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# THREE VOICES, ONE SONG: A PSYCHOLOGIST, SPIRITUAL DIRECTOR, AND PASTORAL COUNSELOR SHARE PERSPECTIVES ON PROVIDING CARE

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A psychologist, spiritual director, and pastoral counselor provide perspectives on approaching the care of persons. Taking a narrative, dialogical approach, each author in turn briefly introduces herself and her approach to care. Next a vignette is presented involving a clergy person who is in crisis, which is followed by a perspectival analysis by each author of how she would approach the case. Finally, each author offers reflections and comments on the perspective and approach of the other disciplines. Closing thoughts on integrative approaches to care are offered.

True soul care does not make distinctions between dimensions of persons; body, soul, and spirit are seen as aspects of one totality with mutual and reciprocal influence, as David Benner (1998) has eloquently stated. Although persons exist as a totality, there is currently no well-articulated applied or clinical model(s) that effectively capture what an approach to care with a multifaceted focus would look like in practice.

Benner (1998) asserts that practitioners need to view all issues as psychospiritual in nature, and view

persons as somatopsychospiritual beings. This conceptualization highlights the need for more sophisticated approaches and models of care based upon the interconnectedness of issues across dimensions of being. Such models would act as important safeguards against reductionism and artificial compartmentalization.

However, until we are blessed with greater availability of working models that provide guidance on how to operate in this way, practitioners are constrained to work from within the frameworks they know. This reality calls to mind the age-old story of the blind man and the elephant, each of which thought the part he touched represented the whole. The risk of this type of error gives us occasion for both humility and curiosity. Humility, because within our discipline we see only one aspect (and then often only "through a glass darkly"), and curiosity so that we might forge ahead in articulating models that reflect true soul care.

The purpose of this article is to present the perspectives on care of a psychologist, a spiritual director, and a pastoral counselor and to reflect on how cross-disciplinary dialogue will enhance the development of holistic applied models of care. Because no two practitioners within a discipline are alike, the article includes a brief narrative introduction that highlights how each author approaches her work and ministry. Our hope and prayer is that as we "lift up our voices" what might arise is both harmony and melody in the song of soul care.

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## THE AUTHORS AND THEIR DISCIPLINES

### *Psychology*

I (Theresa Tisdale) identify myself as a Christian psychologist. Currently I teach both integration and clinical courses in the doctoral and masters programs at Azusa Pacific University. Prior to that, I was a staff psychologist at The Danielsen Institute at Boston University, a pastoral counseling center and licensed mental health and training clinic; and before that I directed a pastoral care and counseling center in New Bedford, MA.

I pursued a vocation in the care of souls in response to what I would term a calling that focused on the ministry of Jesus foretold in Isaiah 61. I intentionally sought training in an APA accredited Christian program that was psychodynamic in nature (Rosemead) because that orientation resonated with my understanding of persons, health, and change.

Theologically, I would describe myself as a hybrid conservative evangelical and charismatic, but my roots are in the Roman Catholic Church. Two aspects of my theology that relate to clinical practice are transformation and what I would term *essential relatedness*. This latter term refers to humans as created in the image of God. Part of that image is the intimate connection between Father, Son, and Spirit. In a similar way, humans are created to relate intimately with self (dimensions of body, soul, and spirit), others, God, and creation.

Developmentally and clinically, this understanding leads me to the British Middle School of Object Relations (Fairbairn, 1952; Guntrip, 1949, 1953, 1956; Winnicott, 1958, 1971) as articulated by Horner (1984, 1990, 1991). In practice, I use a psychodynamic framework informed by my theology. Therefore, I am interested in the spiritual life of my patients in whatever way that might be expressed. At its best, psychotherapy is a metaphor for the incarnation (Benner, 1983) as the therapist participates in the transformation of the patient. What psychodynamic theory terms insight and repair (working through), in a theologically informed paradigm are revelation and redemption. The method looks similar in ways, but the outcome is healing and transformation, not simply change.

### *Spiritual Direction*

I (Veneta Lorraine-Poirier) am a spiritual director and have been involved in the ministry and in the training of spiritual directors for the past 12 years. I

practice in the Ignatian tradition (Fleming, 1978), developed by Inigo (his family name before conversion) of Loyola in the 15th century.

Faith and my denominational connection (I am Catholic) were integral parts of my formative years as was my biological placement of being the oldest in a very large family. In my early 20's, I remember wanting to be in some sort of ministry, "working for God" I might have said then. I explored as many opportunities as my role of wife and mother would allow. Actual involvement in ministry emerged after much personal growth, education, and gained wisdom.

I define spiritual direction as the interaction between one person, trained to listen for the movement of God, and another who desires to develop and cultivate an intimate, personal relationship with God. This process requires commitment to openness and honesty. The discipline of spiritual direction uses various entryways for insight and understanding, including the imagination, dreams, gospel or other faith stories, memories, life crises and especially prayer, mediation, and theological reflection. The focus of spiritual direction is on the sensate, affective experiences that these avenues facilitate in a directee's life and their effect on the directee's sense of who they are, who God is, and how they relate with others.

My personal approach in spiritual direction is to help an individual become conscious of his or her "operative images" (my term) of God. The basic premise is that how persons perceive God is intimately connected with their perceptions of themselves, their value as a human being, and their valuing of others. Every aspect of life is the context for transformation when it is seen in light of who God is as described in the Hebrew and Christian scriptures, and when we have faith that God desires for us what we cannot accomplish ourselves.

### *Pastoral Counseling*

I (Carrie Doehring) am a psychologist and an assistant professor in the Counseling Psychology and Religion Ph.D. program at Boston University's Graduate School of Arts and Sciences. Although I was raised Catholic, I am currently a Presbyterian minister. My other area of teaching is in Boston University's School of Theology, where I teach courses in pastoral care. In my ministry, teaching, and research I have specialized in the relationship between religion/spirituality and sexual and family violence.

In my work in psychological and religious and theological studies, I have used a particular cross-disciplinary method. This method is narrative and contextual. It is experientially grounded in the stories of people, families, communities, and cultures in crisis or transition. Pastoral counselors using this method reflect upon whether their own stories are resources and/or roadblocks in their clinical work. Of particular interest are the similarities and differences between the counselors' and the clients' social identities (e.g., having to do with their religion/spirituality, gender, sexual orientation, social class, and race).

This method is also correlational. Psychological and religious studies are brought into a dialogue that values both the consonances and dissonances between disciplinary voices. The correlational method has been used by pastoral theologians (Browning, 1991; Doehring, 1999; Hiltner, 1958; Poling, 1996; Poling & Miller, 1985) historically identified with liberal Protestant religious traditions. These correlational dialogues often become arguments for reconstructing religious doctrines and practices that are controversial, like the ordination of women, or gay and lesbian persons. In contrast, the integration method (Eck, 1996, p. 102) seeks "unity of truths" and is used by Christian psychologists and mental health practitioners who are often committed to conserving religious doctrines and practices under question.

In my post-modern use of this method, the goal of correlational dialogue is to arrive at provisional truth claims that become the basis for strategies seeking healing and justice for individuals, families, communities, and cultures. These truth claims are not intended to be universal or transhistorical; nor are they relativistic because they must be meaningful within a critical correlation of cross-cultural and cross-disciplinary research and practice.

## VIGNETTE

The person described in the following vignette is actual and real. Certain components have been altered to disguise his identity. This information is used with permission.

### *The Case of a Confused Pastor*

Mark (not his real name) is a 50-year-old Caucasian male who presents with symptoms of depression and sexual dysfunction. This is his first time seeking any form of treatment. He is of average

height and weight. Mark is very attractive and engaging in his manner. He is a pastor of a local church and has been married for over 20 years. He has two grown daughters.

Mark has been a very successful pastor for the last 20 years and recently transitioned from a very large church to pastor a much smaller church in a poor community. His support base has changed significantly due to the geographic distance between his former and current church. Recently, he assumed a leadership role in a local council of churches.

Mark began experiencing sexual difficulty (impotence) in his marriage approximately six months ago. He also states that he has been feeling sad and somewhat confused about his choice of career as a pastor. He no longer knows what he believes about God or about what he describes as a call from God to this work. He reports that his wife is unhappy with their recent move and misses her friends. His daughters have both recently left home to attend college and one is scheduled to be married in the coming months.

In the course of treatment, he reveals that he recently ended an affair he was having with a parishioner at his previous church. His wife had been confronting him about this possibility, but he was denying it until the revelation within the last two weeks. He does not want to leave his wife, but is thinking of leaving his current church and possibly the pastorate.

## CONCEPTUALIZATION AND APPROACH FROM EACH PERSPECTIVE

### *Psychology*

#### *Approach to Assessment of the Case*

In my response to this case, I will be offering comments as to my approach to both process and content elements of my work with Mark. I will be reflecting on what I would actually do if Mark were my client, what I hypothesize to be the nature and source of Mark's difficulties as described, and how I would approach treatment.

*Initial process.* Before I meet Mark, I have begun praying for him. I am wondering what purpose God might have in our meeting, how I might be an instrument of healing in his life, and where he is in his journey with God. I am wondering how our work together will fit into God's overall purposes for his life. I pray for discernment and wisdom in my initial meeting with him.

*Intake process.* I am aware of wanting to create a sacred space for our work. I am intentional in communicating warmth and compassion for him. I want him to feel safe, heard, and understood. I listen attentively to his story. I pray for God's presence to be in the room and for the Holy Spirit to guide me in how and what I say.

*Intake content.* During intake, I will set about the task of conducting a thorough evaluation. My immediate concern is with Mark's level of depression and possible suicidality. If a risk assessment yields no cause for immediate intervention regarding suicidality, I would assess Mark's level of depression using DSM-IV (1994) criteria as a guide. Depending on the severity of his symptoms, I would discuss with him the possibility of a referral for psychiatric evaluation for medication. I would also ask the date of his last physical examination and recommend that he see a physician to rule out an organic cause of his depression. It would seem that the etiology of his depression (and concomitant impotence) is situational, but I would not want to assume that and inadvertently miss a possible biological component or source.

Once we had progressed through Mark's presenting concerns and the history of these, we would then begin to explore various aspects of his background. Areas I would plan to explore include: family of origin and current family constellation (possibly including a genogram); social history including the type and nature of his significant relationships; ethnic background; educational background; developmental history (i.e., significant childhood maturational milestones); employment history; religious history (i.e., his affiliation both past and present); spiritual history (i.e., his personal spiritual life and formation); moral development (e.g., how did he learn right and wrong and what is his understanding of social responsibility); legal history (e.g., has he had any difficulty with the law); and medical history (e.g., is he taking medication and has he had any significant illnesses, operations).

As we explore these areas of Mark's history, we will begin to piece together the narrative of his life. Some questions we might consider as we talk are: Who were the significant people in his life? Where were the crossroads and decision points at which crucial life decisions were made? What or who influenced those decisions? What has been Mark's experience of significant others? Was his family of origin a place where he could freely express and explore who he was, or was he forced (explicitly or implicit-

ly) to adopt a certain persona in order to be loved and accepted?

Because of his current crises, we will particularly explore his family of origin relationships and his early spiritual history, all of which somehow contributed to his feeling called to the pastorate. In terms of Mark's spiritual history, I would ask when he first became consciously aware of God in his life and the circumstances surrounding his calling. I would also explore how his spiritual life has evolved over time and determine what are the ways he nurtures his spiritual growth. If things in his life seem cloudy or obscure now, when were they last clear? What changed, and when?

With regard to his family of origin, I would particularly wonder about his relationship with his father, from whom he would have gotten his sense of masculinity and purpose in life. Did his father encourage Mark to develop his unique personality and gifts, or was Mark given messages about needing to behave in a particular way in order to be accepted? Is Mark's image and experience of God more like his mother, or father, or both?

We will also explore the nature of his relationships and whether he has had meaningful connections with others. This can be a particular challenge for a pastor, who is very aware of the image he or she holds within a congregation. We will also explore the nature and extent of his self-cohesion. Is the person he knows himself to be internally the same person he is able to be externally? If not, why not?

I am also interested in understanding his representation of God (cf. Rizzuto, 1979). Who is God to him and for him? How does he feel God feels and thinks about him? Where is God for him now?

These and other questions are ones I would particularly want to weave into our dialogue as we endeavor to understand as much as we can about what has brought Mark to this crisis point in his life. Through articulating Mark's narrative we will begin to see the connections between his relationships with God, himself, others, and the world.

Not all of these questions or areas of interest will be fully explored at intake. They will be touched upon, and then elaborated in treatment. In addition, during the intake, I will also explore with Mark referrals for couples therapy for him and his wife as well as some type of clergy support group that will give him a venue in which to explore his feelings of confusion and disillusionment about his ministry and calling.

### *Conceptualization of the Case*

In terms of Mark's presentation and history, the following details stand out to me: his age (50); he has two grown daughters (one is getting married); he is impotent; he is sad and confused about his role as a pastor; he questions both his understanding of God and his calling to ministry; and he had an affair sometime within the last few years.

Based on this information, I would hypothesize that Mark suffered an early interruption in the development of his self-esteem and self-cohesion. This faulty development may have produced a dichotomy in Mark that Winnicott (1965) describes as the true and false self.<sup>1</sup> In his family of origin, I would wonder whether Mark was a "golden boy" who received praise from his parents for being a particular way and doing particular things. Because of growing up in the 1960s, it is likely that Mark entered the pastorate somewhat idealistically. Because of his charismatic nature, he was likely very well received and admired. His underlying fragility, however, would potentially compromise his ability to remain true to his convictions. It may have been the case that if others praised him, he felt good about himself; if others criticized him, he felt terrible. Because he did so well at the pastorate, his underlying wound was hidden from others, although acutely felt by both he and (I would imagine) his wife.

Some connections between these hypotheses and Mark's narrative are as follows:

1. His age: Mark is 50 years old, which places him in Erikson's (1963) stage of Generativity versus Stagnation. Successful negotiation of this stage results in feeling that one is leaving behind a worthwhile legacy. Mark may be in crisis because he has reached 50 and realized that his life has not turned out the way he wanted. He may be tired of feeling responsible to and for everyone else and not receiving what he feels he needs.

2. He has two grown daughters (one is getting married): This reality also potentially relates to his crisis. His role is changing, even with his daughters.

This may be a cause for sadness, for relief, or both. Mark may not be sure of who he is now to his daughters and his family or he may feel that now that his daughters are moving on, he can enjoy life.

3. He is impotent: Baring any medical reasons for this, the fact that Mark is impotent potentially has profound symbolism. Does Mark feel impotent about his life? Does he feel impotent regarding achieving the things he wants in life? Does he feel unable to obtain or achieve the things he wants and needs to feel fulfilled? Is he impotent with his wife and his mistress or just his wife? Might this be because of guilt?

4. He is sad and confused about his role as a pastor: Mark has likely operated with a certain understanding and model for being a "good pastor." Because he craves admiration and praise, it is likely he has been invested in being "all things to all people" not realizing how this might leave him feeling depleted and empty. He may feel like he "followed all the rules" and still didn't feel fulfilled and is angry and resentful, so he decided to get his needs met some other way (the affair).

5. He questions both his understanding of God and his calling to ministry: Exploring how Mark developed his understanding of God may shed some light about this aspect of his crisis. He may have been serving a God he felt would reward him for good behavior; he may have felt himself to be in a contractual relationship where he did certain things and God did certain things. When this understanding faltered, Mark became confused and angry.

6. He had an affair in the last year: This breach of morals and clear abuse of power suggests the strong possibility that unconscious forces are at work in Mark. Because of his history of being the "perfect pastor" who is loved and admired by others, making such a blatant flight from the sacred vows he made to his wife and to God would likely come as a result of a build up of intense pain, anger, and rage. I would wonder if Mark felt "used" by God in some way, which thereby entitled him to "use" the parishioner God entrusted to his care.

### *Approach to Treatment of the Case*

*Treatment process.* In light of these hypothesized realities, I will be attentive to the possibility that Mark will be keenly aware of and interested in my perception of him. He will likely feel that he needs

<sup>1</sup>Winnicott suggests that prolonged impingement by the mother of her child results in fragmentation of the infant's experience. This fragmentation is a split between the true self, which is the source of spontaneous needs, images, and gestures and the false self, which provides an illusion of existence created out of maternal expectations. The child becomes what the mother expects. The false self protects the integrity of the true self, which remains in hiding for fear of psychic annihilation due to disregard.



to please me, which may result in his making a "flight into health" that may lack corresponding deeper changes. I will explore this when/if I sense Mark's anxiety about our relationship. Given his recent malfeasance, I will also be aware of gender issues in treatment and explore them when needed.

I will also be continuing to pray for Mark before, during, and after sessions. I will continue to invite God into the process, believing that God cares more for Mark than I ever could and that God is intimately interested in and concerned with Mark's healing. I will also be holding the belief that the therapy process is providing Mark with an invitation and opportunity for transformation.

*Treatment content.* As sessions commence and progress, I will be listening for how Mark talks about his psychological, moral, and spiritual life (cf. Doherty, 1999). I will encourage and allow Mark to bring into the room whatever is most salient for him; if needed, I will wait in silence until he begins the session. I anticipate that this might be difficult for Mark because he may wonder what I am thinking and feeling about him during the silence, but this waiting is very important given the need for his true self to emerge. I anticipate that in time he might feel relief that he has found a place where he can discover and reveal his inmost being; in a context that he does not have to take care of the other person involved (although out of habit, he may try to do so).

During treatment, I will be keeping in mind all the questions and areas we touched on during the intake phase and weave them back into the dialogue as it unfolds. The connections between his early life experiences and his current way of being in the world are of central concern. Somewhere in his internal economy his actions make sense and we are on the quest together to discover those connections. We are seeking revelation concerning his life and history and how it relates to today.

I will be listening for the metaphors that express his way of being in the world and how that was formed. I will be asking him to remember his dreams and fantasies and encourage open expression of these. When appropriate, I will make connections between, and interpretations about, his dreams, his past, and our relationship in an effort to bring his experience more fully into the room for processing. Whatever is brought into the light is available for healing and transformation.

I will also be listening for the connection between his experience of his mother and father

and his experience of God, others (particularly his wife and his congregation), and myself. If Mark did not have a secure relationship with his parents in which he was encouraged to become himself, that will likely be his experience with others. He may also wonder whether God really wants him to grow and thrive. He may see others as drains on his existence rather than as life-giving sources of support. Alternatively or concurrently, if he was taught to be overly responsible for the needs and feelings of others, this has likely become a burden for him that has left him bereft and empty. He may feel like it is "his turn." He may be tired of performing for God and feel he deserves a break.

The work may progress slowly. I would hope Mark would be willing to come to therapy twice of week if possible so that we can fully and consistently access his inner life. This frequency will also enable him to stay in touch with his deepest feelings and needs in a way that might protect him (and others) from his acting out in inappropriate ways.

Our work would also include an exploration of his moral breach. What led up to his involvement with this parishioner? What did he think would be the impact of this involvement on her, on his wife, on his ministry, on his relationship with God? I would endeavor to explore this in an open way that would facilitate understanding and revelation. His deepest needs are in some way driving his behavior and to the extent that he is unaware of these motivations, they will continue to rule him. The goal of our exploration is his freedom to fully be who he was created to be.

I will continue to work with Mark to unravel the truth about his life, believing that the truth he discovers in facing his life as it was, as well as how it is and how it can be, will set him free. Mark's ability to see and embrace the truth will result from his capacity for confession, repentance, forgiveness, grace, and mercy. His transformation through the process will hopefully result in his ability to live authentically, to make a conscious choice about his ministry, to seek and receive forgiveness from those he has wronged, and to deepen his relationships with God, himself, others, and the world around him.

### *Spiritual Direction*

#### *Approach to Assessment of the Case*

When Mark presents himself for spiritual direction, the first assessment to consider would be his

appropriateness for spiritual direction. Spiritual direction requires a significant level of awareness and honesty about God, self, and relationship to others and it is important to know Mark's level of openness. To discern this, first I would ask how he understands God and how he has experienced God in the past, going back to early childhood. Looking at his early life, and determining something about his relational faith development is important. The relationship with God being our primary focus, it is necessary for Mark to have or at least to want or desire, as Ignatius would say, an integration between his belief systems and an encounter with God (Fleming, 1978). As I listen to his faith story, the components of his early life experiences of God, of his family history, and perceptions of himself, I am paying attention to the language he uses to describe God, his body reactions, and his desire for something new. I might suggest to Mark that we begin by meeting every two to three weeks in order to build trust and continuity in the process.

Talking to Mark about his adult development, considering his age and the potential of a mid-life invitation to growth in authenticity and self-development, I will be assessing whether this is a prime moment in his spiritual life. What he wants to emerge from this spiritual direction relationship needs to be clearly stated, including how he views the outcome, where he wants to move in relationship to God, and his theological beliefs about God. Noticing those places where he is conflicted and where he has questions about relationship to his church, his marriage, himself, and God are part of the assessment process.

Another important question for determining readiness for spiritual direction is whether Mark prays. How capable is he to reflect on the content of his prayer and his life? Does he look to God as a source for healing? It is in this reflective, prayerful context that he begins to know his personal value in the sight of God. Prayer of this sort begins the healing process in spiritual direction. Without prayer and a capacity to reflect on life, there is little fodder for the conversations that take place in spiritual direction. In addition, it would be necessary to consider if he has sufficient ego strength to pursue authenticity, especially in light of Mark's current identity issues. If not, he would benefit from therapy prior to or possibly in conjunction with entering a spiritual direction relationship.

Spiritual direction does not address psychological issues directly; therefore, when these issues are

predominant, attention to them must take precedence. To be in spiritual direction requires the capacity to look at what one really wants. This is only possible when personal identity is sufficiently intact and the ego has sufficient strength to name these desires and to embrace failures and limitations. If Mark's ego is too inflated or fractured, or if his super-ego is too punitive, he will not easily sustain critique without his ego collapsing. Although both super- and fractured egos can be spiritual issues, the insights of psychology are more helpful at this point of development. It is possible that Mark might engage with a spiritual director while he is concurrently in therapy, though this can cause conflicting feelings until ego strength is gained.

### *Conceptualization of the Case*

Mark has several issues affecting his sense of self-worth that are significant in his spiritual journey. These issues, undoubtedly, will be both spiritual and psychological in nature. It is in the focus of spiritual direction that the distinctions between spiritual and psychological issues arise most clearly. I will first list those issues that seem evident to me and then identify ones that seem most significant to his spiritual journey. From these issues I would pursue with him ones that are pressing—either most inviting or creating most tension—at that particular time, with the belief that we are a triad in this process of transformation that God directs; therefore, what is pressing may in fact be God's invitation for healing.

The first issue in the vignette seems to be Mark's loss of identity in his calling. He is in transition from ministry in a place that was familiar, supportive, and prestigious; he moved from a very large church to a smaller, poor, unfamiliar, and distant place. His support base no longer exists and must be built again if possible. There is a loss of identity as well as a loss of the rewards of his prior pastorate. Moving has separated him from his support system and he finds himself having to face his reality in a more honest way, as there are no structures with which to mask his inner reality.

The issue of his marriage comes to the surface here and it is highlighted by his unfaithfulness and feelings of responsibility for his wife's unhappiness. Now he must face the reality of isolating his wife in two areas, his uprooting her and his unfaithfulness. Finally added to these issues is the loss of identity and role as a father. His daughters are adults, leaving home for college and marriage. Now he has only his wife.

His personal identity as a pastor comes into question as he begins to address questions of his own integrity. He has been dishonest with his wife and indirectly to his parishioners. He is guilty of sexual misconduct. He now recognizes the contradiction between his outer role and his inner life and the incongruity is exceedingly difficult. He feels he has lost intimacy with God because of his sin, and intimacy with his wife because of his unfaithfulness, and intimacy with his church because this is a new parish. He left a ministry where a support system existed and moved to a place where he has not yet identified himself fully as leader and pastor, a place where there is not as yet any substantive personal connection.

There is a modicum of openness and honesty in Mark, evidenced by the revelation to his wife about the affair. However, the revelation of his sexual misconduct to his community remains, the lack of which affects his decision making process. The path of least resistance guides him toward leaving the church rather than leaving his wife. He holds onto that which makes him feel more grounded, which at this time is his marriage, and struggles with relinquishing that which might expose him publicly, which is his ministry.

### *Approach to Treatment of the Case*

Mark is in a wonderful moment of the spiritual journey. He is at a critical junction where a choice and an opportunity for transformation, integration, authenticity, and maturity are all available to him. The "revelation," a moment of insight, clarity, and truth, is fresh and is a significant invitation to decide for something new, something more aligned with who he most deeply desires to be, someone more whole and holy, someone more relational and integrated. Does he in fact want to be a leader, but a leader from a place of inner strength and authenticity? Can he be an authentic leader? It will all rest upon his capacity to internalize and accept his failure as a pastor, a husband, and a child of God, and then to grow from it.

Helping Mark to see himself as God, who is unconditional Love, sees him is the goal of direction. Traditional Christian spirituality says that there is a basic foundational desire in every human person to be accepted, known, heard, and loved by God, however that is articulated in one's experience. It is a goal of direction to encourage Mark to pursue contexts where he might experience this

love. Prayer, moments of connection with God where intimacy, goodness, honesty, truth, compassion, or wisdom are encountered, help to facilitate a re-programming of Mark's memories of past experiences.

As Mark begins to experience God differently and to recognize the unconditional love of God for him personally, this recognition will conflict with internal opposing images of himself in relationship to God that are also emerging. Perhaps learned early in his life, in his faith tradition or from his own perceptions of life experiences, these internal conflicting images will cause Mark to make choices. Either he will commit to the process of inner work and transformation, or he will flee and be faced with them at another time.

Helping Mark to notice these encounters, to identify them as originating from the One who is Love, to see them as an invitation and then to be willing to hold the tension of the internal conflict is the beginning of Mark's transformation. Mark does not need to make changes within himself, but he must be willing for change to happen in him.

What is discovered at this phase of spiritual direction is Mark's operative image of God. Who is the god that lives in Mark's body-held memories, feelings, and reactions that live on in the body but not in consciousness or belief systems? An approach to caring for Mark is to help him consider what images of God are functioning in his inner life versus what he most deeply desires in his relationship with God.

As this process of discovery proceeds, Mark comes to recognize distinctions between what he believes about God, which is a thinking function, and what the voice of his operative image of God, a feeling function, is saying. Because spiritual direction is not necessarily concerned with resolving issues, including internal struggles of authenticity, the emphasis will begin with what God is like in Mark's inner reality.

As these images reveal themselves, Mark is invited to dialogue with God about them, holding the tension of opposites and listening for the insights that move him closer to a truer image of God and to the authentic person he wants to be. Staying with the tension in a contemplative way of holding, waiting, brooding and listening can produce the context that changes Mark's experience and moves him closer to an awareness of his true identity in Christ—that of being the beloved of God.



According to Merton's notion of the "true self" (Finley, 1994), Mark's identity of being the beloved is illuminated by the reality of his failures as a pastor and a husband and by the acknowledgment of his limitations to provide for himself what he most wants—to be known. Mark then has the potential to discover deep intimacy with himself and true acceptance and intimacy with God that translates into his relationships with his wife and community. In addition, he becomes internally free so that he can say yes to the values that sustain his authenticity no matter what the cost.

This brings us to my final point. At some time in his healing process, Mark needs to take responsibility for his unethical and immoral conduct within his pastorate. Deepening integrity will demand that he does. This requires great faith and trust in a God who loves unconditionally, along with a deep desire for wholeness. It is a very delicate issue, but a crucial one in the ongoing integration of his authenticity and his freedom to say, "Yes" to God's true call on his life: holiness.

God's will for Mark's is his well-being, which will increase as Mark becomes more authentic and filled with integrity. But the difficulty of revelation of his affair cannot be understated. There is much at stake. When the thought or desire for this depth of integrity is present, the genius of Ignatius of Loyola and the whole Christian mystical tradition can be very helpful. Ignatius (Fleming, 1978) suggested that we ask for the grace to attain the transformation that we truly desire—meaning we ask God to accomplish in us what we are incapable of accomplishing for ourselves. At present, Mark may find it too difficult to reveal the fact of his affair, but by God's grace there will come a time when he chooses to do so.

Relying on God to help him accomplish what he is not fully capable of doing offers Mark an avenue for completion of healing in this dimension of his moral life. This highlights one aspect of spiritual direction that makes it truly unique from other healing modalities: the belief that only by grace—God's intervention—are we able to be truly free.

### *Pastoral Counseling*

#### *Approach to Assessment of the Case*

In doing a bio-psycho-social-spiritual assessment of Mark, I will first evaluate his physical and mental health. My mental health diagnosis will use DSM-IV categories concerning depression and sexual dys-

function. I will use psychological psychodynamic and family systems perspectives to describe his formative relationships. I will be particularly interested in the intense power struggles that are part of family systems and psychological development. Did such struggles result in abuse or neglect, or did they lead to a deepening of Mark's capacity for empathy and sense of self-agency? Answers to these questions will help me better understand the intense internal conflicts Mark was experiencing when he crossed professional boundaries and used a sexual relationship to overpower a woman who came to him for pastoral care (Doehring, 1995).

In doing a spiritual assessment of Mark, I will ask Mark first about his faith journey (especially his calling to ministry) and his relationship with God. I will listen for how formative dynamics in early childhood and his early experience of religion have shaped his relationship with God. In asking about his spiritual and faith practices, I will be interested in how he relates to God under stress. Is God sometimes like a disengaged, harsh parent whom he has to obey? Does he sometimes relate to God in superficial ways, like a friend who should be always available to rescue him when he's in trouble? When is God experienced as an empathic and empowering presence, to whom Mark can reveal his vulnerabilities, needs, and gifts? Helpful references for understanding how people use religion to cope with stress can be found in Pargament (1997). Another resource is the work I have done (Doehring, 1993, 1995) on understanding the power dynamics in people's relationships with God.

In my spiritual and theological assessment, I will seek to understand the theological language Mark uses to describe his crisis, so that I can become fluent in this language. Does he understand his crisis in terms of sin, particularly his individual sinfulness and the collective sinfulness of communities and cultures? Does he see the need for repentance? In this conversation, I will listen for the extent to which Mark has developed his beliefs during crises and transitions that may have forced him to reformulate his beliefs. Helpful resources for assessing Mark's faith system and how well it helps him make sense of life crisis are Fowler's (1996) theory on faith development and Neville's (1996) discussion of how people's religious symbols break as God is revealed in new ways in the midst of suffering.

A related area of assessment has to do with Mark's support systems, especially those related to

his spiritual and religious identity. Does Mark have opportunities for theological conversations with others? In these conversations is he able to reflect honestly on how he lives out his belief system? For example, is there spiritual intimacy in his marriage such that he and his wife together can use their belief systems to understand their relationship and their lives? Does he experience this sort of spiritual intimacy with friends or colleagues? Is he part of a support group with peers in which he explores his religious beliefs and how he acts upon them?

In understanding Mark in terms of his cultural system, I will assess how aspects of his social identity, like his gender, age, ethnicity, social class, sexual orientation, and religious faith shaped the crisis he is in. When he crossed boundaries with the woman seeking care was he feeling overpowered in other arenas of his life? While Mark seems to be someone who would experience social privilege because of his gender, race, and professional identity, were there dynamics in the family, community, or cultural system that were causing him to feel overpowered, such that he acted out by overpowering someone in his care?

Another set of questions having to do with his social identity concerns the present moment. Is his age a liability in seeking new kinds of ministry, or even a new profession? If the misconduct becomes public, will he be labeled as a sexual predator, with all the meanings that label has in our present context? It seems likely that such a label would cause many people to become disengaged from his full humanity and to see him as a monster of some kind. The bio-psycho-social-spiritual assessment that unfolds as his psychological, familial, community, and cultural dynamics are explored will build a foundation for pastoral counseling.

### *Conceptualization of the Case*

In the assessment and ongoing pastoral counseling with Mark, I will draw primarily upon the following theories. I will use psychodynamic psychological perspectives on Mark's intrapsychic and family systems, especially the power struggles that occur in such systems. Such perspectives will also be helpful in processing the ongoing power dynamics Mark experiences with me, and the extent to which therapy can be an empathic, powering experience for him.

I hope that Mark and I can construct new theological ways of understanding where and who God is, ways that respect Mark's belief system and also

allow me to utilize my theological perspectives. For example, I will also use my own theological perspectives on sinfulness and evil to understand Mark's crisis. Process theologian Marjorie Suchocki (1994) re-examines traditional Christian understandings of sin as individual pride and proposes that original sin be understood, both individually and collectively, as a fall to violence. Collective sinfulness, in the form of systems that abuse and neglect people, can be understood as evil (Poling, 1996).

I will use psychological perspectives on Mark's social identity, looking at how social advantages or disadvantages may ameliorate or exacerbate his crisis. We will especially pay attention to how his experiences of social disadvantages and advantages can deepen his sense of empathy. Finally, I will use theological and psychological perspectives on clergy sexual misconduct, as Mark and I together seek to understand his betrayal of the trust of a congregational member.

I will use a correlational method to relate these theoretical perspectives by listening for the consonances and dissonances among them, particularly in the areas of healthy, abusive, or neglectful ways of coping with intense power dynamics. There will likely be similarities in how these power dynamics shape his experience of his body, his marriage, his professional relationships, his social identity, and his relationship with God. Out of this correlational dialogue, I will formulate some truth claims.

I see such faith claims as provisional (Graham, 1996), and pragmatically necessary for doing contextual theological assessments and providing a theological basis for treatment plans. I also acknowledge the danger of making faith claims based solely upon solitary reflections and particular contexts. I work as a pastoral theologian and counselor within circles of accountability, which include colleagues in clinical, ecclesial, and academic settings. Within these circles, I am accountable for how I use psychological and theological sources and norms of authority to make faith claims that form the theological basis for assessment and treatment of clients.

One provisional faith claim is that God abhors the abuse of power by those entrusted with responsibility over others, and that such abuse of power arises out of the interaction of individual and collective sinfulness. Another claim is that redemption involves naming individual and collective sinfulness, seeking repentance by resisting and fighting violence, and establishing the safety and trust that is

essential to life-giving relationships and systems. These provisional truth claims can become the basis for a plan of care, outlined in the next section.

### *Approach to Treatment of the Case*

My first goal is to establish a sense of safety and containment for Mark by addressing his symptoms of depression and also his faith and vocational crisis. I will develop an alliance based upon a shared psychological and religious understanding of his crisis, and also upon a shared sense of God's role in the therapeutic process. I will also help Mark to find healthy ways to cope psychologically and spiritually with being overwhelmed by his symptoms of depression and sexual dysfunction, and his marital and vocation crises. The spiritual strategies he uses to cope with stress will help Mark connect with God in ways that are a resource to him.

The next goal of therapy will be for Mark to experience the depths of his losses, especially un mourned losses. He may also need to return to any traumatic events in which he felt overwhelmed, and possibly abused or neglected. The challenge at this stage in therapy will be to sustain an empathic, empowering process rooted in Mark's connection with me as his counselor, with God, and with those who can form a support system during this time. When empathy is maintained, Mark will become more deeply connected with himself, his counselor, and others.

Such empathy will allow him to acknowledge the ways in which he has been hurt, and he has hurt others. It will be important for him to acknowledge whether his abuse of power happened in only one professional relationship, or whether there has been a pattern of abusing power. If possible, Mark and I will together assess whether he will experience continual difficulty in maintaining the professional boundaries necessary for the often intense dynamics of pastoral care. These and broader discussions about his vocation may help Mark fully participate in making sound decisions about his vocation, and what to do with the rest of his working life.

Therapy will move, in a termination phase, toward reconnecting with the ordinary goodness of life. The more Mark is able to maintain an empathic connection that helps him work with power struggles in ways that deepen his connection to himself, others, and God, the more he will be able to function without therapy.

This treatment approach focuses on Mark and will likely need to be supplemented with marital counseling in which Mark and his wife can address the marital crisis involving the disclosure of his infidelity, his wife's unhappiness with their recent move, and the shift in their family system that occurred when both of their daughters left home. In such counseling, they may be able to mourn losses together, be accountable for the dynamics of their marital system, and reach mutual decisions about the future of their relationship. Referrals may also be made for psychopharmacological treatment of depression, spiritual direction, and group therapy with men who have had difficulties maintaining appropriate sexual boundaries.

The description of pastoral counseling that I have provided is based on a narrative, contextual, correlational, postmodern method. This method is used by pastoral theologians and counselors primarily involved in reconstructing aspects of religious doctrines currently under debate. Pastoral theologians using theological norms that conserve aspects of the tradition, such as the patriarchal ordering of creation, would describe their pastoral counseling of Mark quite differently.

For example, Oden (1984) might describe pastoral counseling in terms of the supportive care that clergy could offer. He would likely base such care on norms gleaned from the writings of the early church fathers. The conserving of what is seen as the historical roots of pastoral care would have particular value for him. By emphasizing the need for care rather than counseling, he would not draw upon the therapeutic and, more recently, contextual traditions of pastoral counseling (Patton, 1993) associated in the twentieth century with liberal Protestant theological traditions. In a cultural climate in which a chasm exists between pastoral counselors who use reconstructing theological norms and those who use conserving theological norms, it is important for me to identify the reconstructing norms that I use, and to acknowledge respectfully the existence of alternate approaches to pastoral counseling.

### **REFLECTIONS AND RESPONSES ACROSS DISCIPLINES**

#### *Psychology to Spiritual Direction and Pastoral Counseling*

In reading the work of my co-authors, I am struck by what was referred to earlier as the har-

monies and the melodies created by our dialogue. While our voices are distinct, they create a song I found very deep and rich.

In reading the opening sections, I found myself recalling Richard Foster's book, *Streams of Living Water* (1998), in which he traces the history of the major Christian traditions. In general, Veneta represents the contemplative tradition, Carrie the social justice tradition, and myself a hybrid of the evangelical and charismatic traditions. These perspectives shape how we view life, circumstances, and healing. As Foster notes, each stream represents a significant part of the Christian faith. In this article, the respective streams have a voice with a unique and important perspective on care.

In our approaches to the care of Mark, it seemed we each had a common goal: the psychological and spiritual well-being of Mark. Although we shared a common goal, the path to get there was in some ways quite different and highlighted distinct and important aspects of his life that were needful of attention and focus.

Spiritual direction is marked by the central focus on faith and relationship with God. Faith is the central meaning-making principle or framework. The goal is transformation. As I read Veneta's work, I was reminded of the words of Pierre Teilhard de Chardin (as cited in Walsh, 1999): "We are not human beings having a spiritual experience; we are spiritual beings having a human experience" (p. 3). Spiritual direction values and reflects the centrality of spirituality to all persons.

Veneta's approach to the case reflected an intentional focus on Mark's relationship with God as the organizing principle of care. I especially appreciated her conceptualization that crises or circumstances present us with opportunities for transformation, but we have a choice about yielding to the process.

One point of note is that it seems spiritual direction presupposes a level of psychological health and a capacity for honesty and authenticity. Perhaps these implicit pre-requisites would result in a natural self-selection for care, such that those ill-suited or ill-equipped for direction would not pursue it. However, it would seem that opportunities for collaboration between spiritual directors and psychologists or pastoral counselors are potentially both ripe and rich.

In most of the theoretical and empirical psychological literature, the emphasis has been on how human relationships reflect, shape, or transform God image (Birky & Ball, 1988; Brokaw, 1992;

Brokaw & Edwards, 1994; Corzo, 1981; Day, 1980; Hall, Brokaw, Edwards, & Pike, 1998; Spear, 1996; Tisdale, 1998; Tisdale et al., 1997; Wootton, 1991). However, as Spero (1992, 1996) has noted, one's relationship with God may also be transformative of human relationships. Collaboration across disciplines in order to better understand and articulate this reality might serve to inform applied models of soul care and enhance the healing process in potentially profound ways.

I found Carrie's approach to pastoral counseling compelling for several reasons. Clearly, her work reflects an insightful, extensive, and intricate weaving of theology, psychology, and pastoral care. She has obviously walked the road she describes.

Her background as a clergy person and her location within the social justice tradition provide a unique perspective regarding power dynamics and occasions of abuse. In her conceptualization of Mark, Carrie remarks on how a family systems analysis of abuse of power suggests that such violations result from disengagement from the humanity of the other. This conceptualization posits that in the family system of the church, Mark's moral turpitude potentially reflected a disengagement from the humanity of his parishioner. Psychologically and spiritually speaking, one might also wonder if this infraction followed a progression of disengagement from himself, God, and others (especially his wife).

I found Carrie's explicit theological conceptualization both inspiring and challenging. She is clear and systematic in articulating theological and psychological factors. I realized as I read her careful delineation that in my model some of these considerations are more implicit, which challenges me to be more explicit to others and myself about my theological conceptualization of pathology, health, and healing. Although my theology differs from Carrie, I am impressed with her masterful method of clarifying theological and psychological aspects of care, then applying them to the case of Mark by highlighting consonance and dissonance between the disciplines.

### *Spiritual Direction to Psychology and Pastoral Counseling*

The writing of this article was truly a clarifying exercise. Although I have known the distinction between modalities to be primarily a different focus on issues and problem resolutions, this writing has brought an expansive clarity to that aware-



ness. It is increasingly noticeable how minimal is the attention given to resolution of problems by spiritual directors, myself in particular. Instead, it is intentionally and primarily focused toward developing the relationship with God, despite individual behaviors. Meanwhile the similarities among the disciplines are extensive as well. The historical context of the client, the faith development, the understanding of God by the client, each is present in all disciplines. Each modality utilizes a particular wisdom and each source of wisdom enables the client to heal.

I might say that I now believe that psychology and pastoral counseling function from a more wholistic approach than does spiritual direction. In many ways, spiritual direction is quite limited. I say this while stipulating that there are benefits unique to spiritual direction in the consideration for care of a person like Mark. It provides a different lense that sees an inherited identity of every human person being the beloved of God, just as Jesus knew himself to be in the synoptic gospels.

As I read Theresa's psychological excerpts, I recognize the strong emphasis placed on early childhood development and the effect of his early experiences on Mark's current behaviors. Carrie's pastoral counseling emphasis is located in an awareness of present behaviors and the theological/moral implications that are innately involved. Spiritual direction pays closest attention to the ability to know and receive unconditional Love and a client's desire to live out of that reality.

As I read and re-read each of our approaches to care, I began to sense an underlying trend that might be a helpful image for understanding distinctions and each modality's unique wisdom. The discipline of psychology has a primary orientation that connects the past to present, while pastoral counseling primarily attends to the present state of a client's life and spiritual direction is more focused on creating the future context for a client's reality. Supporting this insight is the value and importance of the intake process in each discipline. For psychology, the historical context is highlighted and later systematically processed. For pastoral counseling, the historical and the theological contexts are surveyed and woven into ensuing conversations. In spiritual direction there is a much more informal practice for intake. Spiritual direction asks for important basic information from the individual, but often does not utilize a detailed intake structure.

There is a basic premise in the spiritual direction process that is an acceptance of the person as she or he presents herself or himself. It is accepted that a person comes to spiritual direction with a basic faith orientation and honesty in wanting to deepen spiritual awareness. This acceptance is not so naïve that it takes everything at face value; resistance, denial, transference, and counter-transference are deeply imbedded in the lexicon of spiritual direction. Yet, spiritual direction moves within the context of the client's expressed desires for relationship with God and/or God's initiative within the client's experience, always trying to discern that initiative's potential for growth. It is God, working in and through the psyche, the environment, other individuals, symbols, rituals, stories, etc. who reveals to the client what is important. The agenda is clearly set by the client's initiative and is then held by the director. The client brings material into the conversation and the director looks for the manifestation of God in that revelation. There is on the spiritual director's part, a presumption of basic psychological health. Therefore, she or he is not looking to determine from life details what issues are presenting, but rather, what growth, virtue, or value is God inviting this individual to bring forth. This seems significantly different from the psychological focus of creating a safe environment for transference to be projected onto the therapist.

A significant insight this project has resurfaced in me is the importance of recognizing and validating all types of knowledge and knowing: the learned, intuited or "gut," and faith knowledge of our clients as well as our own. Each has a place in healing, and each is necessary and valuable. Wisdom, coming to us in many forms, has veracity, a sense of the whole and the potential for healing. Each modality is embedded with this wisdom that is learned but is also a gift, originating from the God who leads us into wholeness. How grateful I am for all that you, Theresa and Carrie, bring to the ministry and work you represent. Namaste! I reverence the Divine within you.

### *Pastoral Counseling to Psychology and Spiritual Direction*

The image captured in the title, of three voices singing one song, describes the commonalities of our perspectives. We are indeed singing one song, a song that (as Theresa notes) is focused on the psy-



chological and spiritual well-being of someone entrusted to our care.

Another way in which our voices harmonize as we sing the same basic song is that we are all women of faith, whose care of others is grounded in the relationships we have with God. We sing a song of faith. The particular psychological and theological perspectives we use share a common assumption: that relationship with God is understood to be a core feature of peoples' psychological and spiritual lives, and also a core feature of how the world is created.

Each of us brings two voices to the song: our psychological voice and our theological voice, such that six voices sing one song. We have each received theological educations, and have learned to sing the songs of theology. We are caregivers who share Mark's religious tradition, and can sing from within that tradition. We are insiders, as Griffith and Griffith note (2002, p. 19), who can use theological sources and norms of authority (e.g., Christian Scriptures and the biblical critical methods used to interpret them). While I have been more explicit about the theological ways in which I assess a client's relationship with God, clinical psychologists and spiritual directors who are theologically trained, such as my colleagues, have the background to assess theologically a client's images of God. More explicit theological assessments would, I believe, enhance the work of clinical psychologists who are "insiders," spiritual directors, and pastoral counselors.

Even though we each took different paths toward fulfilling vocations involving psycho-spiritual care, we have much in common, and can enhance each other's perspectives and practices. We live in a time when conserving approaches to religion often seem at odds and even at war with reconstructive approaches, and theological differences can seem to be insurmountable. When we are open to engaging in dialogue across theological differences, we may become more aware of the deep consonance between our stories of faith. We may be surprised to find that we are singing one song.

## CLOSING THOUGHTS

The purpose of this article was for a psychologist, a spiritual director, and a pastoral counselor to share perspectives on providing care. While this special issue of *JPT* is focused on psychotherapy and spiritual direction, the discipline of pastoral counseling is an important voice in the conversation on

soul care, and the first and third authors thank the editors for their suggestion to add this valuable addition to the article. A brief summary highlighting the perspectives on care in the case of Mark may be found in Table 1. These perspectives reflect both harmony and melody.

Some cautionary notes or commentaries are offered here regarding aspects of practice within respective disciplines. For instance, there is a need for standardization in the training and certification of spiritual directors, which illuminates the importance of inquiring about these factors when practitioners of other disciplines are making referrals to or collaborating with spiritual directors. Along a similar vein, directors or pastoral counselors making referrals to psychologists are advised to make inquiries about the level of training or experience these psychologists have regarding working with religious or spiritual issues in therapy. Religion is an area of diversity that does not often receive adequate attention in graduate psychology training programs (cf. Yarhouse & Fisher, in press). In this particular case, experience was crucial. However, depending on one's view of persons and soul care, some level of training with regard to the religious or spiritual life of persons may be needed for practitioners of any discipline for use in work with all clients.

Harmonious notes within the article were evident. As it happened, all three authors operate with a psychological paradigm that is more insight oriented. This created a certain consonance across perspectives. Additionally, all the authors are Caucasian women and all were raised Catholic, although two currently have other affiliations. The article and conversation would likely have flowed quite differently if, for example, the psychologist operated from a cognitive-behavioral rather than a psychodynamic paradigm or if the pastoral counselor had operated from a short-term solution focused model of care. A different mix of gender, race, ethnicity and/or religious tradition would also likely have impacted the piece in particular ways.

These factors illuminate what may be one of the more salient messages of this article: that the approach one takes to care is profoundly affected by one's biography or history, which in turn influences both one's theoretical and theological orientation. This may be an important distinction between theoretical and applied models of care. While theoretical models are focused on the content of disciplines and how ideas may be integrated (see Eck, 1996), applied models of care nat-

**Table 1**  
*Highlights of Perspectives on Care*

Dimension	Spiritual Direction	Psychotherapy	Pastoral Counseling
Presenting Problem	loss of identity in his calling, his marriage, and his role as a father; loss of former pastorate; sexual misconduct	depression; impotence; alienation from self, others, God; negation of moral values	depression; impotence; emotional and spiritual disengagement from self, others, and God; abuse of power
Goals	transformation; increase in authenticity; integrity between outer role and inner life; restitution for sexual misconduct	insight/revelation; restitution/repentance; working through/redemption; change/transformation; psychological and spiritual well-being	seeking healing where possible, including healing of relationship with self, God, and others, and, as part of healing, seeking justice at least in terms of his abuse of power
Procedure	assess level of awareness and openness; assess need for therapy; meet every two or three weeks; primary focus is relationship with God; attend to nature and content of prayer life; use images, dreams, memories, reflections to reveal inner life and operative image of God	comprehensive spiritual, psychological, and physical assessment; once or twice weekly sessions; insight-oriented narrative approach; illuminate where fractures exist in relationships with self, others, God, and environment; use therapy relationship to surface and heal internal and external fractures	narrative, contextual, correlational cross-disciplinary method that moves from (1) doing a bio-psycho-social and theological assessments to (2) a plan of care that seeks healing and justice through establishing safety and trust, mourning losses, acknowledging trauma and abuse of power, and reconstruction of identity as a person of faith
Resources	prayer; meditation; theological reflection; therapy; experiences where God's love would be most felt	medication; couple's therapy; clergy support group; spiritual direction; pastoral care	medication, couple's therapy; clergy support group; spiritual direction; pastoral care; denominational resources; vocational counseling

usually require emphasis on the person offering the care and how he or she approaches this endeavor. As this article has suggested, one's history, one's theoretical orientation, and one's theological tradition all have considerable impact and influence on one's approach to care. As Doehring's work has enumerated, history includes considerations of race, class, gender, ethnicity, etc. The complexity of these factors may create questions as to whether it is possible to fully articulate more broadly defined applied models of care. Clearly this represents a frontier as yet to be fully explored, but it is a rich area to pursue.

A possible component of this exploration might be to develop inter-disciplinary working groups that foster and encourage dialogue about approaches to care. As the authors of this article have noted, much has been learned from one another in the context of this project alone. There is clearly considerable potential to advance the field in this area by initiating collaboration across disciplines and across perspectives and streams within disciplines. This type of cooperative effort may allow the song of soul care to reach a full and resounding crescendo.

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