Therapeutics And Theology: Notes Toward A Reengagement

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Until recently in Western history, religious discourse provided the controlling models for ethical life and human worth. In an overarching tripartite counseling relationship involving the pastor, the parishioner and God, the pastor continually encouraged the parishioner to refer his or her life to God. In doing so, the traditional pastoral counselor functioned as healer to enable the parishioner to achieve spiritual health; as sustainer, to assist the parishioner in overcoming or enduring that which is beyond his or her control; as guide, to aid the parishioner in making responsible decisions and taking responsible actions which are consistent with the will of God; and finally, as reconciler, to restore broken relationships both between the parishioner and God and between the parishioner and his or her fellow human beings.

In doing so, pastoral counseling has employed, individually or in combination, a number of what we will call ecclesiastical formats. These have included the laying on of hands, anointing with oil, prayers of the church, the prayers of the saints, private prayer, exorcism, the use of relics and icons, speaking in tongues (also known as *glossolalia*), the searching of the scriptures, the regular liturgy of the church, special worship settings, the sacraments of the church, especially baptism and the eucharist, and perhaps most importantly, the use of confession and absolution, together with the exercises of penance and church discipline. The authoritative resources for traditional pastoral counseling have been the Bible, the creeds, the catechisms, doctrines and other official teachings of the church, books of prayer and church discipline, the liturgy and the insights of theologians. The language of traditional pastoral counseling has been the language of the church, of scripture and of faith. Its fundamental vocabulary has included such terms as faith, hope and love; sin and forgiveness; repentance and conversion; freedom and responsibility; nature and grace; dying to self and living to God; brokenness and reconciliation; justification, redemption and sanctification; and the work of the Holy Spirit.

Traditionally, the parish minister conducted pastoral counseling not merely in the rectory study through the uses of scripture, prayer and discussion, but also through services of worship, confession, education, and regular visitations with parish families. Pastoral care or counseling was not a discreet event, separate from other clerical tasks, but an undivided part of pastoral functioning. However, the traditional model is becoming more the exception than the rule. Since the general acceptance in contemporary society of psychotherapeutic techniques and theories and the advent of Clinical Pastoral Education (offered through seminaries and affiliated hospitals), clergy have increasingly abandoned the traditional approach to pastoral counseling. Instead, clergy have developed, even if imperfectly, a clinical and secular counseling practice that relies on the language and resources of psychotherapy. Fundamentalism notwithstanding, mainstream organized religion in the United States has seemingly lost confidence in the efficacy of its sacerdotal practices to help individuals through the vicissitudes of everyday life.

With the demise of an ecclesiastically-centered American society, an array of social welfare institutions has developed to address the problems facing the contemporary family,

while fewer funded resources are designated to help families.[1] At the same time, an array of social behaviors categorized as dysfunctional and sometimes criminal threatens to replace the American family ideal. Increasing numbers of families have single parents, mostly women, and are impoverished economically and psychologically. Wives are battered, as are children, and both strike back, sometimes killing. On a national scale, we take more children out of homes, and remove more fathers, but foster care has sometimes led to its own abuses. In individual cases, where we have committed an extensive array of resources to prevent repeat abuse, either through incarceration or through a variety of social services, we are paying too high a financial and social price, even if some of these individual efforts have been successful.[2] Additionally, we cannot say with any assurance what causes abuse, whether we can treat both the abuser and the abused, or whether we can prevent repeat abuse in this or future generations. What does seem clear, however, is that society will not in the near future commit the amounts of money required to respond adequately to domestic violence, even when we know how to respond effectively.

Despite this failure of national resolve, our culture still looks to experts and their respective technologies to explain and ameliorate, if not individual suffering, then the effects of that suffering on the society at large. The central theoretical question of this essay is whether individual and social pathologies belong within the practice and discourse of theology. Does theology still have a healing function, or has it been superceded, both because of loss of belief and because of the simplicity of its model of human functioning and its concomitant therapeutics? What healing can theology offer to secularized humanity? What vision can it offer? What hope can it sustain?

I.

[S]eeing, they do not see, and hearing they do not hear, nor do they understand.... But blessed are your eyes, for they see; and your ears, for they hear. Matthew 13:13, 16.

Twenty-five years ago "domestic violence" was not a current phrase, and spousal physical abuse and child sexual abuse were infrequently reported. Current statistics document many more battered wives than just ten years ago,[3] while nearly 300% more cries of beaten and sexually abused children were heard between 1985-86 than during the preceding five years.[4] Though we recognize many more, some statistics indicate that we see only a fraction of the women who are actually battered every year in the United States. Again, though we hear at least three times the cries we used to, clearly only a minute fraction of all children crying out in our country each year because of physical and sexual abuse are being heard. But do we really know what we are seeing and hearing? Do we understand what we are witnessing? Are we responding accordingly? The questions of seeing, hearing, understanding, and the effectiveness of response themselves remain open. The questions of whether clerical response can be improved and whether it can make a difference with respect to solving the problems of domestic violence are the subject of an informal survey we recently conducted. The issue of family violence is important in its own right, but it is particularly valuable as an exemplary case to examine religious discourse and practice in a postmodern world in which "God" is often declared irrelevant.

This section of the essay consists of notes toward a consideration of what clergy do with respect to solving domestic problems among the families in their pastoral care. Toward this end, a series of informal interviews with clergy were conducted over a four and one-half year period in two upper-Midwestern counties in the United States concerning their responses to domestic violence in their parishes and wider communities. To these rural and urban clergy, we have addressed the crucial questions of hearing, seeing, understanding, and effectiveness of response with respect to domestic violence. We attempted to elicit some understanding of clerical social practice by asking questions which were designed to disclose to what extent the clergy encountered abuse, why they responded or failed to respond

as they did, and to what extent their response was effective. We were concerned with questions of family violence generally; however, our particular concern was the extent to which clergy trusted their own theological discourse and function for "therapeutic" efficacy. Drawing on our interviews with clergy representing thirteen Protestant and Catholic denominational affiliations, this essay reports private responses to domestic violence on the part of church leaders. Our findings are not intended to be scientific or definitive, but efforts to document and direct an initial inquiry. Strikingly, the 39 clergy interviewed encountered spousal abuse a mere 205 times over the course of 347 accumulated years of pastoral ministry and child physical and sexual abuse only 52 times and 39 times, respectively, over the same number of years.

Based upon this data, one might conclude that clergy as a group encounter domestic violence rather rarely. Indeed, of the 39 clergy interviewed, 11 pastors representing more than 77 years of combined ministry encountered no cases of spousal abuse; 21 pastors representing more than 160 years of combined ministry encountered no cases of child physical abuse; and 23 pastors representing more than 152 total years of ministry encountered no cases of child sexual abuse. Of those serving pastorates of 10 or more years, 9 clergy encountered together only 8 cases of spousal abuse, 3 cases of child physical abuse and one case of child sexual abuse in the course of 136 accumulated years of pastoral ministry. On the other hand, if one considers that two of the clergy have accounted for 102 of the 205 reported cases of spousal abuse, 18 of the 52 reported cases of child physical abuse and 16 of the 39 reported cases of child sexual abuse in just 19 years of combined ministry, then the evidence would indicate that, at least for a small number of clergy, encounters with domestic violence are not infrequent. Aside from these two exceptional experiences with domestic violence, another 12 of the 39 clergy interviewed accounted for 53, or more than half, of the remaining cases of reported spousal abuse. Still more striking is that the bulk of these 53 encounters appear to have occurred within the 6 most recent years of pastoral ministry covered by the interviews.

The information we gathered suggests that younger pastors in more recently acquired pastorates tend to encounter much more domestic violence than do older clergy in longer pastorates. The reason for this discrepancy seems obvious: twenty or thirty years ago, clergy did not look for spousal and child abuse. With rare exceptions, no one did. Entrenched in established pastorates, older clergy have continued their pastoral ministry in older ways. They have experienced far fewer pressures to re-orient their ministry than have younger ministers in more recent pastorates. There were exceptions, however. In one case, an older minister, during 10 years at his current parish, encountered 7 cases of spousal physical abuse and 9 cases of child physical abuse. (Only 43 total cases of child physical abuse were reported by all other clergy combined.) His explanation for his unusually frequent encounters is instructive:

> I've been "open" to these kinds of problems! People will come if you're open . . . I get a lot—but clergy have got to be open to dealing with these kinds of problems to see them . . . I am a resource people can come to! I did not use a lot of outside public resources because I do a lot of counseling myself, and it seems to be fairly effective, especially in conjunction with other private, professional (and preferably religious) counseling resources. . . I run into everything, get involved . . . and I stay with the situations . . . and the response seems to be fairly effective.

Another older pastor encountered 12 cases of spousal physical abuse during 15 years in his most recent parish. His extensive involvement in both Alcoholics Anonymous and a local in-patient alcohol treatment program appeared to have contributed most to his encounters with domestic violence. He was associated with groups responding to a problem often

associated with physical abuse. Further, he sponsored programs pertaining to domestic violence, and he seemed to have won a reputation for effectiveness.

Nonetheless, according to the information gathered in our interviews, the majority of clergy do not appear to be responding to the realities of domestic violence in their parishes and wider communities, and of those who do respond, most are unpersuaded of the effectiveness of their response. In only one case where the rate of encounter was low (no spousal abuse and only one instance of child abuse) was there a suggestion that the cause might be the church's positive programming. The pastor said that spousal abuse was not likely to be frequent in his parish because of the participation of many parishioners in on-going prophylactic marriage counseling and many programs of marriage and family building and enrichment. Instead, the common concern voiced by most clergy is that they lack the skill and competence to intervene in and manage such domestic difficulties. According to these clergy, spousal and child abuse should be handled by the professionals: the psychologists and psychiatrists; the social service agencies; and, where appropriate, the police and other criminal justice system services.

Those clergy who do respond to domestic violence generally disclose some degree of training and sophistication—in short, some degree or sense of competence—with respect to domestic violence, its pathologies and its treatment. This training and sophistication, however, have typically consisted of little more than continuing education seminars in various kinds of abuse, or self-directed reading in domestic violence. No member of the clergy interviewed had a degree in clinical psychology, and only one a degree in social work. Many had a few courses in basic counseling theory or practice in seminary, and some of the more recently called had spent a semester or summer in a hospital Clinical Pastoral Education Program. Those clergy who respond more frequently to domestic violence in its variety of forms invariably feel they respond "quickly and decisively," "with compassion," "to be there—to help people work through their family problems." In fact, we know that clergy who encounter violence in the family attempt to identify with, and enter into, the family situation. They engage in intensive, and usually long-term, support counseling, referring the involved parties for insight therapies to other private professionals with whom the clergy cooperate closely in the care of the family and the management of their problems. Unlike a variety of interveners in the public-sector response to domestic violence, clergy rarely act out of a sense of duty or obligation, but on the basis of what they define as a profound desire to "take on the suffering of [their] people," and to do so in a way that enlists the constraints and supports of a community of persons, all of whom "dwell in darkness" by confession (Isaiah 11:1).

The importance of vicarious suffering which clergy bring to their encounters with domestic violence cannot be overemphasized. Acknowledgement of mutual suffering helps the sufferer carry the burden, reduce stress, assuage a sense of urgency, and alleviate desperation. It creates a bond between the helper and the one being helped, and teaches those whose problems manifest disjunctive relationships how to relate better. Indeed, clergy who respond to family violence describe themselves as "there to help people work through their family problems." They are constantly "on call," and are invariably inconvenienced at all hours of the day and night. But there is a quality of contact between the clergy and those embroiled in domestic violence that is unlike any other intervention model. Where there is contact—quality contact—there is possibility and hope, as the following answer of one pastor to the question of effectiveness demonstrates: "In two cases of [spousal] abuse, the abusive activity has stopped. The one family is doing well; the other marriage is not good, and he is not dry, but she is doing marvelously well—much more assertive, independent." Unfortunately, such an answer to the question of the effectiveness of clergy response to domestic violence is a minority answer, not only within society at large, but within the pastoral calling itself.

Clearly contemporary American pastoral counseling has de-emphasized or eliminated altogether traditional pastoral counseling formats. Nearly all the clergy interviewed expressed themselves in sociological and psychological theory and language rather than theological, and the corresponding ascendancy of the therapeutic couch and psychopharmacology over absolution and the confessional. Their counseling is now largely client-centered rather than God-centered, and looks more to Carl Rogers than to the Bible and major theological interpreters of the faith for working definitions of the self and interpersonal relationships. Indeed, Carl Rogers was the counseling authority most frequently cited by the interviewed clergy.[5] Yet none of the clergy interviewed had a formal, academic degree in the secular therapies. All but two of the 39 clergy interviewed saw domestic violence in predominantly, if not exclusively, secular clinical terms.

The clergy interviewed spoke more like psychotherapists than priests, and only in a few instances was there a sense that traditional pastoral counseling modalities were being followed. The clergy as a whole had eschewed the language and resources of the faith to define the problems of violence and had forsaken traditional pastoral care in responding to them. None made any reference to Scripture as a counseling resource or authority for working definitions of the self or proper human relationships. Only two of the clergymen used the language of sin, vice, and separation from God and fellow human beings to define at least one, irreducible element of the problem of violence. One other, however, stated pointedly that he tried to foster either a new or renewed "relationship with Jesus Christ" among all the actors engaged in the violent scene. Contemporary pastoral counseling sees guilt and its concomitant suffering as the result of unconscious psychic dynamics rather than as a constitutive sign of sin. Contemporary pastoral counseling would prefer that the client pursue self-actualization rather than strive to become a "new creation"[6] in Christ. Rather than maintaining a counseling relationship in which the parishioner's life is continually referred to God, the contemporary clerical counselor insists on remaining objective, neutral, and nonjudgmental, assuming the role primarily of a facilitator engaged in an activity designed to increase the self-knowledge of the person being counseled. This practice assumes and assures that neither the pastoral counselor nor the person seeking pastoral care find any compelling force in the notions of sin, guilt, and forgiveness, the language of traditional pastoral counseling.

We suggest that clergy have adopted a more clinical, secular and psychotherapeutic approach because they have been concerned with becoming more "professional," thus more "acceptable" in a positivistic world that is increasingly skeptical (if not disparaging) of the sacred and metaphysical.[7] In contemporary America at least, clergy feel identified increasingly as ineffectual vestiges of a pre-scientific and pre-technological era which is of questionable relevance to a modern society shaped by the medical model which has as its goal the intramundane curing of human beings rather than the eternal "care of souls."[8] To be perceived as professional, clergy have had to adopt the theories and techniques of psychotherapy, notwithstanding that most clergy consider themselves unqualified to deal with such problems as domestic violence. In adopting the psychotherapeutic model, while abandoning that of traditional pastoral counseling, clergy have created two problems: they have laid themselves open to the burgeoning development of clergy malpractice litigation and they have failed to respond to mental health concerns in the uniquely clerical ways that offer a viable alternative to the profane therapies for those who have been shaped and nurtured by religious faith. Ironically, clergy who do fulfill a counseling role frequently find themselves judged by criteria established to measure secular psychotherapeutic practice. The move to a secular model brings secular standards, including the danger of malpractice liability, to pastoral practice.

Up to now the church and her clerics have enjoyed special protections under our nation's laws. The First Amendment and the constitutions and statutes of nearly all fifty states have accorded the clergy and their congregations absolute freedom to believe as they choose and nearly unlimited freedom of religious practice. Though clergy have always been held liable for their intentional torts, until recently clergy have not been held liable for negligent acts arising out of the exercise of their pastoral offices. Only in 1980 was the first case of clergy malpractice, *Nally v. Grace Community Church*,[9] brought into our nation's courts. Since then the concept of clergy malpractice has come of age. In the decade following *Nally* numerous articles have appeared in law reviews and other periodicals discussing the nature, merits and ramifications of a cause of action for clergy malpractice, and interest in clergy malpractice has burgeoned.[10]

No appellate court has upheld an action for clergy malpractice as such, i.e., an action in which the clergyman has been sued in his capacity as a minister and held to the standard of care required of members of the clergy in his community. However, injured plaintiffs are pressing claims of clergy malpractice with greater frequency, and at least three jurisdictions have stated that actions for clergy malpractice are viable.[11] More significantly, in virtually every case where a clergyman has been sued in his capacity as a minister, the plaintiffs have alleged that the clergyman has represented himself to the public or wider community as a trained psychotherapist or professional marriage counselor. What appears to be conclusive is that when clergymen are being sued for negligence and malpractice, they are being sued in their capacity as pastoral counselor. It would also appear equally conclusive that only those clergy who engage in secular counseling, whether in whole or in part, are being sued for negligence and malpractice.

On the one hand, history has shown that when clergy have confined their counseling efforts to those traditionally a part of their pastoral role, they have been immune from liability for injury caused by their counseling efforts by virtue of First Amendment protections. On the other hand, those courts that have recognized at least the potential, if not the actual, cognizability of clergy malpractice causes of action have stated clearly that a pastor whose counseling incorporates both religious and secular components may not assert a First Amendment "free exercise" defense.[12] The salient feature of this exploding area of litigation is the chilling effect it will have on pastoral care and counselling, whether traditional or contemporary. Inevitably plaintiffs will be successful in bringing malpractice claims against clergy. However, it will be conceptually difficult for the courts to establish standards of care to which clergy will be held. For those juridical standards will necessarily be inextricably intertwined with ecclesiastical standards and with the dogmatic, doctrinal and theological systems informing the counseling efforts of clergy which are far too numerous and variegated to permit of such standardization.

The preceding observations and reflections suggest that by substituting the theories, techniques, and languages of profane psychotherapy for the functions, formats and language of traditional pastoral counseling and care, pastors do a disservice to their parishioners, especially in relation to domestic violence. While the traditional pastoral counselor is concerned fundamentally with forgiveness of sin, the psychotherapist probes directly at the pathogenic suffering and is unconcerned *per se* whether a sinful act has been committed or a sinful state exists. Yet the mere elimination of the pathogenic suffering and guilt will not solve the fundamental, irreducible problem of what we can call either original sin or ontological guilt. That guilt and concomitant suffering will remain unresponsive to secular therapies until the suffering individual has confessed his sin and heard God's Word of forgiveness. Psychotherapist and traditional pastoral-counselor each have important roles to play in treating the whole person, especially those who have been shaped and nurtured by the Christian church. Much guilt and suffering of those embroiled in domestic violence is

understandably of a derived nature that may be amenable to intensive intervention of profane psychotherapy to disclose intrapersonal pathogenic features and to disentangle unhealthy interpersonal relationships. And yet, for believers, there will always be that healing nowhere else available in the anguished cry, "Lord, I have sinned against Thee alone," to which God responds for many with a life changing, "I forgive you."

II.

As Alasdair MacIntyre has argued, such an avenue may be open only to those who share the traditional discourse that admits such grace-filled resolution.[13] To non-believers, the therapeutics of theologic intervention may be seen as what the psychotherapist would call *only* a transference cure and therefore dismiss as fragile, uneasy, and contingent on the power of the external object, minister, priest or rabbi, church or synagogue. No matter how satisfying they may seem to their most committed adherents, the competing discourses of theological and secular "therapeutics" are each inadequate from the perspective of the other. The secularization of the wafer, in the form of the technocratic embrace of the latest implement in the psycho-pharmacological toolbox, is unlikely either to fulfill the hopes of those dispensing it or to cure the kind of "sickness unto death" of theological nightmares. The traditional cure of souls, for many, has become vapid; for others, secular technologies are sterile. One avenue toward potential reengagement for each might involve a renewal of the canonical understanding of the psyche that appropriated whatever might be therapeutically useful in contemporary psycho-medicine.

Anguish, the soul's disease, has always been a part of human experience. Sometimes called anxiety and sometimes terror, the felt experience and its causes have formed an object for institutional and disciplinary study, speculation and practice. The alienation of the individual from nature, community, and ultimately from the self initiated by the prophets of subversion—Kant, Hegel, Nietzsche, Marx, and Freud—erased God as relevant for providing either conceptual understanding or practical solace to the experience of alienation and the apprehension of meaninglessness. God became off limits, coded as the nominal or human construct projected onto the universe—God created in man's image. The Enlightenment proclaimed man a rational maker with sufficient power to order reality and dominate a nature viewed as existing to fulfill humanity's needs and desires. Those enlightenment figures who did not reject God avoided metaphysical speculation, some for fear of being labeled obscurantist; others fearing the possibility of feeding partisan mayhem and genocide. The healing function implicit in theology and philosophy was claimed by a scientific medicine in the name of secular rigor. Psychotherapy, called by Philip Rieff a moral science, created a new priesthood, including both the psychoanalyst and all those practitioners who legitimated themselves through opposition to Freudian thought.

The model of psychotherapy replaced *soul* with *self*, the language of theology with that of medicine. Though science replaced the legitimacy of theology, it did not eliminate theocratic structures and adherency. Religious institutions were of course altered to maintain viability, but such responses often left orthodoxies in place, sometimes more rigidly so to protect against encroachment. The question is open as to whether theology can any longer provide for the cure of souls in theological terms. Yet if there are alternatives for sensitive clergy other than simply to refer their congregants to secular authorities or to train themselves to competency in secular therapeutics, additional models must be explored. For two such models, we turn now to two exemplary theological texts which we believe offer potential for succor even in a postmodern world.

Both Søren Kierkegaard, the nineteenth-century Danish Christian theologian, and Franz Rosenzweig, the twentieth-century German Jewish theologian, are concerned with humanity's fundamental relationships to God, the world, and man. Each values the individual soul and each provides a diagnosis and prescription for the sickness of modernity. Each is concerned

with psychology as fundamental to his theological position. And each sets up his analyses with powerful insights that have links with contemporary thought.

According to Kierkegaard, the human anguish that leads to violence finds its provenance in the fundamental sickness of despair. For Kierkegaard, secular therapies are inadequate to address the human anguish giving rise to violent acts both inside and outside the domestic sphere because the despair has to do not with an accidental pathology of the human condition, but with the essential condition of the human being in relation to God and the world. For Kierkegaard, despair is a condition of the self as the self places itself before God (*Sickness*, 146). Despair arises from the congenital reality that all human beings begin their existence and go through life either not wanting to be a self or not wanting to be the particular self that they are. In all cases, according to Kierkegaard, the self attempts to be rid of itself, so tormenting are the contradictions between the finite and the infinite, the possible and the necessary, the human and the divine.

Kierkegaard theorized that one who lives consciously but distrusts the eternal cherishes the earthly so highly that the eternal in the self can be of no comfort. Out of defiance of right relationship to God, he behaves as if he is his own Lord or Master, himself a sort of abstracted infinite reality with its own rules, measures, and values. Yet in those moments when this person realizes that the finite and the necessary control his existence, and that moments of suffering cannot be abstracted away, there is deep despair. Another might cry out to God for help and seek release from the torment, but this person, enraged at the onslaught against the self that he himself has created, becomes the more defiant in his insistence on being lord of his life. This person is tyrannical in relationships, bitter toward life, and capable of doing violence to all who threaten his control and dominance. According to Kierkegaard, one responds to despair either by augmenting the despair or by accepting the one antidote to despair, which is faith. One either dies to despair (through faith) and is healed, or one dies from despair—continually, increasingly and eternally. In either case, according to Kierkegaard, it is a "sickness unto death." To be sure, clinical intervention can enable the despairing person to envision possibilities that will mollify the forces of violence, but such clinical solutions are likely to be temporary since, from Kierkegaard's vantage point, ontology, not psychology, is at issue. Faith alone can adequately respond to despair because only faith situates the context of impossibility associated with mortality within the still larger context of possibility associated with God.

While Kierkegaard never spoke of what today we call "domestic violence," he would have identified such behavior as symptomatic of persons in despair. Spouses and other family members become, for those in despair, objects for self-gratification rather than subjects of enduring relationships requiring mutual sacrifice and an investment of the heart for a future that must conclude at death.[14] Those embroiled in abusive relationships in the family who have been associated with the church and its faith may yet be shaped, moved, and informed by a metaphysical anthropology which is uniquely Judeo-Christian and which does not inform or qualify the techniques and theories of secular psychotherapy. According to God's Word revealed through Scripture (including both the Old and New Testaments) and the Incarnation, humankind is sinful, fallen, broken in its relationship both to God and to itself, yet capable of redemption and sanctification through God's forgiveness and the work of the Holy Spirit.[15] By sinning a person separates himself from God and from others through an act of disobedience. The sinner assumes a posture of hostility both toward God and toward the rest of humankind, manifesting a humanity that is incomplete and ontologically flawed.

Fallenness, and the sinful acts occasioned by it, necessarily generate guilt and suffering.[16] The economy of faith (or conversion) permits at moments that suffering be ameliorated and guilt assuaged through somatic and psychotherapeutic intervention of a purely secular nature. But only the operation of grace can redeem the sinful act and interrupt that which generates

further guilt and suffering and repeated sin. The redemption of sin occurs, according to the Christian faith, through a confession of sin and forgiveness (or absolution) conferred either directly by God or through his priestly representative or fellow believers or both, depending upon the religious tradition.[17] The formats of traditional pastoral counseling offer affirmative occasions for the annihilation of sin, the assuaging of guilt, the amelioration of suffering and the amendment of life necessary for prevention of further sin, including violence to the family. Once forgiveness has been granted by God to the penitent, formats of traditional pastoral counseling permit confession, forgiveness and reconciliation among both the perpetrators and victims of sin, including domestic violence.

The notion that faith is the sole efficacious remedy for the pervasive despair which gives rise to violence in our marriages and families has profound implications for the way clergy must carry out their ministry. Rather than adopt the languages and discourses of modern secular therapies to address the mental and emotional illnesses of their parishioners, clergy might reclaim the language of the synagogue and church and the discourse of the faith to provide an "eternally certain antidote" to despair and violence. Nonetheless, just as Kierkegaard himself despaired that organized religion had the capacity to do what was necessary without corruption, the Christian pastor-priest must recognize that even in the role of mediator of God's Word, which forgives sin and removes guilt, his intervention may not immediately—nor necessarily—remove the suffering and sickness which are occasioned by and constitutive of sin and guilt. Indeed, the derived guilt and suffering not produced by the sinful act is often indistinguishable from sin-generated guilt and suffering and, accordingly, may be initially less responsive to the formats of traditional pastoral counseling than to the secular therapies. Often, the two interventions may work cooperatively to achieve the wholeness of the parishioner.[18]

Like Kierkegaard, Franz Rosenzweig[19] addresses the individual in all of his/her concreteness and finitude. His analysis does not presuppose connection with Jewish or any other theology although his proof text is frequently Biblical.[20] In his work, Rosenzweig began to move beyond the negative theology already known to Judaism in the work of the medieval Jewish theologian, Maimonides, who argued in his *Guide of the Perplexed* that it is idolatry to attribute any characteristic to God.[21] Although Rosenzweig claims that only the negative road to God is accessible to human intuition, he further denies that belief in God is a presupposition for beginning the journey, which undermines Platonic claims of a stable unitary metaphysical reality. Rather, he asserts, this analysis restores a three-fold structure for realism, including an irreducible man, an irreducible world, and an irreducible God. Rosenzweig denies the intrinsic dependence of the individual on others, thus warranting the individual his freedom and his specificity: that is, his "self," his individual soul.

Rosenzweig's concern is with reorienting the individual in the world. This new orientation is predicated on thought, not faith. Rosenzweig held the Judaic sacred texts and understandings close to his heart and mind, but he was a thinker who probed the metaphysical through reason rather than taking the leap of faith. Unlike other major theological traditions, Judaism is not unitary or seamless; in fact, for the most part it has no dogmatics except to obey the commandments and deuteronomic laws. After the destruction of the second temple and the shift from a priestly religious to a rabbinic structure, the question of conflicting interpretations became part of legal and communal practice.[22] Paradoxically, in positing the irreducibility of man, world, and God, Rosenzweig does not assert faith as a precondition. The ostensible object of *Understanding the Sick and the Healthy* is to cure the disease affecting modernity. The symptom of this malady is psychological paralysis, marked by a loss of individual meaning, a sense of loss of human connectedness, and lack of purpose. The patient loses vitality and motivation to act in the world. Psychotherapy would label this condition existential neurosis. For Rosenzweig, the condition that leads to sickness is a delusion attributable to the individual's situating of the self in the world based on an *ism*

that constrains the individual, imprisoning him in thought-systems that prevents him from experiencing God as anything other than abstraction.

Rosenzweig saw his contemporaries trapped in distorted representations of the self, emphasizing metaphysics at the cost of concrete individual experience. Their notion was that the death of God required a commitment to live as if God still existed or ethical action would be doomed. For Rosenzweig, the "as if" philosophy of Vahinger shared the vulnerability of Hegelian idealism and the separate but related problem of confirming that living had to be predicated on a falsehood (15). Though Rosenzweig specified idealism and its "as if" variant as the object of his analysis of psychological paralysis, he explicitly remarked that variant *isms* could substitute as paralyzing causes. Rosenzweig diagnosed alienation as the loss of spontaneity fostered by the acceptance of philosophical limitation. He recognized that faith in flawed determinations enclosed the self from experience in the world. Like Kierkegaard, he recognized the individual's defensive tendency to avoid the fear of death by living as if dead. The starting point of Rosenzweig's analysis is the suffering patient, considered as a whole person, not in fragments. His strategy in *Sick and Healthy* was to employ a therapeutic grammar of diagnosis, treatment, and cure. But his aim was also metaphysical—the regrounding of realism. Rosenzweig's prescription breaks through the dead weight of the dead *isms* that prevent the "sick" individual from realizing the rich texture of existence, hopefully leading to a new openness and confidence in the possibility of individual participation in the world.

Rosenzweig establishes the relationship of man to the world along lines central to Jewish and Christian thought. The world is given by God to man for his use and care. Naming and therefore language is conventional but real in the sense that language bridges without reducing the gap between the realities of world, man, and God. Rosenzweig anticipates what he would hold to be the worsening sickness of a deepening post-structuralist distrust in the capacity of language to designate and communicate. Words unite the individual to the divine. God is accessible through praise or prayer. By claiming that words are simultaneously subject to human conventions and connect beyond them, Rosenzweig illuminates an escape from the Enlightenment trap that in the name of freedom locked man exclusively into self-reflection. Rosenzweig demonstrated that questions placed in the form of "What is man or world or God?" result in answers that fall apart logically. Though Rosenzweig had no respect for theological mystical assertions, his intellectual life called forth the necessity of God as reality, not as necessary construct. Rosenzweig particularly called for balance with respect to the individual's view of self, others, world and God. An imbalance, a tilt in the individual's perception of God and a commitment particularly toward God away from everyday life was to Rosenzweig's (Jewish) way of thinking equally likely to end in the sickness that he felt paralyzed individual consciousness.

God is the last reality dealt with in *Sick and Healthy*. Rosenzweig points out that the strategy for talking about God takes two forms: either God is within the human individual or God is behind some "phantom reality." In either case, philosophy contributes to pathology, or "sick reason." Rosenzweig attacks the notion that a "god from the alter ego . . . possesses the patient," or else turns the objects of reality into "phantasms" (74). He also critiques the attempt to collapse God into nature, which he traces to Spinoza, a distortion which is "rarified" by Goethe and Herder. Nor does Rosenzweig approve of the move to reduce God to Mind with a capital "M," for this destroys the possibility of a relationship between God and man. For Rosenzweig there are three ontological terms: man, world, and God. One is not reducible to the other.

But what of a strategy that seeks God not as mind or world, but totality? That move also reduces God to a nullity; a God that is everything is, in fact, nothing. "World must be something, man must be something, God must be something." He continues:

> Man invokes God by his name; the world speaks to Him through his word. On the one hand He embraces sinners; on the other, he proclaims law for the world. The root of all of man's various heresies is to confound the two parts of His name with one another; God's love encroaches upon His justice, His justice upon His love. It is indeed God's task both to maintain the twofold character of His name as well as reconcile them. So long as there is reason for such a division, so long as God is not the God-in-Himself . . . whom philosophers drivel about; if He remains God of man and the world, then it is He, who by means of His two-fold name transforms—and we use the word in its technical sense—human energies into the energies of the world. (80)

Man must not confound the human function with that of God. The individual must still accept his or her obligations, including naming and judging. Through confident action in the world, connection is made with this world and with God. The prooftext is Deuteronomy 30: 14: "But the word is very nigh unto thee, in thy mouth, and in thy heart, that thou mayest do it." For Rosenzweig, the cure is built into the representation of the malady. Humankind is made up of individuals with individual freedom. But the individual can connect with real people and a real world and a real God whose existence is not constructed by an individual, but rather recognized by the individual in the course of living. Rosenzweig suggests that this understanding will open living and create trust, two factors central to any therapeutic, whether secular or sacred.

Since the underlying metaphor that structures both *Sickness Unto Death* and *Understanding the Sick and the Healthy* is illness, one may still question how that term lends itself to general therapeutics and at what point the term breaks down with respect to efficacious practice for theology and medicine both. Given our findings that older clergy noticed few psychological pathologies within congregations and that younger clergy referred significant psychosocial problems among parishioners to specialists, should the older clergy be "retrained" or the younger be encouraged to intervene personally? Might it be the case that the "ignorant" or "negligent" older clergy actually cause less harm by not referring parishioners to psychological specialists? Might it be the case that the promise of professional care for particular "psychopathologies" is primarily social control with little therapeutic significance for the individual? Finally, do Kierkegaardian-Rosenzweigean analyses speak to the range of problems which include child abuse, battered wife syndrome, alcoholism, compulsive gambling, sexual perversion and other kinds of "deviant" behaviors now regarded as within the jurisdiction of psychiatry or other mental health professions? Are these conditions open to mixed or differing jurisdictions? What standards of care are the bases of judgments assessing theological malpractice and separating it from medical or psychological malpractice?

Thinkers like Kierkegaard, Rosenzweig, and Freud drew from a common well of texts: the Bible, the Greek classics, Shakespeare, Goethe, Dostoevsky, et al. If we add Dante, Spenser, Blake *inter alia* the potentiality of mapping a new potential of transformative consciousness—reaching beyond the self's confines toward a nondogmatic mystery that is no "future of an illusion" and no mere projective narcissism is enhanced. Human longing is a metaphysical fact. Jacob's struggle with the angel is still exemplary for many even if only a masculine model. Whatever the agreed on itinerary, we must reappropriate the imaginative of the sacred past without the dogmatics that verify a pseudo and deadly certainty. Yet we cannot allow false grace or false technology to flatten self and social representations. Psychology has not successfully displaced theology. But it is not so clear that we can return to a home that only problematically existed in the first place.

Notes

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[1] Philip Rieff, *The Triumph of the Therapeutic—Uses of Faith After Freud* (Chicago: University of Chicago Press, 1987), argues that therapy has replaced scripture and literature in the twentieth century. Rieff contends that the Western State has engendered an array of social welfare institutions that serve traditionally religious functions, including feeding and sheltering the poor and unemployed.

[2] Joseph Goldstein, Anna Freud, and Albert J. Solnit, *Before the Best Interest of the Child* (New York: Free Press, 1979).

[3] U.S. Department of Justice, F.B.I., *Uniform Crime Report,* published annually; *see also* "Bureau of Justice Statistics Special Report—Family Violence," U.S. Department of Justice, Bureau of Justice Statistics.

[4] Bureau of the Census, U.S. Department of Commerce, Statistical Abstract of the United States, 1988, 108th Edition, 164ff.

[5] This presents an interesting theoretical, if not practical, problem in that the assumption of actualization as human possibility is at odds with theologies that are based on original sin, human fall, and salvation only through grace. It is not surprising that Rogerian influenced "client-centered" therapy would appeal to clergy as an appropriate secular model, given the emphasis on empathy. But all dynamic theories demand therapeutic empathy. Rogers' theory, at least with Rogers and his immediate followers, lacked effective theory and response to aggressive functions.

[6] II Corinthians 5:17.

[7] The move toward professionalization thus represents yet another effort on the part of the American clergy to reclaim the influence and prestige they have been gradually but continuously losing since the disestablishment of churches in New England left clergy scurrying to find ways of restoring lost power. Ann Douglas, *The Femininization of American Culture* (Garden City NY: Anchor Books, 1977) demonstrates that clergy allied with reform-minded women to legitimate their roles through social reform. We might also note that the clergy have moved toward the professional model at precisely the time that "professionalism" is coming under increasing stress in our bureaucratized society.

[8] Fundamentalist Christians react quite differently to the temper of the modern world.

[9] 763 P. 2d 948 (Cal. 1988), *cert denied, 490 U.S. 1007 (1989).* The *Nally* case involved the allegation that the pastors of Grace Community Church in Southern California had caused, among other things the wrongful death of a young parishioner as a result of professional malpractice arising out of a counseling relationship between the pastors and the deceased. The California Supreme Court stated that neither the legislature nor the courts have imposed a legal duty to prevent the suicide of a person not in the care of a physician in a hospital and that the legislature exempted clergy from the licensing requirements and statutes that regulate psychologists.

[10] Some of the more recent cases achieving appellate review which have alleged clergy malpractice are *Schmidt v. Bishop,* 779 F Supp. 321 (S.D.N.Y. 1991), *Destefano v. Grabian*, 763 P.2d 275 (Colo. 1988); *Stock v. Pressenell* 38 Ohio St. 3d 207, 527 N.E.2d 1235 (Ohio 1988); *Hadley v. Richards,* 518 S.2d 682 (Ala. 1987); *Hester v. Barnett,* 723 S.W.2d 544 (Mo. App. 1987; *English v. Thome*, 676 F. Supp. 761 (S.D. Miss. 1987).

[11] See *Strock & Hester*, supra, and *Lund v. Kaple*, 100 Wash. 2d 739, 675 P.2d 226 (1984).

[12] See, for example, *Destefano*, supra 763 P.2d at 283.

[13] Alasdair MacIntyre, *Three Rival Versions of Moral Inquiry: Encyclopedia, Genealogy and Tradition* (Notre Dame: University of Notre Dame Press, 1990).

[14] A psychoanalytic thinker like Heinz Kohut could well agree with the phenomenology but might challenge the "self-gratification positing that for some the other cannot even be perceived as other but only as an aspect of the narcissistically disturbed self." See H. Kohut, *The Restoration of the Self* (N.Y.: International University Press, 1977) and *The Analysis of the Self* (N.Y.:

International University Press, 1971).

[15] The Genesis narrative regarding Adam's fall from grace is central to a proper understanding of the Christian metaphysical anthropology which considers all humankind to be fundamentally fallen and existing in a state of original sin which occasions the acts of personal sin giving rise to guilt and consequential suffering. See also Romans 3:23 for the corresponding New Testament view: "For all have sinned, and come short of the glory of God."

[16] See Psalms 32 and 51 for representations by the Bible that anxiety, sickness and suffering are occasioned by sin, and especially unacknowledged sin.

[17] For some key texts for the Christian tradition's conceptions of reconciliaton, see I John 1:9: "If we confess our sins, he is faithful and just and will forgive our sins and cleanse us from all unrighteousness." See also John 20:22-3 pertaining to the priestly function of forgiving sins, passed through the disciples: "And when [Jesus] had said this, he breathed on [the disciples], and said to them, 'receive the Holy Spirit. If you forgive the sins of any, they are forgiven.'" Luke 11:4 (from the Lord's Prayer) extends the priestly function to the entire community: "and forgive us our sins, for we ourselves forgive." James 5:16 likewise focusses on the individuals in a Christian community: "Therefore, confess your sins to one another, and pray for one another, that you may be healed. The prayer of a righteous man has great power in its effects." In the Jewish tradition, the holy day of Yom Kippur offers both the community and its individual members the opportunity to seek forgiveness from both God and those whom they have injured.

[18] The question of "wholeness" or autonomy is a complex one for psychotherapy, which defines it as the product of cultural and material internalization and biologically-determined instinctual tendencies. But "individualism" may demand more "autonomy" than an individual can maintain and so render even the healthy pathological. The "healthy" individual in our culture must have a certain "hardness" or psychopathy so as to remain adaptive and avoid the sheer human misery that confronts him/her on the streets and through mass communications. Secular therapies provide models of autonomy that are more isolating than might be necessary. At least in theory theological models can be more communitarian.

[19] Franz Rosenzweig, trained in medicine, philosophy and modern history, briefly considered converting to Christianity because of what he considered its relevance to the concerns of modern life. Instead he rededicated himself to Judaism to whose study and service he devoted his life. While serving in the German army during World War I, Rosenzweig composed his masterpiece, *The Star of Redemption.* At about the same time he wrote and published a two-volume critique of Hegel's idealistic philosophy, *Hegel and the State.* Between 1920 and 1922 he undertook an accessible account of his *Star*, entitled *Understanding the Sick and the Healthy: A View of World, Man and God.* Shortly after its completion, he was diagnosed with Lou Gehrig's disease from which he died in 1929. Rosenzweig remained productive during his years of affliction. He translated the work of the medieval Jewish mystical poet Judah ha-Levi, collaborated with Martin Buber to translate the Bible from Hebrew to German, and produced essays and a large correspondence. Throughout this period, visitors to his house reported a sense of spiritual uplift from his presence. All citations to Rosenzweig are to *Understanding the Sick and the Healthy: A View of World, Man and God.* Ed. N.N. Glatzer (N.Y.: Noonday Press, 1953).

[20] Judaism, for Rosenzweig, was eternally with God, bound by covenant, while Christianity was in the world bringing the gentile to God. But his analysis does not presuppose the authority of God or a sacred text.

[21] For a recent analysis of the theological and philosophic implications of idolatry in its manifest forms, see Moshe Halbertal & Avishai Margolet, *Idolatry* (Cambridge MA: Harvard University Press, 1992).

[22] For a recent analysis that makes the development of Jewish law analogous in important ways to common law, see Elliot N. Dorff & Arthur Rosset, *A Living Tree* (Binghamton: SUNY Press, 1988).