," their minds feel somehow more "open" and "free." Even clients who've shown little insight into their problems are suddenly able to trace the trajectory of their own feelings and emotional histories with startling clarity and understanding.

What's particularly impressed me in those moments isn't only that my clients, once they've discovered the Self at the core of their being, show characteristics of insight, self-understanding and acceptance, stability and personal growth, but that even disturbed clients, who'd seem to be unlikely candidates for such shifts so often are able to experience the same qualities. The accepted wisdom in the field during my training was that clients with truly terrible childhoods—relentless abuse and neglect—resulting in flagrant symptoms needed a therapist to construct functioning egos for them, virtually from scratch; they simply didn't have the psychological wherewithal to do the job themselves. But even those clients, once they experienced a sense of their own core, began to take over and acquire what looked like real ego strength on their own, without my having to shovel it into them. And yet, almost no Western psychological theories could explain where this newfound and quite amazing ability to contain and understand their inner turmoil had come from.

The more this happened, the more I felt confronted by what were in essence spiritual questions that simply couldn't be addressed in the terms of problem solving, symptom-focused, results-orientated, clinical technique. I began my own novice's exploration into the literature of spirituality and religion and discovered a mother lode of esoteric writings by sages, holy seekers, wise men and women, who emphasized meditative and contemplative techniques as a means of coming to know their Self. ("Esoteric" here means not exotic or far out, but derives from the Greek esotero, which means "further in.") Though they used different words, all the esoteric traditions within the major religions—Buddhism, Hinduism, Christianity, Judaism, Islam—emphasized their same core belief: we are sparks of the eternal flame, manifestations of the absolute ground of being. It turns out that the divine within— what the Christians call the soul or Christ Consciousness, Buddhists call Buddha Nature, the

Hindus Atman, the Taoists Tao, the Sufis the Beloved, the Quakers the Inner Light—often doesn't take years of meditative practice to access because it exists in all of us, just below the surface of our extreme parts. Once they agree to separate from us, we suddenly have access to who we really are.

I have also found, however that the most important variable in how quickly clients can access their Self is the degree to which I am fully present and Self-led. It's this presence that constitutes the healing element in psychotherapy regardless of the method or philosophy of the practitioner.

Obstacles to Self-Leadership

Yet being Self-led with clients isn't easy. There are so many ideas we're taught about clients and about doing therapy that fuel our fears and keep us distant. The DSM-IV keeps our focus on our client's scariest and most pathological aspects. Our training encourages us to constantly monitor ourselves to avoid doing anything unprofessional, such as letting clients know how we feel about them or what our life is like. We stay on guard to ensure that clients don't violate our clinical boundaries or peek behind our professional masks.

In addition to the way we learn to view and relate to clients, we also bring lots of personal baggage into our offices that's easily triggered by their stories or behavior and is another source of disconnection. We have to deal with these in order to work from our Self. For example, in the early years of my work with sexual-abuse survivors, I'd encourage them to embrace the terrified, young parts of them that were stuck in the time during the abuse. As my clients emotionally described the horrific scenes they were witnessing, I'd listen for a while, but then find myself distracted by daydreams or thoughts about what I needed to do that evening. Since they were so absorbed in their inner worlds, I assumed that it didn't matter

much if I checked in and out during that work, despite the occasional complaint from one of them that I didn't seem to be totally present.

Only when a compelling personal crisis drove me into therapy and I spent a year and a half in my therapist's office, crying much of the time, did I finally get to know the sad, humiliated, and terrified young parts of me that I'd spent my life trying to keep buried. As I helped those vulnerable boys, the voices that protected them also quieted down. The arrogant intellectual, the angry rebel, the driven careerist, even the contemptuous and harping self critics telling me how inadequate I was, all of them found new roles.

After that, I found that I can stay with my clients even when they're in intense pain, because I'm no longer afraid of my own. If I notice myself beginning to drift off, I can remind the distracter that I no longer need it to help me that way, and I'll immediately snap back. These days, my clients take more risks, entering the inner caves and abysses they used to circle around, because they sense that I'll be with them through the whole journey. And staying with them provides continued opportunities to visit and embrace again the vulnerability they stir in me, affording me a full appreciation of their courage, along with their terror and shame. Increasingly, I find tears of compassion and then joy flooding my eyes in the middle of sessions, and I'm less afraid to let clients see those tears and know how much I care. Of course, none of this is as simple as I'm making it sound. It's an open secret, known to any halfway honest therapist, that our clients stir up in us as many unruly feelings, thoughts, prejudices, negative associations, and untoward impulses as we stir up in them. Not only are we as susceptible to the crosscurrents of contagious emotions typical of almost any human interaction as anybody else of our species, but we have certain vulnerabilities unique to our field. For one thing, we're supposed to be perfect—in session at least—mature, selfless,

perceptive, calm, lucid, kind, hopeful, and wise no matter how nasty, hostile, self-centered unreasonable, childish, despairing, and uncooperative our clients are.

I'm sitting with a client, who's complaining (as she frequently does) in a high-pitched, whiny voice about how hard her life is. I feel a sharp stab of annoyance. She's very rich, has numerous servants, and spends much of her time shopping and attending to her elaborate social life. Today, she's unhappy with the antique vase in her living room that she just spent $20,000 on. I, on the other hand, am a poor, hard-working therapist, who has to put in killer weeks to make sure my kids have their college tuition. Somewhere inside I know that she was neglected and ignored as a child, and that part of her is still that lonely little girl crying for someone to pay attention. But right now, I have the urge to scream at her to shut up and quit whining. How do I reclaim my inner balance when this mean, little voice of righteous indignation so powerfully insinuates itself into my consciousness?

On another day, I'm seeing a couple—both highly successful, perfectionist, ambitious. The man, particularly, comes across as very sure of himself, overbearing, argumentative. He's that way in his family, which is one reason the couple isn't getting along. I sense a part of him that can't stand being "one down" with anyone, me included, so the tone of the conversation tends to become rivalrous. I feel myself taking the bait, beginning to get caught in a slightly competitive footing with him as I counter his arguments with my own. What can I do right now to keep this from turning into a power struggle that will make us both losers?

A beautiful, young woman comes in for her first session. I find myself looking at her more than I would other clients, and a romantic, sexualized fantasy pops into my skull. Because I see a population that includes many survivors of sexual abuse, I've become sensitized to the damage to her trust in me this kind of energy can do. I know from experience

that berating myself for these fugitive incursions doesn't much help—I end up expending more energy trying not to feel what I feel than paying attention to the client. So how do I stop objectifying her enough to reconnect?

With all the intense provocations to which we're subjected day in and day out, we need to find a way to keep ourselves firmly grounded and openhearted. Without being tossed about by our own reactive emotions. We have to be able to tap into something at the very core of our being that provides a deep keel for our sailboat in the storm, so we can ride the roiling waves without being submerged by them. We can't become centered in what I call the Self— the deep ground of our being—by trying to flatten, suppress, deny, or destroy the feelings we don't like in ourselves or others. To experience the Self, there's no shortcut around our inner barbarians—those unwelcome parts of ourselves, such as hatred, rage, suicidal despair, fear, addictive need (for drugs, food, sex), racism and other prejudice, greed, as well as the somewhat less heinous feelings of ennui, guilt, depression, anxiety, self-righteousness, and self-loathing. The lesson I've repeatedly learned over the years of practice is that we must learn to listen to and ultimately embrace these unwelcome parts. If we can do that, rather than trying to exile them, they transform. And, though it seems counterintuitive, there's great relief for therapists in the process of helping clients befriend rather than berate their inner tormentors. I've discovered, after painful trial and much error at my clients' expense, that treating their symptoms and difficulties like varieties of emotional garbage to be eliminated from their systems simply doesn't work well. Often, the more I've joined clients in trying to get rid of their destructive rage and suicidal impulses, the more powerful and resistant these feelings have grown—though they've sometimes gone underground to surface at another time, in another way.

In contrast, these same destructive or shameful parts responded far more positively and became less troublesome, when I began treating them as if they had a life of their own, as if they were in effect, real personalities in themselves, with a point of view and a reason for acting as they did. Only when I could approach them in a spirit of humility and a friendly desire to understand them could I begin to understand why they were causing my clients so much trouble. I discovered that if I can help people approach their own worst, most hated feelings and desires with open minds and hearts, these retrograde emotions will be found not only to make sense and have a legitimate purpose in the person's psychological economy, but also, quite spontaneously, to become more benign.

I've seen this happen over and over again. As I help clients begin inner dialogues with the parts of themselves holding horrible, antisocial feelings and get to know why these internal selves express such fury or self-defeating violence, these parts calm down, grow softer, and even show that they also contain something of value. I've found, during this work, that there are no purely "bad" aspects of any person. Even the worst impulses and feelings— the urge to drink, the compulsion to cut oneself, the paranoid suspicions, the murderous fantasies—spring from parts of a person that themselves have a story to tell and the capacity to become something positive and helpful to the client's life. The point of therapy isn't to get rid of anything, but to help it transform.

As I discovered the nature of the extreme parts of my clients and increasingly was able to trust their healing Self, I became liberated. I no longer had to come up with the answers for people or wrestle with their impulses. It was like I'd been the engine of a powerboat straining to push therapy through dark storms and over big waves and then, suddenly, I could climb inside, put up a sail, and let a wise and gentle wind carry my clients and me to destinations I

couldn't have predicted. At first, it was hard to give up the sense of control over what would happen and what goals would be achieved in sessions. But now I love the adventure of it all. It's easy to go with the flow when you really trust the flow.

Once that boulder of responsibility was lifted off my shoulders, I found that I could breathe again. Being able to drop my guard, as well as my inner diagnoses, strategies, pushers, and motivators, I could enjoy being the person I am. Ironically, clients enjoy me more, and resist me less when I'm in this way, too—sensing my authenticity and lack of agenda. Clients come to love the Self-to-Self connection they feel when I'm really present.

But it's hard to maintain that kind of presence. In addition to the parts that your clients trigger, your outside life has a way of doing that, too. The painstaking work of developmental researcher John Ottoman has shown that it's the capacity to repair the inevitable ruptures with those we love that constitutes successful intimacy and relationship. The same is true in our relationship with our clients. Therapy is virtually never a lovely, unbroken pas de deux between therapist and client. More often it's a series of minor fender benders and close calls, punctuated by the occasional bad wreck. Clinical work progresses via ruptures— misunderstandings, confusion, subtle conflicts, power plays, and disappointments within and between client and therapist—which are then repaired. And it's through this process of rupture and repair that therapeutic advances are made.

But therapists sometimes forget that it isn't only the client who misunderstands and reacts. Those of us who use this therapeutic approach have an axiom: whenever there's a problem in the therapy a part is interfering, but you don't know whose it is. Sometimes it's a wayward angry, scared, or deluded aspect of the client that's been triggered. But it's equally

likely that a protector of the therapist has taken over without his or her awareness, and that the client is reacting to the breach in their connection.

The healing Self in action

How can we, with all the intense provocations to which we're subjected day in and day out, keep ourselves firmly grounded and openhearted? To do this, we have to be able to tap into something at the core of our being.

I meet Marina, a sexual-abuse survivor, at the door for her regular session, and I know instantly that she's really furious with me. "You were completely spaced out with me during the last session—not present at all," she hurls at me, before going into a tirade about how cruel I was to lure her into a vulnerable emotional state and then abandon her. "You're one heartless bastard!" she spits out in summation.

Being faced with an enraged woman, particularly one who's angry with me has always aroused a cacophony of alarm bells in my head and sent electric shocks through my body. At the moment, I nod sagely, trying to look calm and stalling for time, until I can breathe again and marshal a response. One inner voice instantly bursts forth with, "Well, abuse survivors always blame their therapists sooner or later. This is all just projection—you've finally become her perpetrator!" Another irate member of my internal family chimes in, "What an ingrate she is! You've cut your fee for her and see her at odd hours, and look how she treats you!" An inner hysteric begins shouting, "Oh, my God, she's a borderline who'll ruin your career! Danger! Danger!" Then my various inner critics weigh in with their take on the subject: "Well, she's probably right. You probably did zone out on her. Why can't you really be there for your clients? What kind of therapist are you, anyway? Maybe you should go into some other line of work." Years ago, one of those parts would have taken over and I would

have gone into heavy-duty defensive mode—minimizing her feelings, taking a condescending tone of clinical wisdom to subtly let her know that she must be mistaken. Or I might have apologized but not in a heartfelt way, which would just have fueled her rage. Or I might have become one of my inner critics and begun overzealous mea culpa, apologizing effusively, letting her know that what I did was unforgivable.

But now, I quickly quiet these inner parts, asking them to step back and just let me listen to what she's saying. Whereas before I'd feel spacey, out of control, as if various aspects of Dick Schwartz were being catapulted from one side of the room to the other, now I remain deeply and solidly in my body—literally, embodied. I suddenly feel myself spontaneously shifting out or that frozen place, relaxing, and opening myself up to her. And now I can sense the pain behind her words, so I don't have to meet the attack itself head on, or mollify it.

Instead, because I can see the little hurt child in there, I can talk to that child from my heart, convey my sincere regret for the pain she feels. "I can see something happened in the way I was with you last time that made you feel bad," I say. "I don't remember what happened, but I can see it felt very hurtful and I'm sorry. I know I do have a tendency to drift off occasionally, but I'll keep closer eye on it and take it more seriously." She calms down immediately because she knows I'm not trying to correct her, placate her, change her mind, or get her to see things my way. The entire conversation shifts to another level, because she feels truly heard and seen. A repair is made and we have the opportunity to work with the parts that felt so angry and hurt by me.

I'm usually able to quickly calm those protectors of mine not just because this technique of asking them to step back is so effective, but also because I've done other work to

get my inner parts to respond to my requests. I've become less affected by the rage of others because I've spent time holding and healing some of the young, vulnerable, childlike parts of myself that used to become so terrorized by people's angry eruptions. Since I'm less easily hurt, my inner defenders and critics have less to protect. I've also had lots of practice demonstrating to those protective parts how much better things go when they let me—my Self—lead.

In training programs, we've devised an exercise in which one person role plays a client who provokes the therapist until a part takes over. Then the therapist finds and works with the part and asks it to let his or her Self stay present even in the face of the provocation. The more my inner family members have witnessed the power of my Self-leadership, in practice sessions and in everyday life, the more they've become willing to step back and trust me to deal with situations that they used to automatically take over.

In this process, I've tried to let my most disturbing clients become my best teachers. They're my tormentors—by tormenting they mentor me because they trigger key wounds and defenses that I need to heal. Also, they present ample opportunities for me to see what happens when I don't take the bait and, instead, remain Self-led. In this age of highly technical therapies, manualized methodologies, pharmaceutical propaganda, and, of course, the managed-care-generated atmosphere of therapy-lite, it's hard to remember the healing potential of your openhearted presence. And yet, patiently being with clients from the deepest core of ourselves is the most important resource we have to offer. I've learned that if I fully trust the power of my Self, I can also trust the power of my client's Self. If I can show up with confidence, and compassion, and curiosity, my client, eventually, will show up, too, and we

can spend much of our time together with a river of energy flowing between us. When that happens, we both heal.

Once you've attuned with your client, the session begins to flow, and there's an almost effortless quality to the work, as if something magical were unfolding almost by itself. I don't even think about what I'm going to say—the right words just come out, as if something were speaking through me. Afterward, I'm full of energy, as if I'd been meditating for an hour rather than doing hard, demanding, clinical work. In a sense, of course, I've been in a state of meditation—a state of deep mindfulness, full-bodied attention, centered awareness, and inner calm. And even after all these years, I still have the sense of being witness to something awe inspiring, as if the client and I both were connected to something beyond us, much bigger than we are.

Stories that Hurt and Stories that Heal: A Phenomenological Investigation of Healing after An Affair

Wayne Perry, Ph.D.[1]

Abstract The author conducted a phenomenological investigation of a sample of his own clients to answer the question, why do some people choose to stay married following an affair, while other people chose to end the marriage. Using a retrospective analysis of clinical records, the author uncovered common themes in both groups. There was, however, one significant difference that predicted which way the couple would decide. Based on this discovery, the author makes some suggestions for clinical practice with couples following an affair.

Key Words Affairs – Adultery – Phenomenology – Clinical Skills

Introduction

Since 1991, approximately 60 percent of my marriage therapy counseling appointments have been precipitated by an affair. Some of these affairs ended in divorce. Some of them resulted in not only reconciliation but also actual strengthening of the marriage. All of them began with profound feelings of hurt and betrayal on the part of the offended spouse, and many of them also included expressions of hurt on the part of the offender. While I have had a clinical intuition about what makes the difference, until I began this study, I had no real data on what made the difference in the outcomes. The person of the therapist is a relevant variable, but in all of these

---

[1] Wayne Perry, DMin, LMFT Approved Supervisor
Professor, School of Human Services
Regions University (Formerly Southern Christian University)
Clinical Programs Director

cases, I was the only therapist involved, so that constant could not explain the different outcome. Similarly, since I always applied the standard treatment that I had learned through various books and workshops, the style of therapy was a constant and could not explain the difference. Given that all of my cases where there was an affair as the presenting issue began with profound hurt, and that the person of the therapist and the style of the therapy were constant, why did some of these heal and others of them not? I began this investigation to answer that question.

I wanted to do a phenomenological investigation, that is, an investigation of the subjective experience of those whose experience is being described. To the extent possible, I wanted to use the client's language and the client's meaning as my guide, and impose as little of my own preconceptions as possible. Throughout the investigation, that was been my organizing principle. Therefore, I began with reading the selected client session notes, followed by a review of relevant literature to better understand what I was discovering.

This article begins with that review and then furnishes a brief explication of the methodology employed for this research. Following the methodology section, I describe the results and offer some suggestions for further investigation.

Review of the Literature

The first thing I did after selecting the clients whose stories I would use was to read the session notes several times. My sole purpose at this point was to gain a sense of the phenomena I would be investigating. From this reading, I discovered that clients used "affair" and "adultery" synonymously, so I decided that I would as well. To gain a deeper understanding of these terms, I began a search of literature across different time periods and different cultures to see if my clients' stories were consistent with others experiences. They were.

Adultery has been universally condemned throughout history, though just how one defines "adultery" has undergone several changes. In Western society, perhaps the most famous statement is the simple, but powerful, words from the Hebrew Scriptures: "You shall not commit adultery" (Exodus 20:14). Even people who cannot cite the reference know this is one of the famous Ten Commandments which Christian and Jewish traditions believe were handed down directly from God. For example, one of my clients, an offended spouse who did not consider herself particularly religious, glared at her husband and through clinched teeth said, "You are not supposed to commit adultery! That's just wrong!" Yet in the Hebrew Scriptures, "adultery" obviously did not presuppose a monogamous, sexually exclusive relationship. For example, King David eventually had more than eight wives (the Hebrew Scriptures do not give an exact number), plus many concubines, and there is no hint of condemnation of this arrangement. Abraham, whom both Jews and Christians consider the "father of the faith" and Muslims revere, had only one wife but he did father a child by Hagar, his wife's personal attendant (Genesis 16).   While this arrangement was eventually not a happy one for any of the parties, again, there is no hint of condemnation. In fact, others (Jacob, also known as Israel) followed this same basic pattern (Genesis 29-30). In the Hebrew Scriptures, concubines were female slaves who bore children for the family. Even though she was a slave, her children were considered "legitimate" and her sons might even become co-heirs (Babb, 1962). In essence, then, in Hebrew culture adultery was a violation of the husband's rights to have sole sexual possession of his wife or wives, and to ensure that all children (and thus heirs) were his (Babb, 1962).   Sexual liaisons that did not threaten this right, and which were not part of prohibited religious practices, were acceptable. Those who were convicted of adultery were to be killed (Leviticus 20:10).

Christian Scriptures took a similarly negative view of adultery, though the specific social situations were somewhat different. There are, for example, no explicit mentions of polygamous marriages in the Christian Scriptures. However, there are numerous instances of condemnation of adultery. For example, Jesus took the Exodus prohibition and expanded it to include not only the physical act but also continual inner thoughts or desires (Matthew 5:27-28). John 8 contains a famous story of a woman caught in adultery who is brought before Jesus. While Jesus does not condemn the woman, neither does he condone her behavior. He tells her, "Go and sin no more" (John 8:11). One interesting side note of this incident is that the religious authorities who drug the woman before Jesus did not produce the man with whom she was committing adultery. From this fact, we may reasonably conclude that at least in the early days of the Christian religion, adultery was still basically an offense of the woman against her husband. In other places in the Christian Scriptures, adultery is used metaphorically for religious unfaithfulness (e.g., 2 Peter 2:14). This metaphorical use of the term fits one of the dominant themes of the Christian Scriptures, that the believers are the "Bride of Christ" and God is the "husband" of the Church (e.g., Revelation 21:2).

Such condemnations of adultery are not limited to Judeo-Christian traditions, however. Even very different cultures took a similarly disapproving view of adultery. Ancient Egypt, for example, was much more sexually liberal than Hebrew society. Erotica featured prominently in Egyptian literature (Wood, 2001). Singles copulated relatively freely, and sex within marriage was seen as a good gift of the gods, who themselves practiced various forms of sexual expression (Seawright, 2003). Perhaps because Egyptians saw marriage as voluntary, even in this relatively liberal culture adultery was a very serious offense. While women typically received the more severe punishment, both genders were held accountable for the crime. Men caught in adultery

could be forced to divorce the woman to whom they were unfaithful, which had some serious social and financial consequences for the man. Women who committed adultery could suffer various punishments from having her nose cut off to being killed. (Seawright, 2003).

The ancient Greeks, especially the Athenians, were less open in their views toward sex. Women were frequently married shortly after they reached puberty, often to men several years their seniors. Marriage was primarily for the management and preservation of property, and for the production of children and future caregivers and heirs (Women in Athens, 2006). After marriage, women, at least in Athens, were expected to stay in the home and meet only with other women. In contrast to ancient Egypt, husbands and wives seldom appeared together in public. While husbands were free to practice homosexuality, take a mistress, or visit prostitutes, women were expected to stay home and care for the hearth and the children. Thus, adultery was essentially a crime against the husband, since the husband's extramarital sexual encounters were not called *moikheia* (adultery). If a wife committed this crime, her husband could be compelled to divorce her, which produced very serious social and economic consequences for her. For example, unless one of her male family members would agree to become her *kurios* (literally, lord or master)*,* she could potentially be forced to become a common street prostitute (*porne −* the word from which our English word "pornography" is derived) just to be able to survive. The husband was also free to deal with the adulterous male as he chose, and his reactions could range from killing or maiming the adulterous male, to taking him to court and extracting very severe financial penalties (Marriage (Ancient Greece), 2006).

Popular media in the West often picture ancient Rome as filled with orgies, and there is some evidence that this image has some basis in fact. Even so, marriage was taken seriously, at least after the days of Octavius (better known as Augustus). Augustus allegedly had numerous

extramarital affairs himself as a young man, but later in his life became so concerned about the negative impact of the rampant adultery among wealthy Romans that he passed some exceedingly stringent laws outlawing adultery. Indeed, Augustus' own daughter, Julia, was so blatant in her disregard for her father's new laws that Augustus had her banished for the rest of her life, and his successor, Tiberius, cut off her food ration (Roman Women, 2005). These so-called Julian laws (named for Augustus' exiled daughter) became one of the foundations of English Common Law, which, in turn, eventually become a foundational part of the American civil law (Pennington, 2006). While the harsher parts of these laws were soon overturned, at least in their early days men were not immune from their application. For example, when Polus, one of Augustus' favorite freedmen, was convicted of adultery, Augustus ordered him to commit suicide (Roman Women, 2005). Sex with prostitutes was a male prerogative and therefore not adultery, but to have sex with another man's wife was a very serious matter.

Islamic law, as already suggested, takes a very dim view of adultery, though perhaps not what many non-Muslims may think. There are many variations of *sharia* (literally, "the path to a watering hole") – the moral code or law which guides Muslims in living their obedience to Allah. All versions agree that *zina* (adultery) is a very serious offense. In fact, Chapter 24 of the Qur'an, Islam's holy book, explicitly instructs believers to whip those who are found guilty of adultery (Ontario Consultants, 2002). Some versions of *sharia,* following the teachings of the various Muslim holy men and scholars, teach killing the adulterous couple, though, according to Amnesty International, this penalty is rarely actually carried out even in countries where it is the official law. Indeed, one Muslim scholar claims it is applied only for one who is "a hardened and habitual sinner who is a perpetual disturber of the peace of society" (Tariq, 1999). Other versions of *sharia* follow a strict interpretation of the Qur'an and allow only 100 lashes of

moderate intensity (Tariq, 1999).   The penalty, whether stoning or whipping, is to be applied to both parties to the adultery. Even so, *sharia* does allow for a man to have more than one wife. Clearly, it is sex outside of marriage, and not just having more than one sexual partner, which is *Hada* (strictly forbidden) and therefore subject to strict punishment.

People in Hindu countries do not have to face stoning or whipping, but they are subject to social ridicule and public disgrace. Women, as has frequently been the case throughout history, face the most severe punishments, especially married women of the upper castes. Yet, like the ancient Greek and Egyptian religions, the Hindu religion contains stories of the gods themselves engaging in adulterous thoughts and actions (V. Jayaram, 2000). Even so, Hindus regard marriage as a sacred relationship. Violating that sacred relationship is both bad karma and a sacrilege. In fact, Hindu Scriptures are very clear that the effects of adultery are not only for this life but also affect the life to come. Bhagavad Gita 1:41-43 proclaims that adultery which results in a mixing of the castes will lead both the "destroyer" and the "destroyers of the family" into Hell. Vishnu Purana 3:11 goes further by saying that even thinking "incontinently of another man's wife," much less acting on those thoughts, can result in the man being "reborn in a future life as a creeping insect." In this life, Manusmriti Chapter 8 provides a long list of various fines to be levied against those who commit adultery, the size of the fine depending on the various castes of the offenders (V. Jayaram, 2000).

Other religious and cultural heritages surveyed yielded comparable results. Just what constitutes adultery varies from culture to culture, depending on how that culture defines "marriage." However, in every culture surveyed adultery is defined as a very serious offense against marriage with far-reaching, some would even say eternal, consequences. What is

missing from all of these is the contemporary Western phenomena of cohabitation, that is, living together without being married.

According to Center for Disease Control (2002) statistics, the number of people who lived together prior to their first marriage quadrupled from the late 1960s to the early 1980s. By the late 1990s, more than half of all marriages began with living together (cohabiting). This fact is significant for this study because Forste and Tanfer (1996) found that women who cohabit are more than three times as likely to have a "secondary sex partner" (i.e., an affair) after marriage than women who did not cohabit prior to marriage. The authors concluded that cohabitation is more similar to a dating relationship than it is to a marriage relationship. Perhaps that is one reason why divorce is more likely for people who cohabited before marriage than for people who did not cohabit before marriage (24 percent of first marriages vs. 18 percent) (CDC, 2002). Certainly, cohabitors are at least as likely as married couples to have to deal with an affair, and perhaps even more likely.

From all of this, we can begin to construct a working definition of an "affair." An affair is a relationship with someone other than the spouse which is kept secret from the spouse and which violates the basic tenants of the relationship. This definition includes traditionally defined adultery (i.e., sexual relations by one married person with someone other than the marriage partner), as well as similar transgressions of the fundamental agreement between cohabiting couples and homosexual couples. It even makes room for the more recent phenomena of internet affairs (i.e., affairs which take place in cyberspace, sometimes without ever physically meeting). There are two essential ingredients to an affair which fit the findings of the survey of the literature and which match the lived experience of my clients. First, the affair is kept secret. Second, the affair violates the basic tenants of the relationship. This explains why polygamous

marriages, relationships with concubines, etc., do not seem to have the toxic effects of an affair. They are not secret and they are part of the overt sexual contract where they are practiced. One client couple several years ago came to my office following the husband's affair. What made this particular case so interesting is that both partners had for years engaged in "swinging", that is, in openly engaging in sexual activity with other persons. They had both had "dozens" of sexual partners with each other's knowledge and approval. The wife claimed that the swinging was fine with her, but when he started having regular sex with one person without her knowledge, that destroyed her trust in him. In other words, having sex with other women with her knowledge did not violate their basic values, but doing so without her knowledge did. That is what constituted the "affair" for her.

This brings up the question of just how prevalent affairs are. Most of the statistics refer only to extramarital affairs, which is only part of the problem when affairs are defined relationally, rather than in terms of one's legal status. Even there, the statistics are hotly debated. Many authors of popular media quote an earlier study which suggested that as many as 50% of married women have affairs, and as many as 70% of men will do so. However, these earlier studies had several methodological problems. First, they lumped together categories that do not necessarily belong together. For example, they defined every sexual liaison ranging from one-night stands to long-term sexual relationships as affairs. While any of these transgressions can reasonably be expected to create problems in the marriage, their impact may be very different. Second, they relied on self-reports, which are notoriously inaccurate (Peterson, 1998). Downs (2005) gives a likely more accurate estimate based on a 2002 University of Chicago study that indicates that 15 percent of women and 22 percent of men had had an affair. The probability of an affair having occurred goes up as age increases, especially for men. So, from the literature, it

appears that at least one marriage in five will be impacted by an affair, and it appears that other forms of couple relationship (e.g., cohabitation) are even more vulnerable. When the affair happens, the results will be devastating, as shown by the strong prohibitions against adultery across cultures. So what does this suggest for clinical practice?

Methodology

To understand my choice of methodology for this study, one must understand the researcher. Like many of my generation, I came to the profession of family therapy from another profession, in my particular case, pastoral counseling. I was trained both theologically and relationally. My early, formative training was in Adlerian psychology, a very traditional, psychodynamic approach which puts a high value on meaning construction ("private logic" in Adlerian terms). Adlerian psychology also places a very high premium on teleology, that is, the direction of people's lives. We are drawn forward by our goals and purposes, our purported futures, not propelled from behind by our pasts. Whether these goals and purposes are objectively true or not, we will live "as if" they were, which then creates certain future possible courses of action while making other potential courses illogical (Boeree, 2006). This is the phenomena Adlerians call "fictional finalism." This emphasis on goals and values fits well with my theological training and, I believe, with my later systemic training.

Naturally, then, in trying to understand why some affairs in my caseload end in divorce while others end in a happy reconciliation, I wanted to examine what types of fictions the couples are constructing. Again, it does not matter at all whether these stories are objectively true or not. People will live and act "as if" they were, and that is all that practically matters. In terms of this study, some of these stories hurt, that is, some will lead people to see divorce as the

"solution" to the affair. Other stories heal; that is, some lead the couple to reconstruct the marriage on a new and, by their report, more satisfying basis.

This epistemology made the selection of phenomenology a natural choice for the method of qualitative research. Phenomenology has various philosophical roots, but all strains agree that meaning is socially constructed and therefore can only be understood in the context of what happens within relationships. This fits quite well with Adler's concept of fictional finalism. Secondly, because knowledge is socially constructed, context is important, including the common, every day rituals and understandings. Finally, as researchers, we are not separate from the phenomena we study. We as researchers (and, I would add, as therapists) are part of the same larger social system as our clients and therefore shaped by, and in turn help shape, the common understandings which undergird the phenomena (Dahl and Boss, 2005).

Because interest in doing this study emerged gradually from the clinical cases I was working with, I elected to do this study as a retrospective using my clinical case notes as the data. Due to my Adlerian training, my case notes follow the SOAP (Subjective – Objective – Assessment – Plan) model and include relevant chunks of verbatim quotes from the client. Thus, even though this is a retrospective study, I still have direct access to the clients' own words.

To keep the numbers manageable, I elected to only examine the cases from 2005. My subjective impression is that the results would have been very similar if I had used a different date range. As it was, 2005 yielded 19 separate cases where the affair was the presenting issue. A further qualifier for inclusion was that each of these cases selected were formally terminated. The termination summary gave some indication of the eventual outcome of the particular case.

After selecting the case notes to review, I began with a casual reading of the notes just to get a flavor of what the material contained. When I had read all the notes of all 19 cases, I

started back at the beginning, this time with a careful reading. As I came across quotes that seemed significant, I arbitrarily assigned a nonsense symbol (such as a star, an asterisk, a spiral, etc.) to each, and reapplied the nonsense symbol with each quote that seemed somehow similar to the first. This use of nonsense symbols for my initial coding was a deliberate attempt on my part to avoid imposing any meanings of my own on the data. Next, I did the survey of the literature. I then grouped all the quotes by the symbol to which they were assigned and allowed the quotes to suggest a name for the meaning units (MUs). For example, the quotes which were originally coded with a star became the "damaged goods" MU. The quotes that were coded with the asterisk became the "beyond hope" MU. The full list of the MUs is included in the next section of this article. The survey of the literature provided a validity check to ensure that the MUs were consistent with lived experience beyond this limited sample. Finally, with the MUs named, I looked for themes that seem to unite the MUs.

Results

The investigation yielded eight MUs. They are presented in no particular order.

1.   Damaged goods. This MU came in two forms. In some cases, it is the relationship itself that is now "damaged goods." An example of this is the woman who said, "I knew we had problems, but I always told myself that at least we had our sexual relationship. At least that was special. But now that's destroyed. I know he f**ed her, and I don't know how many others he f**ed. It's gone." In other cases, it is the offended spouse who feels like "damaged goods." While most of the spouses making this response were female, one offended husband said, "What kind of man am I that she would need to do that? I can't even bear to look myself in the mirror. I can't face my friends any more. I just know they are all saying behind my back, 'There he goes. The man that couldn't even keep his woman happy'."

2.   Powerlessness. Many of the offended spouses expressed a belief that they "should" have been able to keep the offender from committing adultery. Further, these spouses almost always express a belief that they somehow must take responsibility for making sure the offender will not offend again. Yet even while they impose these impossible demands on themselves, they know that these demands are impossible and that is what produces the feelings of powerlessness. One wife said, "I don't understand why he did this. I never turned him down for sex. I always was there for him. I cooked his meals, I took care of his children, I kept a good house. Even now, even after his affair, I ask him to come to the bedroom. What more can I do?"

3.   Irresistibility. This is the flip side of the Powerlessness MU. Many of the offending spouses expressed the belief that the affair "just happened" and that even after it started, it was too irresistible to stop. Even those who voluntarily ended the affair before they got caught expressed a belief that it was only external forces that enabled them to do so. One husband who had ended his affair and kept it secret for three years after ending it said, "I don't know why I did it. I am a Christian. I knew it was wrong. I was taught better than that. But I couldn't stop. I probably would still have been doing it, but I couldn't face my Promise Keepers group any more. If I had not been part of that, I couldn't have stopped."

4.   Beyond hope. Christian, Jewish, and Muslim Scriptures all hold out the promise of forgiveness even for the adulterer who repents, that is, who makes a definite and sustained change in the old, harmful ("sinful") behavior. Even so, some of the spouses expressed a belief that adultery is unforgivable. One offending husband said, "I have given her all the details [of the affair as she has demanded]. I love her. Yet she attaches everything to the affair. What am I supposed to do? She'll never forgive me." His wife, on hearing this, did not contradict it and

instead launched into dissertation on how she believes everything he does is intentionally trying to hurt her.

5.   Fairness. This MU is related to the Beyond Hope MU, but is still different. Many spouses justified their behavior as making things "fair" or "even" in the relationship. One offending wife, a "golf widow" whose husband had often ignored family activities to play golf with his friends and associates, said, "I don't care if he is hurting. I was hurting. He should have thought about that before he left me alone so much. He's just getting what he deserved." An offended wife expressed a similar belief regarding her husband's affair: "You cheated on me! You hurt me! And you think you can just say you're sorry and that makes it all okay?! I can't begin to hurt you like you have hurt me, but I am sure gonna try."

6.   Eternal now. People expressing this MU seem to feel like they are like hamsters in a cage. No matter how hard they work to make change happen, they just can not see it happening. In response to my question of what it would take to trust her husband again, one offended wife said, "I don't know. I want to. But every time I start to feel a little normal again, something inside me tells me I'm crazy. The wound is really deep. He hurt me bad." Though less common, even offending spouses expressed this belief. One offending wife said, "I know he has forgiven me. I know God has forgiven me. I just can't forgive myself."

7.   Flowers in the Ruins. Some people displayed an ability to hold two very different emotions simultaneously. These people could see clearly the damage they had received or had inflicted, and at the same time they could see budding hope for new life out of the devastation. Interestingly, very few people displayed outright denial, so denial never coalesced into a MU. One husband, whose wife had been involved in a long-term (non-sexual) affair via the internet, expressed his hope this way: "Things really stink right now. I hurt. I feel like I'm going crazy

at times. Sometimes I love her and some times I just want to deck her for what she did to me. To us. But then I see our kids, and I remember what it used to be. That's when I soften and I get motivated to keep trying."

8.   Crazy No More. When this MU appeared in the case notes, it marked a shift in therapy. Both partners were better able to control their emotions and impulses. While the outcome of therapy could go either way, at least at this point the couple could make some rational decisions about their future. One husband, who elected to divorce his wife, said, "I know I just do not have the energy left to work on this [relationship]. It wouldn't be fair to [wife] to drag this out any more." Another husband, who decided to keep working, stated, "I can see clearly that what she did was wrong. But I can also see how I'm not lily-white in this thing, either. At least now I know that we both have some work to do, and I know what we need to do. I can deal with that."

After studying these eight MUs, I began to see four major themes. One theme is an external locus of control. This theme contains MUs 2, 3, and 4. The core of this theme is a belief that the situation depends far more on some outside force (e.g., fate, God, the spouse's changed behavior, one's own feelings) than on one's voluntary control. A second theme is the awfulness of the hurt. This theme contains MUs 1 and 6. One could also include MU 4 here as well. The third theme is the return to rationality. Prior to the emergence of this theme, comprising MUs 7 and 8, decisions and actions are dominated by emotion. This is as true for the offended spouse as for the offender. When the return to rationality theme emerges, however, logic begins to reassert control. The fourth and final theme consists solely of MU 5, the emphasis on fairness, that is, on giving something for something, often giving hurt for hurt.

Discussion

When I started this study, I expected to find a difference in the private logic (i.e., in the use of the MUs) between those couples who ended therapy with an intention of divorcing and those who ended with an intention to continue their reconciliation. Interestingly, seven of the eight MUs were about as likely to appear in one group as the other. I did not do a statistical search for levels of significance because even on the face of it, there was no significant difference. The only MU which appeared to be more common in the group headed toward reconciliation than in the divorcing group was Flowers in the Ruins (MU 7). Yet even that was not an infallible predictor. This sent me back to the data, that is, to the case notes, to see what did make the difference. What I found is that those couples who went on to work on reconciliation were able to incorporate what happened within the story of their lives, and then shape their story to envision a new, joint future. Those who went on to divorce could not do either of these tasks.

As I looked again at the case notes, I found that in every case I had used the analogy of a tornado to help the offender understand how devastated the offended spouse feels. This metaphor actually came from one of my client in the late 1990s, and since then my clients have reported they found it helpful. I routinely use it while working with cases where an affair is the presenting issue. Applying the metaphor, I stated that finding one's spouse has had an affair is like the experience of a tornado ripping through and destroying one's house right down to the foundations. Every offended spouse studied immediately identified with that image and affirmed that it captured their feelings. They often brought up the tornado image spontaneously throughout the course of therapy. The difference in the reconciling and divorcing groups seems to have come in the discussion of whether the couple would "rebuild on the same site" or "move to another town." In the divorcing group, one person (often the offended spouse but not always)

was simply unable to visualize a future with the current partner. Even when they chose to stay married (as one couple did), these couples could never visualize rebuilding and thus chose to simply to "live among the rubble" (their own self description).

The tornado metaphor and its ready acceptance by offended spouses suggest two variables which this study did not investigate. Future research could profitably look in these areas. Trauma literature has long documented two predisposing factors toward developing post-traumatic stress disorder: a personal predisposition to respond to events with anxiety and/or depression (Bowman, 1999); and a history of previous traumatic events (Paris, 2000). While being the offended spouse in an affair does not, of course, meet all the criteria for post-traumatic stress disorder, offended spouses do report many very similar symptoms (e.g., hypervigilance for signs of another affair, intrusive and unwanted thoughts of their spouse having sex with the affair partner, etc.). It is possible that those individuals who cannot envision "rebuilding on the site" have one or both of these predisposing factors which make their recovery from the affair significantly more difficult. I would invite others to investigate this possibility.

For my own clinical practice, this study has suggested a shift in the way I respond to couples who present in the aftermath of an affair. Spring (1996) suggests that one of the first tasks is to begin rebuilding trust. Brown (1991) makes a similar suggestion, as have workshop leaders in most of the workshops I have attended on the subject over the years. Rebuilding trust is still a crucial task, but this research suggests it is not the primary task. The primary task is listening to and identifying these MUs within the clients own lived experience. Then the therapist can help the couple reframe the MUs so that the disastrous effects of the affair can be incorporated into the story of their marriage without becoming toxic. For example, the Fairness MU can be reframed, "Yes, you received hurt. Instead of giving hurt for the hurt you received,

which is very logical, what can you give which will make this marriage more likely to become what you would like it to be?" Keeping the focus teleological, moving from the trap of the Eternal Now, seems to offer the best hope of healing for couples. Building trust becomes the last, rather than the first, phase of the therapy. Just what kind of trust has to be built depends on the kind of story the couple has jointly constructed during our work together – a story that hurts (e.g., leads to separation emotionally and probably physically) or a story that heals. The process that Spring and others recommend seems, to this author, to be easier when it is built on this foundation.

Conclusion

This research project began with an assumption that there would be a difference in the meanings attributed to an affair by the couples who divorced and those who went on to reconciliation. That hypothesis was only partially substantiated. All eight meaning units were prevalent to some degree in all couples studied, regardless of the eventual outcome of therapy. The difference is that the couples who reconciled were able to recapture and build on their teleological skills from earlier, happier days in their relationship. Those who decided to divorce, or "live among the rubble" of a destroyed marriage, were not able to make this shift from a past orientation to a future orientation. More needs to be done to understand what factors make such a shift more difficult and what we, as therapists, can do to help persons modify those factors.

References

Babb, O.J. (1962). "Adultery" in Buttrick, G.A. (Ed.) *The Interpreter's Dictionary of the Bible*, Volume 1. New York: Abingdon Press.

Babb, O.J. (1962). "Concubine" in Buttrick, G.A. (Ed.) *The Interpreter's Dictionary of the Bible*, Volume 1. New York: Abingdon Press.

Boeree, G.C. (2006). "Alfred Adler." Retrieved from http://www.ship.edu/~cgboeree/adler.html on 23 March 2006.

Bowman ML. (1999) Individual differences in posttraumatic distress: problems with the DSM IV model. *Canadian Journal of Psychiatry* 44(1):21-33. Retrieved 23 March 2006 from http://www.cpa-apc.org/Publications/Archives/CJP/1999/Feb/jo_toc.htm.

Brown, E.M. (1991). *Patterns of infidelity and their treatment*. New York: Brunner/Mazel.

Center for Disease Control. (2002). Cohabitation, marriage, divorce and remarriage in the United States. Data From the National Survey of Family Growth, Department of Health and Human Services, Center for Disease Control. Washington, DC.

Dahl, C.M. and Boss, P. (2005). "The use of phenomenology for family therapy research: The search for meaning." In Sprenkle, D.H. and Piercy, F.P. (Eds.) *Research Methods in Family Therapy*, 2nd Ed. New York: The Guilford Press.

Downs, M. (2005). "Why We Cheat." Retrieved from http://www.medicinenet.com on 12 March 2006.

Forste, R., & Tanfer, K. (1996). Sexual exclusivity among dating, cohabiting, and married women. *Journal of Marriage and the Family*, 58, 33-47.

Jayaram, V. (2000). "Extramarital relationships" in *Hindu FAQ*. Retrieved 5 March 2006 from http://hinduwebsite.com/hinduism/h_extramarital.htm.

"Marriage (Ancient Greece)."(2006).Retrieved 5 March 2006 from http://www.fofweb.com/Onfiles/Ancient/AncientDetail.asp?iPin=HLAG1359.

Ontario Consultants on Religious Tolerance. (2002). "Punishment for non-marital sex in Islam: Shaira law as applied in some Muslim countries."   Retrieved 5 March 2006 from http://www.religioustolerance.org/isl_adul2.htm.

Paris J. (2000) Predispositions, personality traits, and posttraumatic stress disorder. *Harvard Review of Psychiatry*, 8(4):175-83.

Pennington, K. (2006). "Comparative Foundations of Modern Law." Retrieved 12 March 2006 from http://faculty.cua.edu/pennington/Law508/Law508.html.

Peterson, K.S. (1998). "Everybody is not doing it." *USA Today*, December 21, 1998. Retrieved 5 March 2006 from http://www.divorcereform.org/mel/raffairstats.html.

"Roman Women." (2005). Retrieved 5 March 2006 from http://nefer-seba.net/essays/republican-and-imperial-roman-women-in-politics/.

Seawright, C. (2003). "Ancient Egyptian Sexuality". Retrieved 5 March 2006 from http://www.touregypt.net/featurestories/sexuality.htm.

Spring, J.A. (1996). *After the affair: Healing the pain and rebuilding trust when a partner has been unfaithful*. New York: HarperCollins.

Tariq, S. Abdullah. (April 1999). "Punishment for adultery in Islam." *Islamic Voice*, Vol. 13-04, No. 148. Retrieved 5 March 1006 from http://www.islamicvoice.com/april.99/dialogue.htm.

"Women in Athens" (2006). Retrieved 5 March 2006 from http://www.womenintheancientworld.com/women%20in%20ancient%20athens.htm.

Wood, J. (2001). "Ancient Egyptian Sexuality." Retrieved 5 March 2006 from http://www.ancientnile.co.uk/egyptian-ebook.html.

Disability Dynamics in the Family: Counseling Needs, Treatment Issues, and the Implementation of a Wraparound Approach in the Contemporary Christian Church

David K. Carson, Chris Carter, Tara Jablonski, Christine Sacco-Bene, and Jim Hukill[1]

Abstract Families that have a member with a disability often encounter seemingly insurmountable challenges. Although many local churches in the United States have strong ministries to individuals who have disabling conditions, the Christian Church as a whole seems to have missed its God-given calling and opportunity in meeting the needs of couples and families affected by disability. This article discusses disability dynamics in the family and some of the treatment issues that pastors and pastoral counselors, mental health professionals in and outside the church, and others in church leadership may confront in working with people who are experiencing various challenges associated

[1] **David K. Carson, Ph.D**., is a Professor of Psychology, Graduate Program in Counseling Psychology, Palm Beach Atlantic University – Orlando Campus; Address: 4700 Millenia Blvd., Suite 100, Orlando, FL 32839. Phone: 407-226-5955. david_carson@pba.edu. www.pba.edu. He is also associated with Charis Counseling Center in Orlando (www.chariscounselingcenter.com).

Chris Carter, Ph.D., is an Assistant Professor of New Testament, Asia Pacific Theological Seminary. Home Address: P.O. Box 377, 2600 Baguio City, Philippines. U.S. Address: P.O. Box 8143, Nikiski, AK 99635. Telephone: (407) 401-9352 (EST +12 hour time difference). Chris.carter@agmd.org. http://hqmail.agmd.org/~chris.carter/

Tara Jablonski, M.S., is a Mental Health Counselor in Orlando, Florida. taraspears@aol.com.

Christine Sacco-Bene, Ph.D., is an Assistant Professor in the Counseling Department, Barry University – Orlando. Address: 2000 N. Alafaya Trail, Suite 600, Orlando, FL 32826. Phone: (321) 235-8411. csacco-benne@mail.barry.edu. www.barry.edu.

Jim Hukill, B.S., is Executive Director, Lift Disability Network. Address: 301 E. Pine St., Suite 150, Orlando, FL 32801. Phone: 407-210-3916. jim@LiftDisabilityNetwork.org. www.LiftDisabilityNetwork.org.

with disability. A wraparound model is introduced that outlines how churches today can more effectively assist these individuals and families, thus creating an environment where isolation is substantially reduced, and where the natural talents and spiritual gifts of all parishioners can find greater acceptance and freedom of expression.

Keywords: Families, Disabilities, Counseling, Church Wraparound Services

Introduction

Despite the fact that families with a member who has a disability are often highly adaptable and resilient (Buscaglia, 1983; Seligman & Darling, 2007; Turnbull & Turnbull, 2001; Turnbull, Turnbull, Erwin, & Soodak; 2006), many of these families, including those in the local church, face a unique set of challenges. A great deal of research, coupled with an abundance of clinical anecdotal reports, indicates a strong association between the presence of a child with a disability in the family and elevated levels of stress and stigmatization, as well as an increased likelihood of parental divorce (Hodapp & Krasner, 1995; Kazak, 1989; Marshak & Prezant, 2007; Marshak & Seligman, 1993; Patterson, 1991; Power, DuPaul, Shapiro, & Kazak, 2003). Given that in the United States between 15 and 20 percent of the population has a disabling condition that impacts a significant number of families (National Family Caregiver Association, 2005; U.S. Bureau of the Census, 2003), few would argue that the way in which our society perceives and responds to the nature of disability can have a profound effect on the stability of marriages and families.

Addressing the needs of individuals with a disability and their families demands a keen awareness and informed response, not just from educators, mental health and health care professionals, but from clergy and others in Christian ministry. Unfortunately, too

often churches have failed to embrace and integrate people with disabilities, though many are increasingly encountering individuals with disabilities and their family members who share the disability experience (Breeding, Kennamer-Hood, & Whitworth, 2006; Carter, 2007; Thornburgh, 2000). Families in the church that have someone with a mental, emotional, or behavioral disorder; intellectual deficiency or learning deficit; chronic illness; or other disabling condition are frequently overlooked or kept on the periphery for a variety of complex reasons (Swinton, 2001; Webb-Mitchell & Web-Michael, 1998). Thus, many families have not experienced the local congregation as a caring and supportive community (Preheim-Bartel & Neufeldt,1986). However, the probability that Christian workers today will be confronted with the challenges (and opportunities) of ministering to families with a child or adult with some type of disability is quite high. It is also important to recognize that people with disabilities and their families have much to contribute to the lives of others within and beyond the church, but that their gifts have often been overlooked. Indeed, the New Testament challenges believers to view persons with disabilities as a gift to the church (Preheim-Bartel & Neufeldt, 1986). Until recent years, though, disability within the church context has been somewhat narrowly defined (i.e., primarily restricted to those with "physical limitations" and "intellectual deficits"). The contributions of persons with disabilities have also generally been under-emphasized in the religious literature on disabilities (see Swinton, 2001; Thornburgh, 2000).

This article examines the impact of disability on families from a family systems perspective. Working from a systems perspective can help those in ministry avoid the tendency to "take care of" the concerns of the family or try to "fix" family members (Carter, 2007; Rapada, 2007). We also discuss treatment considerations when couples

and families seek or are in need of counseling services. In addition, we outline a wraparound model that describes how churches today can more effectively meet the needs of families with disabilities, as well as benefit from people with disabilities as they engage in an active and creative disabilities ministry. Although we focus mainly on families who have a child with a disability, there are implications to wraparound services for adults with disabilities and their family members as well.

Three premises guide our discussion in this article. These are (1) That disabilities are in no way inherently negative, (2) That just as all humans are terminal, all humans have disabilities, and (3) That disability does not define who a person is as a human being. In fact, it is often the attitudes and stereotypes that people have about disabilities that create barriers to full acceptance and participation in the social world (Eiesland, 1998; Lyon, Knickelbaum, & Wolf, 2005).

Many in today's world, including those in the church, do not accommodate people who experience disabling conditions, or their family members. Because much of ministry work involves the care of families both inside and outside the church community, it is necessary to operate from a perspective which asserts that no one should ever be blamed or judged for any problems that might be associated with disability in the family.

The role of the church in addressing the needs and contributions of individuals with disabilities and their family members

Since its inception the Christian Church has played a unique and dynamic role in the lives of individuals with disabilities and their families (Preheim-Bartel & Neufeldt, 1986; Webb-Mitchell & Web-Michael, 1997), although ministry to persons with disabilities has

not always been positive (see e.g. chapters in Eiesland and Saliers, 1998). A theological analysis of the Church's role in the lives of people with disabilities is beyond the scope of this paper and has been elaborated on elsewhere (see e.g., Block, 2002; Eiesland, 1994; Moltmann, 1998; Saliers, 1998; Webb-Mitchell, 1998). However, the needs of people with disabilities and their loved ones, as well as the unique contributions of and opportunities for ministry within the church of these individuals, cannot be over-stressed. Regarding needs, for example, Bunch (2001) argued that the majority of churches on Sunday morning do not reflect the prevalence of people with disabilities, and that part of Jesus' ministry was not simply to relieve disease, but to restore persons with illness and disability back into full membership in the community of believers.

LaRocque and Eigenbrood (2005) summarized results of research on 91 congregations regarding inclusion of persons with disabilities. They concluded that while churches were getting better at increasing accessibility to worship, overall systematic changes had not yet begin in terms of any comprehensive ministry to those with disabilities and their families. Other writers such as Hauerwas (2004) have made similar claims. Hauerwas builds a case for a theological understanding of parenting that places the responsibility for the child with a disability and his or her parents within the Christian community, with parents and those in the church needing to redefine the child as a "problem" to that of a gift to the community of believers. Hence, according to Hauerwas, the difficulties children with disabilities have are not rooted within their condition per se, but in the society these children inhabit and the assumptions that are made regarding them.

Other authors (e.g., Gaventa, 2002, 2004, 2005; Zhang & Rusch,, 2005) have written extensively on the role of spirituality in the lives of persons with disabilities and their family members. According to Zhang and Rusch, spirituality can provide people with inner strength, peace, hope, meaning, and even an experience of inner transformation and spiritual growth – including as these challenges are lived out in the context of a spiritual community. However, these authors also cite specific examples of when the Christian Church has failed to help provide such supports for individuals with disabilities, and in some cases actually done damage to them. It is these personal stories of unaddressed pain and frustration that should motivate us as members of Christ's Body to learn from our mistakes and those of others in the Church.

Gaventa (2004) discusses three major roles that are crucial in any discussion of the role of spirituality in the lives of persons with disabilities and their families. First, family members, especially parents, must be willing to tell their stories and advocate for their child or adult family member with a disability. Second, there must be some kind of real collaboration between the professional caregiving system which supports this individual, his or her family, and the faith community. Finally, the clergy and faith community must respond in ways that re-open a whole dimension of support and participation for persons with disabilities and their family members. According to Gaventa, all of these perspectives impact the role that faith and spirituality can have, both for good and for harm, in supporting caregivers of individuals with disabilities. He also notes that some clergy have charted new ways that they and their congregations can be sources of support through counseling, advocacy on behalf of families and individuals

with disabilities, inclusion in congregational activities, and the mobilization of supports within the congregation (Gaventa, 1986, 1997).

Gaventa (2004) indicates that the power of spiritual and religious supports also comes from two other characteristics, including: (1) the capacity of congregations and faith communities to be sources both of "spiritual" and "natural" supports, i.e., a source of friendship, social supports, financial support, respite care, an integrated classroom for children with disabilities so they feel happy and safe during church, etc., as well as being a community of meaning; and (2) the potential for congregations and faith to be a support over the life span of an individual and family, given that the needs and challenges of families with disabilities are often life long.

These practices are well illustrated within the Mennonites model of congregational "circles of support" that build on the potential natural networks and relationships within the church (Preheim-Bartel, 1986). In addition, congregations and spiritual communities can be excellent sources of support in an acute crisis, such as an illness, accident, or death, but sometimes not as helpful in providing sustained care over long periods of time (Gaventa & Berk, 2001). However, as Gaventa (2004) rightly observes, the challenge for future practice in congregations is to concentrate on helping people with disabilities and their families discover their natural and spiritual gifts and interests, and to figure out ways to use them, rather than only focusing solely on what the congregation can do for the families and individuals with disabilities.

Research into the role of the church and other religious entities in the lives of people with disabilities have increasingly found their way into the non-religious literature as well. For example, an innovative study of children with disabilities and their family

members (parents, siblings) by Poston and Turnbull (2004) indicated that families in both rural and urban settings described in detail the importance of spirituality in their lives and their participation in religious communities. These communities were generally viewed as positive sources of help and support. These researchers also indicated that there were tremendous needs (and open doors) for these religious communities to include carefully planned strategies that enhance family spiritual well-being, to provide spiritually sensitive supports, to promote total inclusion of these individuals and their families, and to create ample opportunities for persons with disabilities to express their gifts and talents within church and other religious settings. At the same time, other studies have found that, although families described their faith and spirituality (e.g., prayer and sacraments) as a crucial source of support, it was reported that their faith community was frequently not that helpful (Skinner, Correa, Skinner, & Bailey, 2001).

Another way to help ministers and church leaders learn how to address the needs of families impacted by a disability is to elevate their discussion on people with disabilities by recommending certain books for their church library which have, in part, come from people directly involved in disability communities or who have been personally impacted by disability, including literature by disability scholars that discusses disability in the family context. Excellent examples are the edited book by Eiesland and Saliers (1998), *Human Disability and the Service of God: Reassessing Religious Practice*, which includes superb chapters by such thinkers as Moltmann, Eiesland, Saliers, and Webb-Mitchell, and other works by Ferguson, Kelly, and Pescosolido on parenting and family dynamics, family and community relationships, and the importance

of social networking -- all of which can be found in the *Handbook of Disability Studies* edited by Albrecht, Seelman, and Bury (2001).

In sum, faith and involvement in a religious community can be beneficial for individual and family health because both provide a framework that makes it possible for people to redefine stressful events (Swinton, 2001; Thornburgh, 2000). These experiences also allow people to construe their environment in such a way that they feel empowered to take positive action, as well as provide them with a social support system (Garland, 1999; Webb-Mitchell & Web-Michael, 1997). Moreover, when a family is spiritually healthy and involved with others in community, there can be ripple effects to family members' self-esteem and mastery.   In contrast, spiritual resources and community supports are often drained when the family lacks the time or energy to utilize religious and community resources for help. Indeed, families must seek the help they need when they need it, and assistance should never be forced upon them. However, part of the problem is that many churches and community members are not fully aware of the needs of families caring for someone with a disability, unsure of how to help, or simply uncomfortable with the act of helping (Carter, 2007; Eareckson Tada & Newman, 1993).

In addition, as Moltmann (1998) reminds us, we as believers need to see every "disability" as a gift to the church and also move from simply the care of those with disabling conditions to real and lasting friendship. This is because friendship is empowering and serves as the foundation for all mutual help. We start by getting to know these individuals and families just for who they are, bonding with them, fellowshipping, worshipping with them, and simply making them feel a valued part of the church. As one person once commented; "I write as one who has a family member with a disability, and

just wants to be welcomed and treated as any other church member. I also like to know that there is help there if I ask for it, but I feel comfortable asking based on the relationship". Although church members and those in leadership can take the initiative in asking people if they need help, the church should never take on an unwarranted sense of paternalism in the lives of people with disabilities and their families. They should be allowed to ask for the assistance they need without any undue pressure or expectation, and when referrals need to be made to professionals outside of the church those in leadership do it in complete cooperation with those who request it, as they would with any individual or family.

Families with disability from a family systems perspective

Pastoral counselors and others in the church who are qualified to offer counseling services to individuals and families need to be aware of a number of treatment issues and challenges when working with individuals, couples and families from a systemic framework. First, however, it is important to understand how disabilities in the family can affect each and every member, as well as the family as a whole.

It is widely accepted that understanding the person with a disability, be they a child or an adult, requires an understanding of the person's relationships and the family system within which they function (Becvar & Becvar, 2006; Rogers & Hogan, 2003). As with families in general, families with individuals who have a disability are characterized by a wide range of diverse structures and qualities, and demonstrate a variety of competencies in their functioning (Seligman & Darling, 2007). Moreover, as with the general population in the United States today, it should not be assumed that the two-

parent nuclear family system is the norm for families that have someone with a disabling condition. Indeed, families in the modern world come in many shapes and sizes, all of which contribute to both the needs and strengths of families. However, regardless of the family's type and structure, as well as the specific characteristics of the disability, families in contemporary society may face a number of similar issues related to the disability experience (e.g., school collaboration, medical or professional access and affordability, the need for respite care and support services, etc.), yet the degree to which each family deals with particular issues varies (Olkin, 2001).

Interactions within the family from a systemic viewpoint can be divided into three subsystems: parental, marital (in two-parent families), and sibling. The parental subsystem encompasses the interactions that take place between parents and children from the perspective of these specific roles. We highlight some challenges for people in each of these subsystems.

Fathers. The father's role in the disability family is a catalyst that can either provide stability or undermine it. In families where the system becomes imbalanced as a result of one of its members becoming disabled, the father often has the most difficult time adapting, at least in the earlier stages of the child's disability (Lamb & Meyer, 1991; Seligman & Darling, 2007). One of the possible contributing causes for this may be, as a recent study suggests, that fathers, in part, define being a "good father" in terms of physical play with their children (Summers, Boller, Schiffman, & Raikes, 2004). In the face of disability, this important role is often obviated.

Beyond the traditional role of playmate, the father of a child who has a disability also looses the valued function of "role model", since in many cases his child will never

be able to imitate his actions (Turnbull & Turnbull, 2001). Thus, from the beginning fathers may be uncertainty with regard to their function within the family and their relationship with their disabled child. At times they may also compensate by becoming rigidly fixed into the unchanged and more certain aspects of fatherhood. This usually entails a shift into the traditional role of provider, but the rigidity of this role can be quite unsatisfying since it intrinsically lacks reciprocity. No one wishes to be viewed simply as a caregiver or as a provider within a family. These designations, while crucial, should be secondary to the loving interrelation of family members that fathers help to facilitate (Garland, 1999). But in the disability family, fathers can feel that no other option remains open to them, and they may feel that they have no one with whom to share their pain and struggle.

Since disability tends to drain the family's financial resources, the father can also become fixated on his role as provider. He can be severely affected by stress as the demand of the disability exceeds his ability to provide, thus undermining one of his only solid ties to fatherhood. The overall result is that, over time, the father may distance himself physically and emotionally, not only from the disabled child, but also from others in the family (Hornby, 1995; Lamb & Meyer, 1991). Keller and Honig (2004) found, for instance, that the fathers of children with mental retardation (MR) had difficulty forming an emotional attachment with their children and took considerable time to do so, with the outcome being an increased sense of concern in both parents about the bonding process.

In addition to physical and emotional distancing and role rigidity, fathers may have inner struggles related to the child's disability. They may be experiencing stress because their parental expectations for their child are patently unrealizable (Dyson, 1993;

Hanline, 1991). Fathers may worry and become depressed because of their child special needs, and this can have a negative effect on their capacity to interact with their child (Cummings, 1976; Lamb & Meyer, 1991). In one study, 42% of fathers of children with cerebral palsy had feelings of guilt associated with the birth of their child that did not seem to diminish with time (Pimm, 1996). Hence, fathers may not only struggle with relating to their child with a disability, but without some help experience anxiety, guilt, anger, sadness, and a host of other emotions (Hornby, 1995; Greenspan & Wieder, 2003).

Mothers. Unlike fathers, who often tend to resort to a more instrumentally oriented provider role, mothers tend to embrace their role as caregiver when disability is introduced into the family system (Rolland, 1994; Turnbull et al., 2006). This sometimes takes the form of extensive involvement with the child (and understandably so) who has an illness or disability, as well as the educational, medical, and therapeutic community. This situation can result in a high level of social isolation and feeling that they are tethered to the home (Kazak & Nachman, 1991; Turnbull et al., 2006). These feelings of isolation are justified because of the physical limitations their child may have and the physical and/or emotional resources required for them to participate in social activities, including church. Some mothers experience lower overall levels of mental health when one of their children has a disability, including problems with depression, lower self-esteem, caregiver burden and exhaustion (Florian & Findler, 2001; Glidden & Schoolcraft, 2003; Honig & Winger, 1997). Further, mothers may experience a lack of self-mastery, thus doubting their ability to control the forces that affect their lives (Hornby, 1995). Additionally, mothers, like fathers, can experience ongoing guilt that does not diminish with time because one of their children has a disability (Seligman &

Darling, 2007). Pimm (1996) found, for example, that 47% of mothers of children with Cerebral Palsy (CP) reported having ongoing feelings of guilt about their child having been born.

In sum, mothers of children with a disability may not have the emotional resources to cope with the pile-up of stresses over time, and many indicate that they feel isolated from community forms of support. Mothers also tend to concern themselves with the expressive needs of their family, including needs for affection, physical care, and self-definition. Further, they tend to focus their energies on the internal functioning of the family system, in contrast to men who take more interest in the family's place within society (Rolland, 2003; Turnbull et al., 2006).

Marital Subsystem. Parenting a child who has a disability can easily have a negative influence on marital functioning (Kazak & Marvin, 1984), and as a result, overall family functioning (Lin, 2000; Seligman & Darling, 2007). Co-parenting attitudes and behaviors can also be significantly affected by the quality of the marriage, and not always in a positive direction (Marshek & Prezant, 2007; Turnbull& Turnbull, 2001). In two-parent families with children who have a disability, marital stress relates directly to feelings of low self-esteem, helplessness, and strong unmet dependency needs in one or both spouses (Olkin, 2001; Rolland, 2003).

Low self-esteem can relate to feelings of guilt for having somehow caused or been responsible for a child's disability (directly or indirectly), especially if a genetic or prenatal link is involved. In some situations, the couple may even blame each other for inherited abnormalities (Smart, 2001). Alternatively, marital stability and satisfaction can suffer when social interaction and life goals have to be sacrificed in the interest of caring

for a child who has a disability or chronic illness (Florian & Findler, 2001). Further, parents in these families may find it difficult to make time for shared recreational activities (Bristol et al., 1988). Lack of shared recreational time may not only contribute to marital stress, but it may also sabotage attempts to defuse preexisting stresses and strains in the marriage. In addition, marital stress may be augmented by feelings of helplessness and hopelessness (Seligman & Darling, 2007). Unmet dependency needs can also assail the marriage, thus adding a disability-related stressor capable of eroding the foundations of mutual support which underlie any healthy marriage (Marshak & Prezant, 2007). As care and personal coping strategies consume more and more of the parents' time and emotional energy, married couples may feel deprived of quality moments spent together. Consequently, their needs for intimacy and connection may go unmet.

Siblings. The sibling subsystem has no less significance than any other in the family. Some children who have siblings with a disability seem to thrive, while others experience mild to moderate adjustment difficulties (McHugh, 2003; Safer, 2002; Strohm, 2005). These potential influences on siblings are systemically governed. For example, parents of a child with a disability may worry that they spend too much time caring for this, and as a result neglect their other children (Turnbull et al., 2006; Seligman & Darling, 2007). One study found that in families where one child had a chronic illness, siblings reported that their emotional needs were met least adequately compared to other family members (Kazak & Nachman, 1991). Decreases in family resources often play a major role in these situations. Growing up in a family that has someone with a disability also frequently places responsibilities on siblings beyond their age level (Safer, 2002). Many times siblings must assume some regular caregiving duties, and these premature

obligations may leave them sensitized to the distress of others or feeling taken advantage of by their parents (Strohm, 2005). As a result, siblings of children with a disability may be more sensitive to and affected by marital and family conflict, and feel compelled to involve themselves in solving these conflicts (Nixon & Cummings, 1999). In addition, some siblings may experience intense and persistent feelings of guilt (Safer, 2002; Strohm, 2005). As Smart (2001) has noted, it is not unusual for brothers or sisters to think that they did or did not do something which either caused the disability or is not helping it to improve.

There are indications that sibling relationships and their ability to cope relates directly to the overall well-being of the mother (Foster, Bryan, & Eiser, 1997). The mother's physical and mental health status is also associated with many factors within the family system, including, and perhaps especially, the marital subsystem (Marshak & Prezant, 2007; Turnbull et al., 2006). Furthermore, siblings take adaptation cues from their parents. The more accepting of a disability the parents are, the more healthy that sibling relationships and adaptation will tend to be (Bat-Chava & Martin, 2002).

In sum, siblings can face unique challenges in these families. However, some authors have suggested that siblings of a family member with a disability may actually gain psychological strength from the experience (Weisz & Tomkins, 1996; Seligman & Darling, 2007). Although siblings will face dangers in disability families with high levels of stress (Safer, 2002), with the proper support and encouragement from their families they can and often do become well adjusted and resilient individuals (Turnbull et al., 2006).

Considering that some researchers have documented higher divorce rates during the early years of marriage in families that have a child with a disabling condition (e.g., Ariel & Naseef, 2006; Hodapp & Krasner, 1995; Peck & Manocherian, 1989; Marshak & Prezant, 2007), some very real risks for siblings (Rogers & Hogan, 2003; Rolland, 2003; Strohm, 2005), and that children with disabilities themselves may be at greater risk for being abused or neglected (Garbarino, 1989; Sullivan & Knudson, 2000), families that have someone with a disability are often in need of both practical assistance and therapeutic intervention. These are functions that today's church must learn to perform with dignity and competence.

Treatment considerations when offering counseling services to individuals and families with disabilities in the church context

Although there is tremendous diversity among families which have a member with a disability in terms of the nature and type of disabling condition, needs, stresses and demands, functioning, resources, belief systems, and openness to receiving counseling, there are commonalities that exist with regard to family-centered treatment and counseling. Before embarking on counseling families with disabilities, it is important to carefully consider Seligman and Darling's (2007) reminder that, when families neither need nor desire intervention, any attempt to intervene may be more intrusive than helpful. Nevertheless, some families do need therapeutic assistance, even when they are not always immediately aware that they do. Considerations presented in this section, while not exhaustive, may assist pastoral counselors and others who would seek to help as they begin their therapeutic journey with disability families.

Common reactions of parents to the realization that they have a child with a disability (not necessarily in any particular order or linear fashion) often include shock, denial, anger, sadness/depression, fear, grief and loss, guilt, confusion, powerlessness, disappointment, temporary rejection toward the child or others, and a plethora of ambivalent emotions such as joy and sorrow, hope and despair, and love and hate that can continue indefinitely (Garland, 1999; Scherzer, 1999; Smart, 1999). Those who would counsel and support disability families should let family members know that these emotions are normal and expected. Helpers should also allow for the free expression of whatever emotions the family brings to the counseling process, meet people where they are, and love and accept them unconditionally. It is here that the church has an ominous task, but also limitless opportunities. What helpers most need to realize is that *the number one need of parents and family members is to be assured that they are not alone and that help is available within the church should they choose to pursue.* The second principle is similar to the first, and that is simply that *building a working partnership with individuals and families is paramount to successful helping relationships.* A partnership model, which is client-centered and strengths-based, implies an equality of all players and the perspectives they bring to the counseling process, while respecting differences in people's roles and responsibilities (Darling, 2000). Other suggestions that can be gleaned from Seligman and Darling's (2007) extensive treatment of the subject are bulleted as follows.

- Assess parents' predispositions toward professionals, past history of counseling experiences, and feelings about presenting for counseling.

- Become aware of family member's expectations of self, others, and the counseling

process, and help parents' have realistic expectations of themselves and their child(ren). Involve everyone in the creation and clarification of counseling goals.

- Assess one's own feelings about and predispositions toward people with disabilities and their families in order to eliminate stigmatizing attitudes and false assumptions and beliefs.

- Listen, empathize, understand and support while being honest, clear and concrete. Have a sense of humor and convey realistic optimism when appropriate.

- Become as knowledgeable as possible about the family member's disability or disabilities (without becoming an "expert"), as well as this person's special needs for medication, equipment, specialized therapies, and so forth.

- Understand caregiver burden, fatigue, and burnout, how these operate in disability families, and the potential outcomes for parents and family members such as depression, anxiety, marital discord, and a host of other difficulties.

- In two-parent families, assist couples with marital difficulties and offer couple's counseling when needed. Help couple's find respite care for the family member with the disability so that they can have quality time for self and each other.

- Realize that your role as a counselor may take an educative and advocacy role for the family, and not simply a therapeutic one.

- Help facilitate parent-child bonding while also encouraging parents and children to pursue their own interests and aspirations.

- Assist parents with child guidance and behavior management issues.

- Help counselees avoid "parent blame", "spousal blame", "blaming the victim", or anyone else associated with the family member who has a disability. In a similar vein,

help members overcome self-blame and feelings of guilt and shame.

- Help family members find some eventual degree of closure to the issue of causality. Many parents will often search until doomsday to find a cause for their child's disability, but in some cases there is none to be found.

- Help parents and family members understand the limits of medical privacy, and any diagnostic information the family has received about the family member with the disabling condition (as needed or requested), whether from inside or outside the counseling process, while not overstepping the bounds of one's professional training, knowledge, and responsibilities.

- Help parents avoid overprotecting their child or adolescent with a disability, allow them to have their own friends and outside activities, and help them realize that in many ways they are more similar to than different than their non-disabled peers.

- Help parents meet the needs of and spend quality time with each sibling of the child with the disability, and continually check in with how they are doing.

- Help family members reframe their situation when appropriate; e.g., by changing their perception of the disabling condition by viewing the child as someone with unique gifts, abilities, and strengths instead of a severely disabled youngster with few if any notable or potential capabilities.

- Help family members deal with church, school, or community separatism or stigmatization. Some, perhaps many, will have been disappointed in or hurt by "the church", and hence, will need opportunities to express and work through feelings of anger, betrayal, and a host of other emotions.

- Help parents begin to let go when their adolescent or young adult with a disability

needs to be in their own individual or residential living situation.

- Assist parents in pursuing other needed areas of assistance, be it behavioral parent training, a support or therapy group, or something that would help the siblings of the disabled family member.

- Allow and encourage family members to struggle with their real faith issues, be it doubt or unbelief, anger at God, broken trust between themselves and church leaders or certain church members, or whatever issues they are encountering. Seek to listen and reflect rather than "provide pat answers".

- Realize that counseling may be only one but a number of needs of disability families the church can help to meet, and that these families also need to do their part in the helping process.

Becoming the arms and hands of Christ in the lives of disability families: Incorporating a wraparound approach in the local church

Families that have someone with a disability, along with experiencing their own unique set of stresses, strains, and challenges as we have seen, also face the same kinds of crises and difficulties that any family does (e.g., illness, death, extended family conflict, infidelity, job loss and unemployment, bankruptcy, mental illness, and acting out children or teens, to name a few). Church leaders often struggle with how to help members of the congregation cope with these situations. In many cases, church members are referred to outside systems (e.g., mental health and social services) or receive no help at all (Carter, 2007; Webb-Mitchell, 1998), perhaps in part because of a basic inadequacy of church members or leadership in understanding what to do with the long-term stress and pain of

others, including families with disabilities. Pastoral counselors and other mental health professionals can play a pivotal role in working with those in church leadership to implement and oversee wraparound services.

Although far from perfect and all-inclusive, the field of social services has attempted to understand and meet the needs of people for well over one hundred years. Churches, however, have typically not embraced secular models to help them more effectively meet the needs of parishioners -- particularly those with special needs or who are out of the mainstream in other ways. On the other hand, they may be some advantages to incorporating certain aspects of these approaches, especially since it is possible that God's intention has always been that the church serves as the model of social services in society. Indeed, the church has the capacity to meet the needs of its members in many ways if it knows how.

Wraparound is a definable planning process that can be effective in initiating a unique set of community services and natural supports that are individualized for a family to achieve a positive set of outcomes (Burchard, Bruns, & Burchard, 2002). It is a strategic model intended to help individuals and families heal. Although the wraparound approach in secular circles has largely focused on families who have children with severe emotional and behavioral problems, the approach has also been used for families with members who are experiencing severe and/or chronic physical illnesses and developmental disabilities. As Burchard et al. indicate, wraparound has also been implemented in the mental health, education, child welfare and juvenile justice sectors. These authors go on to point out that, although the philosophy underlying wraparound is relatively simple -- identify the community services and supports that a family needs and

provide them with these as long as they are needed – the implementation of these services can be complex and time-consuming. It is at this juncture that local churches can take up much of the slack in the modern world, including in the lives of persons with disabilities.

The following section briefly describes how concerned Christians can implement wraparound services in a church that include the gifts and strengths of church leaders and lay counselors alike; the tapping of congregational members and families strengths, needs, and culture discoveries; team meetings; action plans; and specific steps. Of course, the wraparound approach can also be applied within the context of other religious faiths and orientations. Key personnel and steps toward implementing such an approach in the church are briefly discussed as follows.

Lay counselors

Since pastors and other paid ministry staff are often burdened with an excessive number of responsibilities within the church, lay counselors (also known as wraparound facilitators) can function to initiate and oversee the wraparound process. Possible candidates for lay counselors (male and female) include elders, deacons, youth leaders, and other dedicated church members. Becoming a lay counselor would require training on how to:

- Develop a working relationship with a family

- Collect information in a way that reduces defenses

- Identify the strengths and needs of a family

- Identify and recruit potential team members

- Adhere to wraparound values and principles

It is recommended that lay counselors commit to at least one year of service and maintain contact with all of the families that they are assigned, even though this number should remain few. Wraparound facilitators should come in all shapes and sizes to accommodate the diversity found in every church setting.

Strengths, needs and culture discovery

The Strengths, Needs and Culture Discovery process (Burchard, Bruns, & Burchard, 2002), serves as a tool that alerts the church body to possible avenues for service and outreach opportunities. For example, suppose a family desiring church membership met with a wraparound facilitator to discuss their purpose in joining. During the interview, the wraparound facilitator discovers that an area of strength in the family is that both the husband and wife have musical talent, or perhaps in working with youth. At the same time the wraparound facilitator also discovers that the family is over $40,000 dollars in credit card debt. In addition to thinking that this husband and wife could be an asset to the church's music or youth ministry, the wraparound facilitator has also identified one way that the church can minister to this family, even if it cannot take away their debt.

Team meetings

Team Meetings are the third step in the wraparound process. To prepare for a team meeting, the wraparound facilitator, in collaboration with the family, will identify potential supports based upon the results of the Strengths, Needs and Culture Discovery. Referring back to the example above, the wraparound facilitator might suggest that either the music minister or a long standing member of the choir attend the meeting. Additionally, the wraparound facilitator may also suggest that a participant of the

church's financial ministry attend the meeting. Potential team members are identified and solicited for involvement with this family. Team meetings can be comprised of all natural supports if the family does not want or require additional services.

In addition to natural supports, community based or formal support systems may be engaged at this time. Examples of community based or formal support systems include therapists, psychiatrists, parole officers, and teachers (Note: Some churches will have these as concerned members and potential wraparound team members or facilitators). This again is at the discretion of the family or individual receiving wraparound services. For a church connected to a counseling ministry, this would be an opportune time to provide the visiting or regularly attending family with an in-house referral and invite the therapist to sit in on the meeting. The message communicated to the family by this action is simply that, "We care about what happens to you, and we believe that God is involved in all areas of your life -- not just those within the church." Church-associated counseling ministries can often offer counseling without expense or at a substantially reduced rate for individuals, couples, and families.

Action plans

Action plans (optional) are created during team meetings and revised at least once a year. Action plans should be specific to each family and include the time frame and party responsible for a particular task. For example, the Smith family, which has a child with a developmental disability, recently joined a local Baptist church and is anxious to get connected to the church body. The wraparound facilitator invited one member from four Sunday school classes that would likely be a good fit for the Smith family. The need that was addressed during the meeting was to identify a small group of believers with

whom the Smith's could regularly fellowship. The task that was given to the family was to attend each Sunday school class and determine which one is the best fit for them. The task that was given to the members of each Sunday school class was to meet with the Smith family one Sunday morning, escort them to their appropriate classroom, and introduce them to the class members. The effectiveness of assigned tasks were then evaluated during the next team meeting. This approach helped this family from "falling through the cracks" or just simply being unnoticed when they first attend.

Action plans, like team meetings, are driven by the needs and desires of the family. New members of the church, and families in crisis, will likely benefit from bi-monthly or quarterly team meetings and action plans. In contrast, families that have been stable members of the congregation for some period of time may not need these services but one time yearly, and after awhile never. It is important to remember, however, that an action plan is simply that -- a plan -- until specific steps are taken to make it happen, with no steps occurring without the individual's or family's expressed willingness to participate in this process. These steps and their potential benefits are outlined in Table 1.

Table 1

Specific Steps and Possible Benefits of the

Wraparound Approach in the Local Church

Implementation Steps:

1. The disability family (or individual) attends church and is introduced to the wraparound facilitator.

2. Family is informed about the church's desire to serve as a continual help and support, as well as the wraparound approach.

3. Family meets with the wraparound facilitator and completes strengths, needs, and culture discovery assessment.

4. Wraparound facilitator and family design a meeting based on the results of the family's assessment.

5. Team members are identified. A counselor or therapist is invited if necessary and agreed upon by the family.

6. A meeting is held to determine how a family's individual strengths can assist in the building of God's Kingdom and determine how the assets of the church can help strengthen the family.

7. An action plan is created for the family to determine how they plan to grow spiritually in the church over the next year, and how the church can assist in meeting these needs.

8. Bi-monthly meetings are held to evaluate progress. This time frame will be specific to the family. Plan is updated annually, with a gradual decrease in meetings.

Possible Benefits for Persons with Disabilities and Their Family Members:

1. Encourages genuine fellowship based on the family's needs.

2. Alerts the church body to possible crisis situations in the future and links the family to available resources (e.g., a family that is heavily in debt or a newly married couple where one or both partners have been previously divorced).

3. Plans for spiritual growth rather than assumes that it will happen.

4. Immediately determines possible counseling-related needs and makes an internal or external referral as necessary.

5. Lists identified strengths and supports for the family to use during times of stress.

Possible Benefits for the Congregation:

1. Immediately engages and retains possible members or active participants.

2. Discourages complacency and stagnation.

3. Encourages genuine fellowship based on the family's needs.

4. Plans for spiritual growth rather than assumes that it will happen.

5. Immediately determines possible counseling-related needs and make a referral as necessary, thus helping relieve pain and restore relationships.

6. Identifies strengths and supports for the family to rely on during times of stress.

7. Reflects God's love through His church to the outside world.

Potential advantages and disadvantages of a wraparound approach in the local church and case study examples

Advantages. One advantage of a wraparound approach for a given family might be that someone besides the family could be the person making a request on behalf of the family, so the family is not having to do all the asking for help, but can work through one person. Church leaders and members need to be careful not assume that a church with such a model would simply wrap their arms around an individual or family without first asking what they want and need. Another advantage of this type of social services model is that it may help parishioners think about what they are already doing (or not doing). In this way, congregations can perhaps value what they already do, or see what they need to

do as do-able, while also helping social service professionals in the community recognize the potential that a church family can have in the lives of persons with disabilities and see their role more clearly in working alongside the church.

Perhaps the most obvious advantages of such an approach is that, while a full-blown wraparound model has yet to be implemented and evaluated in a local church by the authors of this paper, various aspects of this model have been clearly tried and tested in our respective congregations or others. For example, we have heard stories about what happened when a pastor or congregational staff member/layperson attended the education system "wraparound" known as the IEP with the parents of a child in the exceptional education program at his school, and the ways it changed all kinds of things as multiple systems (including the church) interfaced with one another. The wraparound approach is perhaps best illustrated when multiple players and systems benefit, especially the individual and family dealing with the disability.

In another case, the poorer school performance of a bright 11-year old girl of a single parent father in a wheelchair began to occur at the same time there were increasing tensions and difficulties between parent and child. Along with declining grades, this girl was on an emotional roll as she approached puberty, and she was also starting to associate with some peers who the father thought were unhealthy for her. Moreover, her father could not literally "keep up" with her given her more active social life and extra-curricular activities in school. In desperation the father contacted the therapist connected with the disabilities ministry in the church of one of the co-authors of this paper. Although it was not possible for family counseling to occur within the context of the church due to some practical considerations (i.e., scheduling, distance and

transportation), the therapist arranged for this father and his daughter to receive some counseling for free offered through a graduate program in counseling at a local Christian university (hence, wraparound as also resource and referral). At last check-up the girl's social behavior and choices had improved considerably, the reported conflict between father and daughter had decreased and quality time between them increased, and the girl's grades in school were beginning to climb once again.

Another relatively new couple in the church (both husband and wife middle-aged) that had faced multiple traumas and losses in their married life of over 20 years (unbeknownst to people in the church) were approached by one of the church leaders privately after church one Sunday and asked how they were doing. In the past few years one of the spouses had survived cancer and was now dealing with a degenerative disorder that would slowly take away her mobility which, in turn, would make it difficult for her to earn a living. These difficulties, coupled with the husband's unstable employment history and recent job loss, had cast the couple into a crisis. When it became obvious that their resources were few and needs were great, the couple was asked if they would be willing to meet with one of the pastoral staff and a wraparound team member who was a licensed mental health professional. After their strengths, needs, and resources were assessed, an "Action Plan" for this couple was enacted that entailed meals and respite care provided during certain times of the week, as well as weekly no-cost marital therapy within the church context with the wraparound therapist that lasted several sessions. The nature of this response from the church was not only a tremendous help to the couple, but a blessing to the church as well in that the spiritual and natural gifts of this couple were able to be "plugged in" to the church once their personal and marital issues were

addressed and on-going support was made possible from the church body. In sum, we are convinced that these types of services can and do work, whether the wraparound approach is conducted in full, or variations of this approach are applied within the local congregation.

Disadvantages. With regard to disadvantages of applying a wraparound model, some would argue that this model is not appropriate for implementation in the church because in most small to moderate sized churches the necessary number of wraparound team members is simply not there. This is indeed a legitimate concern, although the authors would assert that the wraparound model is flexible and adaptable for even churches of modest size. Other disadvantages may be that some individuals with disabilities and their families do not really want to be singled out for an "Action Plan", nor would they have the time and energy to attend meetings on a regular basis. Again, the plan should be tailored to fit the individual or family, and not the reverse. Moreover, if only families who have a member with a disability receive some formal assessment tool or inventory, then this could be construed by some as discrimination, although the assessment process within the wraparound approach begins once the person or family commits to the process. Finally, families with special needs may feel some degree of stigmatization if they are treated differently than other members of the congregation, and those in the Body must be sensitive to others when they are anxious to help. Indeed, as one reviewer commented to us, sometimes well meaning Christians rush in to help where angels fear to tread and roll right over people, thus helping or saving a person to death. Further, we Christians can de-empower friends and natural supports so often by excessive

talking about the specialized services that people in the church need. Hence, balance and wisdom are paramount.

Conclusion

In *The Purpose Driven Life* (2003), Rick Warren discusses the importance of cultivating a church community and identifies five criteria for authentic fellowship: honesty, humility, respect, trust, and quality time. Wraparound, at its core, embodies each of the characteristics and strips away pretentious notions of perfection by espousing the idea that we all have problems and areas of weakness. Sadly, in most churches today, people are afraid to talk about their sins or struggles for fear that others will judge or ostracize them. This fear limits the church's ability to minister to an individual or family's needs and sets the congregation up for failure. The wraparound approach is a method for considerately bearing the burden of one another's pain, doubt, and anxiety, and helping them grow in their faith in Christ.

In our view, despite the many good things the church does in modern society and around the globe, today's church is often removed from the emotions, conflicts, and complexities of the long term disability life experience. Helpers often get tired and discouraged when change is slow (or seemingly non-existent), and when they do they often pull away. However, the wraparound model has built in checks and balances that reduce the likelihood of this happening (i.e., through the continuous training and involvement of lay members). In Romans 12:5 we read that the church is one body *("So we, being many, are one body in Christ, and individually members of one another".* Given the widespread nature of disabilities in today's society, the local church needs to

approach disability families in creative and sometimes provocative ways. As the church wraps itself around persons and families with disabilities, it brings glory to God and comes closer to fulfilling its Christ-given mandate that believers are to shine as lights to the world.

References

Albrecht, G.L., Seelman, K.D., & Bury, M. (Eds.) (2001). *Handbook of disability studies*. Thousand Oaks, CA: Sage Pub.

Ariel, C.N., & Naseef, R.A. (2006). *Voices from the spectrum.* London: Jessica Kingsley.

Bat-Chava, Y., & Martin, D. (2002). Sibling relationships of deaf children: The impact of child and family characteristics. *Rehabilitation Psychology*, *47*(1), 73-91.

Becvar, D.S., & Becvar, R.J. (2006). *Family therapy: A systemic integration (6th ed.).* Boston, MA: Allyn & Bacon.

Block, J. (2002) *Copious hosting. A theology of access for people with disabilities*. New York: Continuum.

Breeding, M., Kennamer-Hood, D., & Whitworth, J.E. (2006). *Let all the children come to me: Including children with disabilities in your church ministries.* Colorado Springs, CO: Cook Communication Ministries.

Bristol, M. M., Gallagher, J. J., & Schopler, E. (1988). Mothers and fathers of young developmentally disabled and non-disabled boys: Adaptation and spousal support. *Developmental Psychology*, *24*(3), 441-451.

Bunch, W.H. (2001). Toward a theology of inclusion for those with disabilities: A Christian response. *Journal of Religion, Disability, and Health, 5*(4), 37-44.

Burchard, J. D., Bruns, E.J., & Burchard, S.N. (2002). The wraparound process. In B. J. Burns, K. Hoagwood, & M. English (Eds.), *Community-based interventions for youth* (pp. 69-90). New York: Oxford University Press.

Buscaglia, L. (1983). *The disabled and their parents: A counseling challenge.* NewYork: Holt, Rinehart, & Winston.

Carter, E.W. (2007). *Including people with disabilities in faith communities: A guide for service providers, families, and congregations.* Baltimore, MD: Brookes Pub. Co.

Cummings, S. T. (1976). The impact of the child's deficiency on the father: A study of mentally retarded and chronically ill children. *American Journal of Orthopsychiatry, 46*, 246-255.

Darling, R.B. (2000). *The partnership model in human services: Sociological foundations and practices.* New York: Kluwer/Plenum.

Dyson, L. L. (1993). Response to the presence of a child with disabilities: Parental stress and family functioning over time. *American Journal on Mental Retardation. 98*, 207-218.

Eareckson Tada, J., & Newman, G. (1993). *All God's children: Ministry with disabled persons.* Grand Rapids, MI: Zondervan.

Eiesland, N. L. (1994). *The disabled God. Toward a liberatory theology of disability.* Nashville: Abingdon Press.

Eiesland, N.L. (1998). Barriers and bridges: Relating the disability rights movement and religious organizations. In N.L. Eiesland & D.E. Saliers (Eds.), *Human disability and the service of God: Reassessing religious practice* (pp. 200-229). Nashville, TN: Abingdon Press.

Eiesland, N.L., & Saliers, D.E. (Eds.) (1998). *Human disability and the service of God: Reassessing religious practice*. Nashville, TN: Abingdon Press.

Florian, V., & Findler, L. (2001). Mental health and marital adaptation among mothers of children with cerebral palsy. *American Journal of Orthopsychiatry, 71*(3), 358-367.

Foster, C. L., Bryon, M., & Eiser, C. (1997). Correlates of well-being in mothers of children and adolescents with cystic fibrosis. *Child: Care, Health and Development*, *24*(1), 41-56.

Ferguson, P.M. (2001). Mapping the family: Disability studies and the exploration of parental response to disability. In G.L. Albrecht, K.D. Seelman, & M. Bury (Eds.), *Handbook of disability studies* (pp. 373-395). Thousand Oaks, CA: Sage Pub.

Garbarino, J. (1989). Maltreatment of young children with disabilities. *Infants and Young Children, 2,* 49-57.

Garland, D. R. (1999). *Family ministry: A comprehensive guide*. Downers Grove: IVP.

Gaventa, W. (1986). Religious ministries and services with adults with developmental disabilities. In J. Summers (Ed*), The right to grow up: An introduction to adults with developmental disabilities*. Baltimore: Brookes.

Gaventa, W. (1997). Pastoral care with people with disabilities and their families: An adaptable module for introductory courses. In M. Bishop (Ed.), *Thematic conversations regarding disability within the framework of courses of worship, scripture, and pastoral care*. Dayton: National Council of Churches Committee on Disabilities.

Gaventa, W. (2002). Defining and assessing spirituality and spiritual supports: a rationale for inclusion in theory and practice. In W. Gaventa & D. Coulter (Eds.), *Spirituality and*

intellectual disability: International perspectives on the effect of culture and religion on healing body, mind, and soul (pp. 29-48). Binghamton: Haworth Press.

Gaventa, W. (2004). Faith and spirituality: Supporting caregivers of individuals with disabilities. Unpublished manuscript.

Gaventa, W. (2005). A place for all of me and all of us: Rekinding the spirit in services and supports. *Mental Retardation.* 43(1), 48-54.

Gaventa,W., & Berk, W. (2001). *Brain injury: when the call comes. A congregational resource*. New Brunswick: The Elizabeth M. Boggs Center, Brain Injury Association of New Jersey, and New Brunswick Theological Seminary.

Glidden, I.M., & Schoolcraft, S.A. (2003). Depression: Its trajectory and correlates in mothers rearing children with intellectual disability. *Journal of Intellectual Disability Research, 47,* 250-263.

Greenspan, S.I., & Wieder, S. (2003). *The child with special needs (2nd ed.).* Cambridge, MA: Da Capo Press.

Hanline, M. F. (1991). Transitions and critical events in the family life cycle: Implications for providing support to families of children with disabilities. *Psychology in the Schools. 28*, 53-59.

Hauerwas, S. (2004). The church and the mentally handicapped: A continuing challenge to the imagination. *Journal of Religion, Disability, and Health, 8*(3/4), 53-62.

Hodapp, R. M., & Krasner, D. V. (1995). Families of children with disabilities: Findings from a national sample of eighth-grade students. *Exceptionality, 5*, 71-81.

Honig, A. S., & Winger, C. J. (1997). A professional support program for families of handicapped preschoolers: Decrease in maternal stress. *The Journal of Primary Prevention, 17*(3), 285-296.

Hornby, G. (1995). *Working with parents of children with special needs.* London: Cassell.

Kazak, A. E. (1989). Families of chronically ill children: A systems and social-ecological model of adaptation and challenge. *Journal of Consulting and Clinical Psychology, 57*(1), 25-30.

Kazak, A.E., & Marvin, R.S. (1984). Differences, difficulties, and adaptation: Stress and social networks in families with a handicapped child. *Family Relations, 33,* 67-77.

Kazak, A. E., & Nachman, G. S. (1991). Family research on childhood chronic illness: pediatric oncology as an example. *Journal of Family Psychology, 4*(4), 462-483.

Keller, D., & Honig, A. S. (2004). Maternal and paternal stress in families with school-aged children with disabilities. *American Journal of Orthopsychiatry, 74*(3), 337-348.

Kelly, M.P. (2001). Disability and community: A sociological approach. In G.L. Albrecht, K.D. Seelman, & M. Bury (Eds.), *Handbook of disability studies* (pp. 396-411). Thousand Oaks, CA: Sage Pub.

Lamb, M.E., & Meyer, D.J. (1991). Fathers of children with special needs. In M. Selligman (Ed.), *The family with a handicapped child* (pp. 151-179). Boston: Allyn & Bacon.

LaRocque, M., & Eigenbrood, R. (2005). Community access: A survey of congregational accessibility for people with disabilities. *Journal of Religion, Disability, and Health, 9*(1), 55-66.

Lin, S. (2000). Coping and adaptation in families of children with cerebral palsy. *Exceptional Children, 66*(2), 201-218.

Lyon,, S., Knickelbaum, B.A., & Wolf, P.J. (2005). Inclusion of children and youth with severe disabilities. In S.J. Farenga, B.A. Joyce, & D. Ness (Eds.), *The encyclopedia on education and human development* (pp. 913-929). Armonk, NY: M.E. Sharpe.

Marshak, L.E., & Prezant, F. (2007). *Married with special needs children: A couples guide to keeping connected.* Bethesda, MD: Woodbine House.

Marshak, L.M., & Seligman, M. (1993). *Counseling persons with disabilities: Theoretical and clinical perspectives.* Austin, TX: PRO-ED.

McHugh, M. (2003). *Special siblings: Growing up with someone with a disability (2nd ed.).* Baltimore: Brookes.

Moltmann, J. (1998). Liberate yourselves by accepting one another. In N.L. Eiesland & D.E. Saliers (Eds.), *Human disability and the service of God: Reassessing religious practice* (pp. 105-122). Nashville, TN: Abingdon Press.

National Family Caregiving Association (2005). *Caregiving statistics*. Washington, D.C.

Nixon, C. L., & Cummings, E. M. (1999). Sibling disability and children's reactivity to conflicts involving family members. *Journal of Family Psychology, 13*(2), 274-285.

Olkin, R. (2001). *What psychotherapists should know about disability.* New York: Guilford Press.

Paterson, J.M. (1991). A family systems perspective for working with youth with disability. *Pediatrics, 18,* 129-141.

Peck, J. S., & Manocherian, J. R. (1989). Divorce in the changing family life cycle. In B. Carter & M. McGoldrick (eds.), *The changing family life cycle* (2nd ed), pp. 335-369. Boston: Allyn & Bacon.

Pescosolido, B.A. (2001). The role of social networks in the lives of persons with disabilities. In G.L. Albrecht, K.D. Seelman, & M. Bury (Eds.), *Handbook of disability studies* (pp. 468-489). Thousand Oaks, CA: Sage Publishers.

Pimm, P. L. (1996). Some of the implications of caring for a child or adult with cerebral palsy. *British Journal of Occupational Therapy, 59*(3), 335-341.

Poston, D., & Turnbull, A. (2004). Role of spirituality and religion in family quality of life for families of children with disabilities. *Education and Training in Developmental Disabilities,* 39(2), 95-108.

Power, T.J., DuPaul, G.J., Shapiro, E.S., & Kazak, A.E. (2003). *Promoting children's health.* New York: Guilford Press.

Preheim-Bartel, D. & Neufeldt, A. (1986). *Supportive care in the congregation.* Goshen, Indiana: Mennonite Mutual Aid.

Rapada, A. (2007). *The special needs ministry handbook: A church's guide to reaching children with disabilities and their families.* Minneapolis, MN: BookSurge Publishers

Rogers, M.L., & Hogan, D.P. (2003). Family life with children with disabilities: The key role of rehabilitation. *Journal of Marriage and the Family, 65,* 818-833.

Rolland, J.S. (1994). *Families, illness, and disability: An integrative treatment model.* New York: Basic Books.

Rolland, J.S. (2003). Mastering family challenges in serious illness and disability. In F. Walsh (Ed.), *Normal family processes* (3rd ed., pp. 460-489). New York: Guilford Press.

Safer, J. (2002). *The normal one: Life with a difficult or damaged sibling.* New York: Free Press.

Saliers, D.E. (1998). Toward a spirituality of inclusiveness. In N.L. Eiesland & D.E. Saliers (Eds.), *Human disability and the service of God: Reassessing religious practice* (pp. 19-34). Nashville, TN: Abingdon Press.

Scherzer, A. L. (1999). Coming to an understanding: Can parents and professionals learn to be more realistic about a child's disability? *The Exceptional Parent, 29*(8), 22.

Seligman, M., & Darling, R.B. (2007). *Ordinary families, special children: A systems approach to childhood disability (3rd ed.).* New York: Guilford Press.

Skinner, D.G., Correa, V., Skinner, M., & Bailey, D.B. Jr. (2001). Role of religion in the lives of Latino families of young children with developmental delays. *American Journal on Mental Retardation, 106*(4), 297-313.

Smart, J. (2001). *Disability, society, and the individual*. Austin, TX: PRO-ED.

Strohm, K. (2005). *Being the other one: Growing up with a brother or sister who has special needs.* Boston: Shambhala.

Sullivan, P.M., & Knudson, J.E. (2000). Maltreatment and disabilities: A population-based epidemiological study. *Child Abuse and Neglect: The International Journal, 24,* 1257-1273.

Summers, J. A., Boller, K., Schiffman, R. F., & Raikes, H. H. (2004). The meaning of "good fatherhood": Low-income fathers' social constructions of their roles. *Fathering: A Journal of Theory, Research, and Practice About Men as Fathers, 2,* 46-59.

Swinton, J. (2001). *Spirituality and mental health care: Rediscovering a 'forgotten' dimension*. New York: Jessica Kingsley Publishers.

Thornburgh, G. (2000). *That all may worship: An interfaith handbook to assist congregations in welcoming people with disabilities*. Washington, D.C.: National Organization on Disability.

Turnbull, A. P., & Turnbull, H. R. (2001). *Families, professionals, and exceptionality (4th ed.).* Upper Saddle River, NJ: Merrill/Prentice Hall.

Turnbull, A. P., Turnbull, H. R., Erwin, E.J., & Soodak, L.C. (2006). *Families, professionals, and exceptionality (5th ed.).* Upper Saddle River, NJ: Pearson/ Merrill-Prentice Hall.

U.S. Bureau of the Census (2003). Disability status: 2000 Census Brief. Washington, D.C.

Warren, R. (2003). *The purpose driven life.* Grand Rapids, MI: Zondervan.

Webb-Mitchell, B. (1998). Crafting Christians into the gestures of the body of Christ. In N.L. Eiesland & D.E. Saliers (Eds.), *Human disability and the service of God: Reassessing religious practice* (pp. 267-280). Nashville, TN: Abingdon Press.

Webb-Mitchell, B., & Web-Michael, B. (1997). *Dancing with disabilities: Opening the Church to all God's children.* Cleveland, OH: United Church Press.

Weisz, V., & Tomkins, A. J. (1996). The right to a family environment for children with disabilities. *American Psychologist, 51*(12), 1239-1245.

Zhang, D., & Rusch, F.R. (2005). The role of spirituality in living with disabilities. *Journal of Religion, Disability, and Health, 9*(1), 83-98.

With the Head but also the Heart: An Enterview[1] with Orlo Strunk

Rev. Dr. Robert S. Henderson[2]

Orlo was born in West PenArgyle, Pennsylvania and received his Bachelors

degree from West Virginia Wesleyan College before obtaining his Masters of Divinity

and PhD from Boston University. Later he did post doctoral work at Harvard.

He served at the Executive Secretary of the Institute of Pastoral Care in the late

50's before becoming Dean of the College at West Virginia Wesleyan. He has been a

Professor at West Virginia Wesleyan and Boston University School of Theology who

granted the status of Emeritus Professor in 1985. He ended his higher education career at

Boston University School of Theology where he served as Chairman of the Department

of Psychology of Religion and Pastoral Psychology. Since 1985 Orlo has been the

Managing Editor and Book Editor of the Journal of Pastoral Care Publications, Inc.

He is a retired Minister in the United Methodist Church, having been ordained in

1955. He has authored over 200 articles, booklets and chapters in books. He is the author

of the following books: *Readings in the Psychology of Religion*; *Religion: A*

---

[1] The word "enterview" came in a dream to one of the Jungian Analysts (Russell Lockhart, Ph.D) interviewed for Volume 1 of *"Living with Jung: "Enterviews" with Jungian Analysts* (Spring Journal and Books, New Orleans. 2006.). Russell explained that the word interview emphasized the idea of between and among whereas "enterview" suggested going into and within, which more accurately captures the style of these enterviews.

[2] *Rev. Dr. Robert S. Henderson* is the Director of the Pastoral Counseling Center, Inc., Glastonbury, Connecticut. He and his wife, Janis, are the authors of *Living with Jung: "Enterviews" with Jungian Analysts. Volume 1, 2, and 3*. (published by SPRING JOURNAL AND BOOKS, New Orleans). Rev. Dr. Robert S. Henderson. Pastoral Counseling Center, Inc. Box 1244. Glastonbury, Connecticut. 06033. Rob444@Cox.Net.

Psychological Interpretation; Mature Religion: A Psychological Study; The Choice

Called Atheism; The Psychology of Religion; Dynamic Interpersonalism for Ministry;

The Secret Self; Privacy: Experience, Understanding, Expression; Three-Two Count (a

novel), An Ever-Fixed Mark (a novel).

Orlo has served as the Editorial Consultant, *Dictionary of Pastoral Care and*

Counseling. Manuscript Consultant (occasionally) for Abingdon Press; Harper & Row;

Academic Press; Fortress Press; Scott, Foreman.

Orlo and his wife, Mary Louise live in Calabash, North Carolina. They are the

parents of Laura Louise (who lives in Massachusetts) and John Christopher (who lives in

Maine). Orlo and Mary Louise also have five grandchildren and one great grand child.

Robert Henderson (RH): What led you into the clinical ministry?
Orlo Strunk (OS): That's a tough question to answer succinctly! There is a real sense in which Christian ministry was, for me, a second career. I was 26 years old when I made the decision to go into Christian ministry, and as that time if anyone had used the term "clinical ministry," I would have had no understanding of the term whatsoever.

At that age, already I had spent nearly three years in the Army Air Corps as a radio-gunner on a heavy bomber (NOT unrelated to this question), had experimented in several work areas, including cement plant laborer, insurance investigator, stock room clerk, advertising writer for a daily newspaper, and had spent nearly three years studying business and advanced accounting.

Also, I had established a job printing shop and published a small weekly newspaper. These experiences, coupled with a long series of conversations with a second-career clergyman, led me to believe that a teaching ministry was still a possibility, in spite of my "advanced years."

Thus I enrolled in a liberal arts college, completing my B.A. degree in slightly over two years with a double major in philosophy and biblical literature, and double minors in psychology and economics.

Immediately following graduation, I was accepted at Boston University School of Theology, where I completed my three-year professional degree in about two years, and a Ph.D. in slightly less than three years, all by taking severe year round academic overloads

and with the help from a spouse who was willing and capable to working full time as an Executive Secretary.

During my doctoral work I also served as the part-time Executive Secretary of the Institute of Pastoral Care, a task which did get me involved in "clinical ministry," particularly in relation to the Clinical Pastoral Education developments at that time.

After completing my Ph.D. in Psychology and Pastoral Counseling, I was invited back to my undergraduate alma mater where I taught psychology for a little over two years before being appointed as Dean of the College, and I served in that administrative capacity for nearly ten years, at which time I was invited back to my theological school to teach psychology of religion and to direct doctoral dissertations in the Division of Theological and Religious Studies of the Graduate School of Arts and Sciences.

It was early on in this graduate school professorship that "clinical ministry" began to take on some additional meanings and nuances. Although primarily involved in academic and research activities, I served as a part-time staff psychologist at Ecumenical Counseling Center, an agency created to work with Roman Catholic priests and sisters who were considering career shifts following Vatican II.

At the University, a growing number of my graduate students in the specialty of psychology of religion were becoming interested in pastoral psychology and counseling.

That led me into additional clinical responsibilities, including my own didactic therapy and the supervision of Ph.D. candidates in Psychology and Pastoral Counseling. Thus, "clinical ministry" took on considerable meaning and moved me into a range of activities beyond the academic/research assignments in the university context, including serving as the Book Review Editor of The Journal of Pastoral Care.

Talk about "multi causes" regarding movement into "clinical ministry"! (And I haven't touched on the sundry unconscious, semi-conscious, environmental, and supernatural forces that undoubtedly must be included in any authentic account of the factors operative in movement into Christian ministry, including "clinical ministry.')

(RH): From your vantage point as the Managing Editor and Book Review Editor of the Journal of Pastoral Care and Counseling since 1985, what have been some of the hopeful and discouraging trends you have seen in the field of clinical ministry?

(OS): It is difficult to identify the hopeful/discouraging trends in a few words or sentences, but here's my list (today):

HOPEFUL:

1. The fact that a professional journal in the pastoral arts and sciences has been able to survive for over a half a century without benefit of any full-time employees or substantial financial backing.
2. The movement from a primarily male/white leadership to one of diversity, particularly in terms of gender and ethnicity.
3. The inclusion of scientific research to support, or to being into dialogue, many pastoral theories and practices.
4. The growing awareness that pastoral care is much more expansive than the traditional notion that it is only effectively or primarily delivered by clergy.
5. The growing awareness of the importance of interacting with the international project in pastoral care, counseling, spiritual care, etc.
6. The PARTIAL dismantling, or at least the softening, of the theoretical/practical dichotomy that has characterized our movement for generations.
7. The PARTIAL erosion of distrust of the behavioral, social, and medical sciences in informing the religious and theological project, including its praxis.

DISCOURAGING:

1. The retention, even the increase, in seeing pastoral or spiritual care in primarily specific professional roles (e.g., pastoral counseling vs. chaplaincy; general chaplaincy vs. clinical pastoral education; specialized ministry vs. congregational ministry).
2. The movement, often subtle, from openness of a variety of expressions, to closed-mindedness (e.g., conservatism fundamentalism; liberal fundamentalism; scientific fundamentalism), all of which inevitably cuts off true communication and leads to violence to persons.
3. The UNCRITICAL and often UNEXAMINED acceptance of the Zeitgeist, particularly scientism (the only way to knowledge is via scientific means and reasoning), or post-modernism, or other "isms."
4. The acceptance of the mantra that "bottom line" is ALWAYS finances.
5. The dismissal of history, tradition, evolution of ideas and practices; that is, the belief that the truth can only be found in the now reality.
6. The overall "dumbing down" processes---frequently manifested in poor writing, over generalizations, failure to build upon previous knowledge and wisdom, assuming that technology can replace critical thinking and sound scholarship, inability to spot and treat perspective realities, etc., etc., etc.

(RH) You reference the partial dismantling/softening of the theoretical/practical dichotomy that has characterized the clinical ministry movement. What do you see as some of the aspects of the dichotomy and what do you see happening to it?

(OS) My comment relative to the "theoretical/practical dichotomy" was intended to focus NOT on the psychological theory/praxis relationship, which, incidentally, does exist in the secular sector as well, but on the theological/practice relationship.

I assume, of course, and my answer implies this, that pastoral counseling and "clinical ministry" are PRIMARILY expressions out of a theological matrix. That is, they are primarily rooted in religious faith and theological claims and therefore ought to be in close relationship to those claims.

In terms of the Christian faith (my own faith tradition), this implies an intimate relationship between pastoral theology and praxis (pastoral counseling/psychotherapy and chaplaincy). (Other faith traditions would perhaps have different ways or nomenclatures to capture this relationship between the two domains---theory and practice).

This seemingly abstract commentary has many specific expressions in the modern and postmodern world. When, for example, I was a professor and clinical supervisor in the Ph.D. pastoral counseling program at Boston University, it was evident that most doctoral-level candidates identified more with the mental health community than they did with the theological community.

This meant, of course, greater investment in psychological theory than in the traditional theological disciplines, including pastoral theology. Currently, in my role as editor of The Journal of Pastoral Care & Counseling, I sense that in much of healthcare chaplaincy there tends to be a stronger affinity with medical science's theoretical and epistemological structures than with the religious/theological systems that define the chaplain's specialized ministry.

It is important, I think, for pastoral or spiritual practitioners---whether pastoral counselors or chaplains---to be in close dialogue with their religious/theological (theory) roots. This, by the way, is in no sense a plea for a diminishment of the necessity to be in an enlightened dialogue with "secular" meaning systems.

A pastoral counselor, for example, may become thoroughly competent in the theoretical nuances of the cognitive-behavioral system, but he or she should be at least equally close to those particular theological systems that give meaning to his or her expressions of ministry.

At the risk of oversimplifying this dynamic (theory/praxis), I get the impression that Conservative-Evangelical caregivers often err on the side of over identifying with the theological bedrock and that the liberal/progressive caregivers over identify with the scientific meaning systems.

I think the good news is that in the pastoral care, counseling, and education movement---or at least in a segment of it---we are experiencing a growing willingness to engage in the theory/praxis dialogue.

Equally encouraging, I believe, is that this theory/praxis relationship is gaining additional subtleness as the movement becomes more and more international in tone.

I think, for instance, that John Foskett's recent monograph, THE GOSSIP OF GOD'S SIBLINGS: THE EUROPEAN PASTORAL CARE AND COUNSELING MOVEMENT, 1972-2005, presents fascinating, as well as additional, complexities that are bound to enrich the theory/praxis project---provided, of course, we in the United States are willing to reflect and dialogue in an open and respectful fashion with many caregivers in the world who do not always conceptualize things the way we do.

(RH): Over the years I have heard many people in clinical ministry sadly report that as they have gotten more involved in their specialized ministries(CPE, Chaplaincy, Pastoral Counseling, etc.), they often fine themselves without a meaningful experience in attending worship or being part of a spiritual community. At times I have felt this myself. What are your reactions?

(OS): There are plenty of areas in which I feel inadequate and incompetent, and this certainly is one of them. But let me blunder along for a few lines to explain why this is such a difficult question for me to handle.

I need to start with an honest confession: I personally have not felt any *overpowering* need for community---worshiping or spiritual; and much of my adult life I have felt somewhat uneasy about this.

Back in 1982 I wrote a small volume titled *Privacy: Experience, Understanding, Expression* in which I think I was trying to offer a defense for feeling no deep need for a community.

I started one of the chapters with a famous quotation from Henry David Thoreau: "I find it wholesome to be alone the greater part of the time. To be in company, even the best, is soon wearisome and dissipating. I love to be alone."

At the time I wrote that book I was trying to develop what I would now call a phenomenology of privacy and solitude, and I was doing it in the midst of being in an environment where the notion of community was an omnipresent and loud shibboleth.

Frankly, I have never completely resolved this conflict; that is, the sense that not being part of a community is really okay and the disturbing external clamor that claims that I am missing the *very essence* of the religious/spiritual sentiment by holding to such a personalistic stance.

I try at times to dismiss the dilemma by turning to some psychological explanations like "Well, after all, you are an INFJ type," or "Well, let's face it, you are much more 'field independent' than you are 'field dependent.'" etc., etc. But somehow I still often think I *ought* to miss being part of a "spiritual" community or a "worshiping" community. But I simply do not feel that way.

Maybe it's like one of my African American students recently blurted to me as we were discussing some of the current racial issues that still haunt us: "Hey, man, I long ago accepted that I'm a minority! Get over it!"

At the same time---back to your question---I believe I do understand, or at least try to understand, those caregivers in clinical ministry who report that they don't feel they have ready access to a worship and spiritual milieu that would be *meaningful.*

But given what I've said in my previous confession, you can understand why I count myself inadequate and incompetent to respond to this one with any sense of authority or wisdom. And certainly I would never advise a resolution to this issue via the methods my "minority" status has required---private prayer; meditation; distant spiritual encouragement (e.g., as a Fellow in the Winder Quaker Fellowship); biblical and spiritual readings; the creative writing of poems, short stories, novels.

(RH): For the past several years, the wonderful Journal you edit (*Journal of Pastoral Care and Counseling)* has had sections for poetry and personal reflections from it readers. What does the growth of this interest reveal about the people in the field of pastoral care and counseling?

(OS): What I would like to believe regarding the steady flow of Personal Reflections and poetry in *The Journal,* is that it demonstrates how wide, deep, and existential matters are that chaplains and pastoral counselors encounter in their daily ministries, and that no single genre is capable to holding such rich phenomena.

Several years ago in arguing for a particular vision of the contemporary healthcare chaplain (and I would say the same regarding pastoral counselors/psychotherapists), I wrote that:

"professional chaplains must reflect an authentic understanding of the religion/science dialogue by drawing not simply on the popular culture's views but on the long traditions of serious scholarship and research that explores both worlds....What often passes today as science is really scientism or technophilia and I don't think these distortions should be allowed to define the chaplain's or the clinical educator's ministry. The chaplain, as a reflection of religion, is obligated to draw on all of humankind's projects---science, art, humanities, theological and religious studies, and ethics---and ought not to become a captive of a Zeitgeist that invites idolatry either in the form of scientism and technophilia or in the forms of provincial and superficial understandings of religion."

I believe the folks who write and submit Personal Reflections and poetry are those who feel a deep need to express the religious/spiritual sentiment in literary forms that transcend the purely prosaic ones that characterize much of professional and academic literature.

On the same day I received your question, I was writing a critique of a manuscript a publisher had sent to me for evaluation. In my judgment, it is a well-crafted document and ought to make an excellent textbook in the area of personality theory. But the authors, in a myriad of ways and between many sentences, peddle the notion that there is but one way of knowing.

On one page they say it clearly and directly: "...the scientific method is the only method that leads to knowledge about reality." I find such a view---what I call "scientific narcissism" and others have characterized as "scientific fundamentalism"---beginning to permeate our literature in the pastoral arts and sciences.

Unfortunately, to talk this way today frequently leads to being dismissed and labeled "unscientific" or "unprogressive" and therefore, given the Zeitgeist, irrelevant. I believe, however, that the personal accounts and poems we publish are a form of refusal to accept being exiled to Elba.

I think Donald Capps' volume, *The Poet's Gift: Toward the Renewal of Pastoral Care* says it marvelously well. In the Introduction to that book, Capps writes, in comparing the poet and the pastor, the following: "...poets who write about the anomalies, the tragedies, and the unexpected blessings of life have much in common with pastors, as they devote considerable attention to such experiences and write about them in much the same way that pastors speak about them: with the head but also with the heart, with thoughtfulness but also with passion, with mental intensity but also with deep emotion."

I believe the contributors of personal reflections and the poems we publish in *The Journal* are carries of such a sentiment. Don't get me wrong---ordinary prose, including scientific reporting of research--- is very important in our pastoral literature today, but it is in many respects severely limiting in capturing the full spirit of the human condition.

(RH): First generation founders often possess qualities that sometimes get lost in future generations. From 1956 to 1959 you served as the Executive Secretary for the Institute of Pastoral Care, one of the pioneering organizations for present day clinical ministry. What are some memories and feelings from those times that have held particular meaning to you?

(OS) Your question brings back many memories of those late 1950s when I served as the Executive Secretary of the Institute of Pastoral Care. At the time, I was a full-time doctoral candidate at Boston University and my work with the Institute was a part-time job sandwiched between course work, writing a doctoral dissertation, and following the failings of the Boston Red Sox.

The position required that I attend all the meetings of the Institute's Board, record and transcribe the Minutes, and carry out the correspondence with the half-dozen Institute supervisors conducting clinical pastoral education.

Although the three-year involvement with the Institute was helpful, both financially and academically, what was particularly memorable was my association with the persons who were struggling with the issue of finding ways to get CPE acceptable as an integral part of theological education.

There were, for instance, long and intense dialogues on whether CPE would be called "education" or "training"; should academic credit be given for this new clinical experience; how best to communicate the notion that CPE is primarily "pastoral," not psychology or therapy; what sort of person makes the most effective supervisor of such clinical experiences; is a general hospital more appropriate than a mental hospital to carry out the clinical involvement; etc., etc.

Such discussions were enhanced by an amazing cadre of persons---people like Paul E. Johnson, Walter G. Muelder, Rollin Fairbanks, Joe Fletcher, John Billinsky, et al.

What remains especially meaningful for me were the following realities: First, although I was a graduate student, the accomplished scholars and clinicians serving on the Board treated me as an equal. My opinion was solicited and my observations were taken seriously. I was treated as a peer.

Second, no matter what the issue under scrutiny, the participants did their homework, constantly struggling to become aware of the historic, theological, and existential dimensions of the topic under consideration. There were very few superficial "sound bites."

Third, respect for persons was evident even when there were wide differences of opinion being processed---and there were many such instances back then when some heavy differences between the Council and the Institute were being argued, not to mention some equally heavy personalities involved in such differences.

Finally, for me, personally, the details I was responsible for---some of which were quite mundane---were greatly enlivened by the fact that my site of operation was in the Office of the Chaplain at Massachusetts General Hospital. Jim Burns was the chaplain and one of the Institute's supervisors. And Jim too became part of that person-centered environment.

When I wasn't typing or on the telephone attending to Institute matters, I was able to sit in on Jim's CPE groups, or, on some days, at Jim's invitation, was able to make hospital calls as a chaplain.

In many respects, serving as the Executive Secretary gave me an opportunity to *experience* the intellectual concepts of the philosophy of personalism that saturated Boston University at that time. That same philosophy was evident in the core of the

Institute's leadership in those early days in Boston, and, undoubtedly, contributes to my selective memories of those days.

(RH): Over the years teaching at the School of Theology at Boston University and being editor of *The Journal*, what are some things you have learned about people in ministry and their writing?

(OS): I once heard the dean of a very prestigious school of divinity, in trying to answer a layman's question, "Just what is theology anyway?" answer as follows: "Theology is that discipline and field of inquiry that draws the *largest* of circles."

Yet in pastoral counseling/psychotherapy, as well as in hospital ministry, I find that very often we tend to draw *smaller* circles, not larger ones. In pastoral counseling, for instance, we often embrace—sometimes with more than a little enthusiasm—particular theories or practices and in the embrace we minimize the rich theological and religious dimensions of our traditions. What is worse, we do this *uncritically.*

I must quickly add that we in clinical ministry are not alone in this propensity. Presently I am teaching part-time as an Adjunct Professor in one of Webster University's sites, and my students, MA-level candidates in the field of professional counseling, tend more and more to see themselves as part of the health care establishment, despite the fact that the professional counseling profession has deep roots in a humanistic growth-oriented tradition.

The health care professions, on the other hand, tend to be driven by the logic of the medical sciences, and in the case of psychiatry guided by a strong deficiency model. In a recent article appearing in the Summer 2007 issue of the *Journal of Counseling & Development*, James Hansen addresses this movement in an excellent piece titled, "Should Counseling Be Considered a Health Care Profession? Critical Thought on the Transition to a Health Care Ideology."

In many respects, his analysis parallels the transitions I see us making in pastoral counseling, which, I think, are also characterized by an uncritical float into secular frameworks.

There are exceptions, of course, and our literature in the pastoral arts and sciences is spotted with prophetic sparks drawing attention to this tendency. This past week, for instance, I finished reading the advanced page proofs of Don Denton's newest book, *Naming the Pain and Guiding the Care: The Central Tasks of Diagnosis.*

In it Don does a remarkable and very readable critique of the DSM-IV-TR. Although I cannot begin to cover the rich details of his perspective, his discourse is a way of saying that our religious and spiritual input could help mightily in making assessment come closer to the real lives of real people.

I think chaplains also frequently sell their souls to the 20th and 21st century medical sciences and technologies in a similar manner, that is they draw smaller and smaller circles in order to be accepted into the medical worldview which, of course, is dominated by a particular view of science, driven by the ideology of logical positivism.

Even in those few enclaves where there are attempts to confront the uncritical drift into narrow or specialized meaning systems, the prophets are often verbally stoned, ignored, or dismissed as "extremists" or "behind the time."

I think, for instance, that in the Christian tradition—the tradition in which I stand and am most familiar—it is unfortunate that conservative evangelicals and liberal fundamentalists are unable to interact and exchange views and perspectives in the pastoral arts and sciences, including in their respective literary venues.

What is particularly interesting in this regard is that in both camps, pastoral counseling and chaplaincy, we make much to do about being open to a wide assortment of religious traditions, yet find it difficult, if not impossible, to be equally open to the varieties of perspectives within our own projects of care.

I realize that this attempt to draw larger and larger circles is easily interpreted as a way of removing oneself from the mainstream, and it does risk being excluded from mainstream communities.

My conviction is, however, that if we work hard to draw larger and larger circles, and if we are free and articulate about critiquing these circles and sharing them with other perspective traditions, then bridges can be built between such communities as the medical/psychiatric and the religious/spiritual; and, most important of all, such cooperation and respectful interaction will be to the benefit of those we are called to serve in these amazingly difficult times.

(RH): What do your feel conservative evangelicals and liberals can learn from each other?

(OS): I think the one thing both could learn is that as Christians we need to understand and appreciate that at the *basic* level of faith we have more in common than our arguments and disagreements would suggest.

After all, there is no doubt that in this 21st century religion will be, already is, under severe attack from a variety of forces. It would do well therefore for *all* Christian factions to enter into respectful dialogue in ways similar to those conducted between Christians and Jews, Roman Catholics and Islam, Catholics and Protestants, etc.

As to the potential "learnings" that might be attained in our clinical ministry domain, specifics would be numerous and contextual. But surely, in at least a general sense, liberals might learn how conservative evangelicals are able to muster the courage

to name their faith in the face of dominant secular groups (e.g., the medical/psychiatric community in its diagnostic domination), and conservative evangelicals might learn from liberals how to express their faith views to the unfaithful in less divisive ways (e.g., systematically researching such controversial issues as the "treatment" of sexual orientation problems).

Just a thought!

(RH): How are you finding this time in your life, Orlo?

(OS): This time in life: In all HONESTY, I am not enjoying much of "old age" condiments. I have days when I still find reading the writings of pastoral caregivers enlightening. And I do appreciate the opportunity of assisting new writers interested in expressing their views and experiences. Also—at least every so often—the Muse finds me and I write a poem, or a short story, or start a novel that to me says something important. Unfortunately, too much of my thought time gets ursurps by diminishment, worry, and surrendering. But, hey, maybe tomorrow it will be better. And, after all, the Red Sox are doing well!

(RH): Orlo, I have felt honored to work with you on this interview and I have appreciated all your comments. What closing hopes do you have for all of those people who are or will be in clinical ministry?

(OS): In an attempt not to be too "windy" in response to a question that really does require considerable reflection and nuanced conditions, I would answer that, personally, I remain hopeful that clinical ministry in the future will not abandon the original notion of most of the early pioneers who believed that the critical acceptance of authentic science and authentic religion could form the basis for an intellectually sound and compassionate expression of *care.*

Such a lengthy sentence hides a couple of assumptions that I need to note. First, it includes the conviction that those who practice clinical ministry ought to be well educated in *both* psychosocial studies and religious/theological studies. This notion at times runs counter to the anti-intellectual propensities historically found in some of the pastoral care, counseling, and education movement.

But to be an insightful and sensitive caregiver, I believe, requires a life-long commitment to study in both these domains of inquiry. As previous scholars have often claimed, authentic science and authentic religion contains the idea that there is always more unknown than known.

Second, I believe most of the pioneers in the early development of the pastoral arts and sciences believed that it is possible to stand tall between these two great systems—religion and science—without being cannibalized by either. This requires that practitioners become what William James called "complete philosophers."

In his classic *The Principles of Psychology*, James unpacks the notion that all humans are characterized by at least seven perspectives, or what he calls "sub-universes"---(1) the world of sense, (2) the world of science, (3) the world of ideal relations, (4) the world of "idols of the tribe," (5) the various supernatural worlds, (6) the various worlds of individual opinion, and (7) the world of "sheer madness and vagary."

The complete philosopher—and I would argue, the person who wishes to engage in clinical ministry—is one who is able to determine the relation of each sub-universe to the others in the total world of the person being cared for. Those persons engaged in clinical ministry via his or her education, training, and life experiences do that at the point of need. That is, she or her takes into account *all* the sub-worlds in the delivery of intelligent, comprehensive, sensitive *care.*

If all this sounds *idealistic*, it is because it is. It would be difficult to avoid the conclusion that *authentic* science and *authentic* religion *are* ideals that play themselves out in the day-to-day encounters clinical ministers meet in a *real* world.

   Peace!

God's Lure through a Lifetime

Carol Saussy[1]

In the first draft of this "life story," I started with my entering the field of religion and psychology in 1969. I soon discovered that I have to start much sooner. I am the fifth of eight children born to Virginia Airey Parker and Charles Walker Saussy. My mother was raised in New Orleans where we all grew up, my father was from Savannah. (In family systems' terms, he married into her family.) On the day of my birth in 1934 I had sisters seven, six and five, and a brother three. By the time I was six, I had acquired a brother sixteen months younger, a sister aged two, and a new baby brother. We had a live-in nanny (but never used that word) who was hired when I was an infant, and stayed with the family until the youngest child was into school. Corinne, or "Cozy" as we called her, took major responsibility for the children, especially the younger four. On weekends she went home to her three children, all a notch older than we were. I learned a lot of care giving and care receiving in my family. I won't go into personal family history except to say that I was a parentified child who learned to take charge, especially after my older sisters married. As a result, control issues have been a struggle in my adult years. (That's why I wrote "Control: Power or Impotence" as my inaugural lecture at Wesley [Quarterly Review, Vol. 6, No. 2, summer, 1996]).

At age four I went to kindergarten followed by pre-primary at the Academy of the Sacred Heart in New Orleans, where I remained for fourteen years. I was very much a part of

[1] Carol Saussy, Ph.D.
Professor Emerita Pastoral Theology and Care, Wesley Theological Seminary, Washington, DC.
Artist@Residence, www.csaussy.net

the school system, devoted to the nuns (though I turned mischief maker during high school, to the chagrin of some of the nuns.) Uniforms, silent study halls, silent ranks moving to and from classes or chapel or the cafeteria, small classes (26 in my graduating class), weekly assemblies at which each student's name was called and an account of her behavior for the week read aloud, very formal greeting with curtsy when we met the nuns along the corridors. Catholic practices, and especially devotion to the Sacred Heart and to Mary, pervaded the warm and loving, yet super-controlled system. There was also a powerful family myth that shaped the lives of the students and alumnae. Once a "Child of the Sacred Heart" always a "Child of the Sacred Heart."

I attended Louisiana State University for two years (with seven from our Sacred Heart class of 26), then broke out of my safety zone and transferred to the University of Colorado where I knew only one person, and graduated in journalism in 1956. During our senior year in college, four of our 26 Sacred Heart classmates, now scattered in different colleges, decided to move to the same city after college, find employment and set up house together. We landed in Chicago where I worked at McCann-Erikson Advertising for almost two years until I could no longer drown out what I felt to be a call to religious life. In October, 1958 I entered the Religious of the Sacred Heart in Albany, New York. After the novitiate and a year of graduate study, I taught literature and religion at Sacred Heart schools in St. Louis and New Orleans, and then was sent to Rome for five months of preparation for profession. From Rome I went into studies in philosophy and theology, first at St. Louis University, then to the masters program in theology at the University of San Francisco…then back in to teaching in St. Louis. Had anyone told me at any time between 1958-1970 that I would leave the order and marry I would have found it incredible. While I cherish precious memories of

nineteen years in the order, I would never repeat them. When my world view changed, with the openness of John XXIII and Vatican II, eventually there was no return. For about eight years my struggle was to find a new way to live religious life. By 1977 I knew I could not continue with integrity or enthusiasm. I officially left the order in July, 1977.

Now back to my first start at this paper: The last time I wrote what one might call a life story was in 1969 when I applied for a fellowship in the Menninger Foundation's program in Religion and Psychiatry, officially an ACPE program. Perhaps that step marks my entry into the movement of pastoral theology, care, and counseling. At the time I belonged to the religious community, was teaching at a girls' private high school in St. Louis, and was responsible for the religious studies program. I soon discovered that the students were far more interested in understanding themselves and how their religious faith defined them than in studying the church and its doctrine. In the religious studies program a colleague and I redesigned, juniors and seniors could choose from a number of electives; the majority of them chose to take "Religion and Psychology." This was the era of <u>Psychology Today,</u> Maxwell Maltz' <u>Psycho-Cybernetics,</u> and Sid Simon's values clarification, and I put together the 10 week course. I had completed a masters' degree in Theology, but had done little formal study of psychology. I knew I had to learn more. A member of our community had just completed the Menninger program and strongly recommended that I apply.

ACPE was new to me, and when I received the application materials requiring an autobiography as well as answers to many detailed questions, I knew how I would spend the long Thanksgiving weekend. I stated as my goal for applying: "to be prepared to teach psychologically oriented theology in high school or higher education." (I was already doing some adjunct teaching in theology at Maryville College in St. Louis.)

The Menninger program, eleven months in duration, focused on psychology/psychiatry taught by and to persons committed to the work of the church: ministers, priests, religious women, and an occasional rabbi. We were all placed in a clinical setting and received excellent supervision. My setting was the then called "Florence Crittenden Home for Unwed Mothers." (I will always be grateful to Dick Bollinger, my supervisor. Little did I know at the time that what started within me at Menninger would lead to my leaving religious life six years later. Much of that self re-discovery happened in supervision.) "Fellows" concluded the Menninger program with three units of advanced clinical pastoral education.

Following Menninger I worked as a counselor in the social service department of a hospital in New Orleans, where I soon became identified as the person ready to deal with dying patients and their families. My parents and a sister died within three years of each other in the late sixties; death had become a central part of my life. My interest in dying and bereavement was deepened when Elisabeth Kubler Ross lectured at Menninger on her recently published book, On Death and Dying.

After a year at the hospital, I was called to head a small pastoral care department at Maryville College (now Maryville University) in St. Louis, also teaching nursing students as well as liberal arts undergraduates psychologically oriented theology. Everything I learned at Menninger proved to be good preparation, but I knew I needed to go further academically.

I was accepted into the doctoral program in "Religion and the Personality Sciences" at the Graduate Theological Union in Berkeley in 1974. My advisor and professor Edward Stein invited me to intern at the Lloyd Center Counseling Service in San Anselmo after my first year of classes.

By now I knew I had to address the question of whether I could stay in religious life wit

integrity. I returned to St. Louis after completing my degree and made an eight day retreat,

with a close friend in the order, Sister Gin O'Meara, as my spiritual partner. I knew it was

time to leave, and I was leaving a group of women I sincerely called "sisters" and who

counted on my staying. Saying "goodbye" was very painful. I spent the following week in

New Orleans to share my decision with my family and spend time with them, then returned

to San Francisco and was able to patch together a position as counselor at the Lloyd Center

and adjunct teacher at San Francisco Theological Seminary. When I took over as

Administrative Director of Lloyd Center Counseling (since renamed Pastoral Counseling)

about a year later, I applied for "Fellow" in AAPC, continuing to do occasional adjunct

teaching for the seminary and serving on the faculty as an educational administrator. Several

years later the Lloyd Center applied to be a service center endorsed by AAPC

I thoroughly enjoyed the AAPC annual meeting as well as regional meetings. I still

cherish friends I made through AAPC: Carolyn Bohler, Larry Graham, Joretta Marshall,

Anne Stewart, Nancy Ramsay, Orlo Strunk, and the list could go on and on. .I continue to

serve on the editorial committee of the Journal of Pastoral Care.

Meanwhile, Frank Molony, whom I met in 1974 (the year we both moved to the

Graduate Theological Union in Berkeley), was struggling with his question about staying in

the priesthood or leaving to marry me. We made our decisions independently during retreats

in the summer of 1977. However my being a judging type, and Frank a perceiving type, I

moved on my decision immediately (it had been tested in my imagination for years), and

Frank needed to give his decision a year. What friends have been most interested in is how it

happened. We began as "spiritual friends". I'll leave the details out and say that we married

four years later, in November, 1978 at the San Francisco Theological Seminary in San Anselmo.

In the spring of 1977 Rollo May taught a class at San Francisco Theological Seminary on the Meaning of Anxiety. His writings were surely not new to me, but at that time I read through them all. I asked Rollo if I could get into therapy with him to work through the decision I was making about leaving religious life, and the possibility of getting married if Frank chose to leave the Jesuits. He suggested I call him when I returned from New Orleans, but I got cold feet and put it off. When I saw him at a social event some weeks later, he reminded me that he had not heard from me, and I realized I was ready to begin. I worked with him for two years, a year before and a year after getting married. Those sessions surely had a profound influence on my life as well as on my way of being therapist. I won't forget arriving with a tape recorder at the second session because the first had been so powerful and affirming and I wished I had recorded it. It seemed like a good idea to play the tapes during the week between sessions. He said that was a first for him, but if I wanted to record them to go ahead. After several weeks, when I had failed to play the tapes as planned, I decided I would not tape for a while. His remark the next week, "you must not expect anything important to happen today; you have no tape recorder." It's also amusing to look back at our discussion about the fee at our first session. I forget what he said his going rate was, but I was starting over with very little money in the bank and a patchwork job without benefits and couldn't pay it, and asked if I could pay $40. He agreed. A few weeks later I realized that even $40 a week would be hard to meet, so I asked if we could reduce it to $30. He agreed again.

Several years later Dayton Hultgren, the new president at SFTS, asked me to go to the North Central Ministry Development Center in New Brighton, Minnesota. He wanted the Lloyd Center to become such a center, and thought that if I went through the routine as if I were a candidate for ministry, I would be able to determine what resources the Lloyd Center would need to move in that direction. I dutifully filled out test after test (I think fourteen in all) and took off for Minnesota. To my surprise, what I learned during my time with the counselors evaluating my material was that I wanted to get back into the classroom. Dayton did not expect me to come back with that insight, but both he and Dean Browne Barr (a soul mate) encouraged me to go for a teaching position in a seminary. The position opened at Wesley, I applied and was called for an interview, and the next phase of my life began. (I've always felt that Browne's recommendation had much to do with my being offered the position.)

Between the interview process at Wesley and our move to the Washington area, I kept a commitment I had made a year earlier to teach at United Theological College in Sydney, Australia, during their winter, our summer, 1984. Leaving my familiar territory for ten weeks where I knew no one was good preparation for the move from San Francisco to Washington.

I moved to Wesley in 1984, retired (or as I say jubilated) in 1999. Those were important and productive years for me. The teaching was demanding, absorbing, and energizing. I had many cherished colleagues and students over the years. I took over responsibility for the CPE program at Wesley and served on the CPE advisory committee of Holy Cross Hospital (only briefly because they discontinued their program), Sibley Hospital, and Asbury Village. I was able to produce three books during my tenure: <u>God Images and Self Esteem: Empowering Women in a Patriarchal Society</u> (Westminster/John Knox, 1991), <u>The Gift of Anger: A Call</u>

to Faithful Action (Westminster/John Knox, 1995), and The Art of Growing Old: A Guide to Faithful Aging (Augsburg, 1998). I kept a very small counseling practice throughout my time at Wesley. Pastoral Theology, care and counseling was my life. I have given classes, retreats, and/or led Sunday adult education classes at many churches, more before jubilation than since.

The Society for Pastoral Theology was just starting when I went to Wesley; I attended its second annual meeting in Denver in 1986, and continued participating without a break until retirement. I had the privilege of serving on the steering committee for three years, chairing the committee for the last of the three. I remember with great fondness getting to know the other members who rotated on and off of the steering committee during my tenure: Herb Anderson, Nancy Ramsay, Han van den Blink, Andy Lester, Rod Hunter, Charles Taylor, and Judy Orr. SPT was indeed a very important part of my professional life.

I suppose that "change" should be my middle name. In the fall of 1999 I started my new career in the arts, taking Drawing I and Painting I at our local community college for starters. Since then I have taken numerous classes at Montgomery College and several others in artists' studios: oil, watercolor, pastel, acrylic, Chinese brush painting, and my cutting edge—digital art In Corel Painter X and PhotoShop. I've exhibited in solo and group shows in art mansions, museums, churches, hospitals and schools. (Please visit my website at www.csaussy.net.) Many of my paintings have sold. I find a parallel between having a manuscript accepted and selling a painting. Not long before she died, Maxine Glaz and I shared our mutual experience of delight when a painting sells. It's also a thrill to go into a friend's home and see my painting on the wall.

I have always felt some indescribable continuity between my years in religious community and my 29 years of marriage to Frank. Likewise, I'm not sure what the connection is between my pastoral theology life and my life as "Artist@Residence," but continuity is there as well. Working through this life review helps me name it. My values are basically the same. I want to do justice, love mercy, and walk humbly with the Holy One. Frank and I have always been church-connected together. During our years in California, first in San Anselmo and then in El Cerrito, we were able to find Roman Catholic churches where we could worship together, although we did have to do some fairly extensive searching. In Maryland it was not as easy. We "tried" at least a dozen Roman Catholic churches, and usually because of the patriarchy or intolerance of homosexuals or lack of community we moved on. For over fifteen years we have been members of Rockville United Church, a combined Presbyterian and United Church of Christ congregation. We have not joined either of the denominations, calling ourselves "Catholics in waiting". At RUC we have had our turns at preaching, serving as liturgist, teaching adult education, serving on committees and as elders on Council. I especially appreciate the Sundays when one of us gives the homily and the other serves as liturgist. Presently Frank is the elder for Congregational Care, and I am a member of his committee. Surely my pastoral skills have been in service there. When I retired from Wesley I took on the task of visiting a few low income seniors through the Community Ministries of Rockville, visiting first an independent living facility and now a nursing home once a week.

For about eighteen years I have been a member of a small woman church group: Sisters Against Sexism or SAS (also referred to as Sisters Affirming Sexuality). We meet in one another's homes every third Sunday evening for a pot luck and a worship service, taking

turns as liturgist. Our gatherings are spirit-filled, creative, and a beautiful experience of community offering magnificent sisterly support and love.

Teachers and colleagues who formed my work

It's hard to adequately spell out the people who have been most influential in shaping my identity, thought and work. I spontaneously think of my father, a very creative and forceful man whom I lost when I was 23. I have long thought that I owe my creative streak to him. He encouraged creative expression from the start. I carefully picked out a birthday card for him when I was in grade school. While he found the card amusing and was grateful, he said that it would have been even better if I had made the card myself. For years I have made cards, I guess I could say in memory of him. He encouraged my writing as well, and I think of him especially when I am writing a poem or song for a birthday celebration. His presence sometimes becomes tangible, like now when he is so much on my mind.

The nuns at school were deeply influential in my life. They taught me how to pray and pushed me to take leadership positions. And once I had joined the order, they became even more important to me. A few teachers and spiritual directors among them stand out, as well as wonderful women I lived with in community.

There are very few professors at the universities I attended who had much influence on me, save for a creative writing professor at LSU. While I took my studies seriously and stayed on the Dean's List throughout the four years, I was not what I would consider an intellectual. A passion for learning came in the convent years and thereafter. A first course in biblical exegesis with Jack Elliot at the University of San Francisco was a landmark for me, as was a class with Luis Alonso Schokel on the psalms. I embraced biblical studies as never

before. The theologians I most admired were Teilhard de Chardin and process theologians. A course in cosmology with Max Wildiers was perhaps my start. Bernard Loomer and Bernard Lee introduced me to Alfred North Whitehead. While I found <u>Process and Reality</u> exceedingly difficult to read, I persisted and the two Bernards really opened his thought to me. Marjorie Suchocki was dean when I moved to Wesley and invited me to join a process theology group that met monthly. Her book (<u>God, Christ, Church</u>) and our long conversations as well as playful times together were a great gift. Gordon Jackson's book, <u>Pastoral Care and Process Theology</u> helped me integrate process theology into all of my classes. I devoured many books on Family Systems Theory that profoundly shaped how I taught pastoral theology classes. Systems theory weaved well with process thought.

My love of feminist theology goes back to conversations with Clare Fisher at the Graduate Theological Union, and then my friendship with Mary Hunt who always challenged me to read more of the feminist's library. I read my way through dozens of books. At this writing the one that stands out among the most influential was Rita Nakashima-Brock's <u>Journeys By Heart</u> another process thinker. I learned so much from women in the Society for Pastoral Theology: Emma Justes, Shelly Finson, Carolyn Bohler, Christie Neuger, Nancy Ramsay, Joretta Marshall, Kathleen Greider, Jeanne Stevenson-Moessner, Maxine Glaz, Bonnie Miller McLemore, Brita Gill, Carrie Doehring, Pamela Couture and Gail Unterberger among them.

Finally, I've been blessed with close to thirty years of marriage to one of the brightest and most ethical, spontaneously generous and outgoing people I have ever known. Frank Molony remembers most of what he has ever read, and is a great resource in all of the writing and teaching I have done. He is philosopher, theologian, biblical scholar, besides being

linguist, classical scholar, lawyer, community organizer, leader, and magnificently caring person. Yes, without a doubt he has been the major influence on my life since we met in 1974. We are a team. We move into our always maturing years together with faith, hope, love and humor.