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Partnership: A Paradigm for Pastoral Counseling with African Americans

Introduction

Tom Pugh understood his vocation, to mediate God's saving grace by helping people develop personhood through relationship. He believed that every person "needs a meaningful relationship with a trusted friend to receive help in becoming the person he is capable of becoming." Pastoral counseling is one of the forms such a relationship may take. It is a relationship among the person seeking counseling, the counselor, and the Creator. Further, it is an interactive process, "a mutual, dynamic and responsive quest," toward wholeness and healing. Finally, Pugh suggests that pastoral counseling is a context, a "protected environment. . .in which an individual in need may be taught at his own rate of speed how to become a real person."[1]

This essay elaborates Pugh's delineation of pastoral counseling as relationship, context, and process. It clarifies the dynamic relationship among these three elements in order to develop a paradigm of "partnership." A personal experience as recipient of medical care is the catalyst for considering pastoral care through counseling as a partnership. This work combines the outcome of the writer's processing that

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[1]Tom Pugh, "Pastoral Explorations with People," *The Center* 1 (Spring 1960): 35.

experience with Pugh's ideas regarding the nature of pastoral counseling.

Interaction with Counselees

Near the end of 1995, I experienced an allergic reaction to a medication. Because I was working in the out-patient mental health unit at a small-town hospital, emergency medical response was swift. My co-workers and the emergency room medical and support staff were responsive and concerned, and I felt that we were in partnership to stabilize my condition.

Fourteen hours later, at home, I awakened, sat up and had another reaction. It was less intense than the former, but there were three back to back. Not knowing what this meant, I called 911 and was taken to a hospital nearby.

This emergency room doctor's response was markedly different from the one I had experienced in the morning. He appeared to be annoyed and dismissive. Because my symptoms were similar to those of a panic attack, and the medication can be used for anxiety, he decided that I had suffered a panic attack. Although the locational contexts of care were technically the same—hospital emergency rooms—the relational contexts were quite different. In the first instance, the relational context was characterized by personalized, respectful, empathic, and even collegial concern and care. In the second instance, the quality of relationship was characterized by the doctor reducing my personhood to diagnostic categories.

Nothing I could say—no measure of calmness and intelligence—no appreciation of admission criteria and decision matrices broke through this man's resolve to keep me

conformed to his mindset. He had ruled out treating me as a person of integrity, not knowing what was occurring. He was impatient, annoyed, and, finally, dismissive.

Do I do this to people who seek my care and counsel? "Sometimes," I admitted. Two people come to mind. Both sought my pastoral counseling for long-standing problems. As they reviewed their histories, it became clear delusional processes were at work. My assessment of their suffering was radically at odds with their own, and far from what they had expected from a minister and pastoral counselor. I believe my assessment was appropriate from a psychiatric perspective, but it was useless because neither person was able to accept the care being offered on that basis. It was alienated care owing to my applying medical-model diagnostics while they were expecting an exclusively religious or pastoral context. The location was a church. I was a minister. I should do all or some combination of the following pastoral acts: give them as much time as they wanted; pray for them; recite, "give" them scriptures; tell them "what says the Lord" regarding their suffering; and inform them what they needed to do to effect relief.

Indeed, I performed some of these acts, but recommending a psychiatric consultation was unexpected, unwanted, disappointing, and confusing. In fact, one of these persons had already received that recommendation from a secular therapist and had come to me, believing that something different would be the outcome. Although I treated them with respect and deep personal concern, I could not help but wonder whether I had not, indeed, come across as had the second emergency room doctor.

How often during our interactions with counselees does the diagnostic dimension of the care-giving context lead

us to relate, even impose theories and processes in which we believe, but which are alien to them and the contexts in which they live? In other words, how can we know them, when our peculiar contexts may be utterly alien to theirs; and the locational and relational contexts in which their identities, values, relationships, behavioral norms, and suffering have been shaped and refined are alien to our own? To what extent do the foundational elements of pastoral psychology help us to formulate understanding, care, and intervention but also potentially interfere with knowing our clients?

These questions presented themselves as I mulled over the vast difference in my first emergency room care which I experienced as partnership in a mutual and responsive quest to stabilize my vital signs, and the second one which I experienced as objectifying and demeaning. The disparity between the two stimulated a commitment to examine and reframe, if necessary, the relational context in which I work. Prior to this event, I had simply referred to my work with any given person as a "relationship." Now, I work to establish a partnership.

A Partnership Paradigm

The people with whom we work sometimes wish we could wave a magic wand to make problems disappear and to fix those problematic others in their lives. From an initial longing to be excellent technicians (one man told me that he at first thought of me as a kind of computer) who can facilitate a relatively quick and easy solution to a problem, there comes a transformation to a more relational understanding of the problem and possible solutions. This is facilitated by the sense of feeling seen, appreciated, understood, accepted, al-

lied with, accompanied by, sustained, responded to, helped, enhanced, even loved by the erstwhile technician. This development may come as a greater surprise and gift when the pastoral care giver is a counseling specialist rather than a pastor.

At such a point counselees may ask about our private lives. They may make comments regarding how much we know about them, yet how little they know about us. They may express a wish to do something for us. Such overtures are reminders of the peculiarity of the therapeutic relationship—deeply empathic, yet one-sided. Those whom we counsel do not a seek a relationship with us. They are typically asking for advice to understand or solve problems. They want our intellectual, spiritual, and competency resources. What they receive from us "will be 'twice blessed' when it is conveyed in such a way as to affirm [their] personal worth and [their] social linkage."[2]

Although people do not come seeking a relationship with us, one does form. Taking root in their hearts, they may cherish it as much as they appreciate what is accomplished through it. What we offer is the type of relationship which is a partnership.

> [A partnership is] a relationship resembling a legal partnership and usually involving close cooperation between parties having specified and joint rights and responsibilities [as in a common enterprise] . . . a legal relation existing between two or more persons contractually associated as joint principals in a business . . . the persons

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[2]Helen Harris Perlman, *Relationship: The Heart of Helping People* (Chicago: University of Chicago Press, 1979), 19.

joined together in a partnership.[3]

The instrumental,[4] or the goal and task-related aspect of partnership is engagement in close cooperation, characterized by specified and joint rights and responsibilities, for the sake of reaching a goal or producing a material outcome. This instrumental meaning of partnership is similar to Pugh's understanding of pastoral counseling as being a protected environment in which clients may become real persons. The goals and activities are organized toward teaching this skill. It does so by helping persons "tap the reserve resources within them for the extra strength and new meaning needed for more abundant living."[5] Broadly speaking, abundant living is comprised of the ability to make choices, grow in maturity, and respond meaningfully to others and God.

Pugh's assertion that everyone needs a trusted friend who is able to stimulate the process of becoming this real person, of tapping inner reserve resources, and of growing in understanding, maturity, and the ability to love speaks to the interpersonal aspect of the partnership. Interpersonal refers to the mutuality, trust, and responsiveness which develops between counselor and help seeker. The feelings and worldview of counselees are taken seriously and integrated with the work, so they are responded to as real persons.

Not only is the pastoral counseling partnership both instrumental and interpersonal, it is also contextual. Firstly, when we think about contexts in which pastoral care and coun-

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[3]*Webster's New Collegiate Dictionary*, 1975 ed., s.v. "partnership."

[4]Jewel Gibbs, "Treatment Relationships with Black Clients: Interpersonal vs. Instrumental Strategies," in *Advances in Clinical Social Work Practice*, ed. C. Germaine (Silver Spring, MD: National Association of Social Workers, 1985), 184-195.

[5]Pugh, "Pastoral Explorations. . . ," 32.

seling occur, "local church, sick room, prison cell, counseling room, living room, and kitchen" come to mind. This is to say, "context" stimulates images of locations. Secondly, context is also dimensional: intrapsychic, individual, interpersonal, spiritual, theological, moral, social, political, etc., conveying being and relation rather than location. Thirdly, context is situational, comprising need, challenge, growth, conflict, limitation, crisis, and the interpersonal arenas in which such potentialities unfold and are played out in the lives of people who seek pastoral care. The care providers, in addition to the recipients, function within such contexts. The locational context varies materially but is consistent in its construction as a "protected environment."

Finally, partnership is a goal; namely, right relationship. The person seeking healing, wholeness, and reconciliation through counseling usually desires improved relationships with significant others who already are in their lives. We hope that those whom we counsel will form vital partnerships with us, limited to the goals and terms we set forth, yet real and intimate enough to become proving grounds for creating and sustaining right relationship with their families, friends, co-workers, and assorted other groups.

Certainly, the foundation of the Christian pastoral counseling partnership is the Trinity. It relies on the truth that "God is still on the throne," sovereign, ever present, loving, just, and gracious, whose will may be discerned as a source of meaning and purpose. The Incarnation in Christ Jesus is mediated through our active, purposive presence for the goal of healing and bringing hope to life. The Holy Spirit is in the midst of the partnership to provide comfort, remembrance, teach, and supply power to do great things.

The enterprise upon which the partnership embarks is to draw from these transcendent and eternal resources in order to teach men, women, and children to become real, ma-

ture, goal-directed persons, tapping divine resources to transform their human lives. It is to carry out the tasks of healing and developing a theological perspective on human nature. It is to teach persons to know that the kingdom of heaven is within and may be analogous to an internal locus of control securely connected to the author of life, source, and finisher of faith. It is to act as guide, and occasionally as semi-lost, but still faith-assured companion. It is to serve as midwife to re-birth new life characterized by self-knowledge; expanded perspectives; practice of new ways of relating with freedom, autonomy, and interdependence; and growth in grace, faith, hope, and love.

Counseling Partnerships with African Americans

This writer has suggested the term "partnership" as nomenclature for the pastoral counseling relationship on the grounds that it is more specific and appropriate than the generic "relationship." The bases for this assertion are: 1) partnership enables the peculiarity of limited reciprocity in counseling relationships; 2) it is consistent with the Trinity as well as with the biblical image of humanity needing helpers as partners in order to overcome isolation and incompleteness; and 3) it advocates shared power between counselor and client or parishioner. Observations are offered regarding the particular aptness of the partnership paradigm for pastoral counseling with African Americans.

The Absence of Partnership: Socio-political Context

In the weeks immediately following the 1994 "Republican Revolution," newspaper headlines reported the assertion by the new Speaker of the House, Newt Gingrich, that the current violence in the nation was caused by the welfare state shored up by Lyndon Johnson's "Great Society" programs, and that these programs and resulting violence are destroying American culture. In fact, America and its culture are rooted in the violence of the Native American genocide and chattel slavery. Overt segregationist terrorism and white supremacist gang violence in the South, and covert, structural violence in the North were facts of African-American life for more than half of this century. Here at the end of the century the rhetoric of bigotry is rising. Affirmative action and welfare are being inaccurately cast as African American entitlement programs and causes of economic endangerment to "the American people." African Americans are more likely to be thought of as drains on and threats to, rather than partners in the enterprise of a strong twenty-first century society and culture.

The hospital in which the writer works as a counselor is located in a rural community. The main highway linking it to the metropolitan area where I live is dotted with cotton fields. Over the summer the white stuff bursts forth, then gradually elongates out of millions of bolls. Beginning in late October, the cotton is harvested by machine and packed in great rectangular bales which are covered with tarps and numbered. During every trip to and from work, I imagine slaves, then sharecroppers, bending over these short stalks for hours and hours, days and weeks and years, picking cotton by hand, knowing that they had no stake as partners in the enterprise. American history is systemic exclusion of African Americans from partnership in nation building. Partici-

pation through labor, ofttimes degraded labor, yes—partnership, no.

A couple of years ago, during a tour of Virginia, my family stopped by the Shirley plantation on the James River. The slow, long, bumpy drive from the highway to the plantation house wound through an immense spread of fields. To my utter surprise, I empathically grasped the stake large plantation owners had in preserving the southern way of life, and their decision to secede from the Union rather than surrender it. Owners certainly must have been individual sovereigns over their landed interests, including those who worked in the fields. Those whose families had held these interests "from the beginning" through royal land grants stood firmly on their right to the land, power, and role of cultural conservation.

Literal royal entitlement to essentially stolen land brought emotional, psychological, cultural, social, economic, and political dimensions. The mystique of the southern way of life was marked by profound attachment to the land. This connection was maintained by the complex system of denial and projection which supported the dehumanization of Native Americans and African slaves, without which there could have been no entitlement program in the first instance, nor economic exploitation in the second.

Because technology has eliminated the need for the brawn and fecundity of dehumanized chattel, the labor of a remnant of slaves' descendants has become obsolete, nearly rendering the people themselves archaic. It is no wonder that the new growth industry is prison construction. Poor people, especially poor Blacks, continue as America's intrusive enemy within, originally imported to fill a degraded function, now a part of society, but still with enemy status.[6] While this

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[6]See Orlando Patterson, *Slavery and Social Death* (Cambridge: Harvard University Press, 1982).

may not be the sole truth of the place of African Americans in the United States, it is a core truth. This aspect of our collective truth goes to the manner in which cultural, social, economic, and political partnership was not in America's dream for us. The extent to which it has become reality for many is the degree to which they have steadfastly fought for it.

There are African Americans, who for generations have lived in the hospital's rural community. Some do so by choice, having been to college in surrounding communities and returned home to professional work and relative prosperity. Some have not gone away to college, but through intelligence, vision, faith, hope, and character have provided solid family life, for themselves and their children. Many others are poor and bound to small areas of land, restricted expectations, stereotypic identities, and limited employment options—private domestic work, service work, unskilled and skilled labor in the several manufacturing or food processing enterprises which form the community's economic base. Many continue entrenched counterproductive family patterns which are monitored and maintained in extended families.

For various reasons members of this group, who least participate in American social and cultural partnership, found themselves in my counseling room. A customary route was referral by a family physician. More frequently, however, they came to surrender the belief that they had the ability to manage their private desperation. Ironically, they hoped to find assistance in a helping context perceived to be culturally alien. Legitimate help should come from two sources: family and God. Going to an office to tell a complete stranger one's personal business, hopes (if they still are accessible), deferred dreams, and failures violated both cultural norms

and personal sense of propriety.

Desperation and Absence of Partnership in the Personal Context

Pugh and Mudd asked a group of 102 urban men and women about their attitudes toward using community services for help with personal problems. Seventy-two percent of the eighty-one women indicated that they keep problems to themselves "until I can't stand it any more," and sixty-seven percent of the men said things would have to be "very tough" before they would seek help.[7] In other words, according to Pugh and Mudd, people had to be desperate before they would be likely to take the extraordinary measure of seeking out professional counseling, psychotherapy, or psychiatry.

The writer's clinical experience substantiates these findings. Situations had generally reached a point of desperation before folk came to see me. More often than not, parents and other family members had been consulted; and often the consultation resulted in family members being drawn into the situation, frequently exacerbating the problem. Their situations dealt with failing marriages and romantic relationships, including meager interaction and mutuality, infidelity, and abuse—substance, sexual, physical and verbal; health problems and psychosomatic distress; inability to manage children; and non-specific depression, anxiety, and dissatisfaction with their lives. A common precipitating plight for women was being burned out as the extended family's designated care taker and scapegoat. When men came, the precipitant

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[7]Tom Pugh and Emily H. Mudd, "Attitudes of Black Women and Men Toward Using Community Services," *Journal of Religion and Health* 10 (July 1971): 256-277.

generally involved the threat of loss of family and/or job. Substance abuse or compulsive sexuality often played a key role in the threat.

An acute absence of partnership intensified the desperation, adding a sense of loneliness and even non-being. Marriages and couple relationships were not experienced as partnerships. There was a lack of a defined enterprise in that mutual goals were not striven for together. There may have been no goals, conflicting goals, or vague goals. Men and women always wanted their children to get an education and to become successful professionals or skilled laborers, but often it seemed to be a passive goal; they hoped it would transpire without having a plan for cooperating to make it happen.

Absence of partnership was also reflected in the scarcity of close cooperation with respect to couples' specified and joint rights and responsibilities. The women typically felt that they carried all of the responsibilities for organizing and directing home functions and activities, caring for children, and the emotional life of the relationship. The men typically felt that they carried the weight of the responsibility for financial security, even when the wife earned a salary. This sense of obligation was partially a function of the traditional male "bread winner" role upon which the sense of manhood is highly dependent.

The financial aspect of the partnership was often undermined by separate money and bank accounts. The breakdown in the financial partnership was most profound in those marriages in which the husband was the sole or major income producer and had the attitude and policy that the money was his rather than theirs. The complexity and value of the wife keeping the home and family functioning was not fac-

tored into the partnership. Only the one whose labor was directly responsible for generating the money was the owner of the money. This was then used to consolidate power in other aspects of the marriage to which the wife responded with an array of tactics to undermine.

Often both members of the couple complained of being blocked from the freedom to exercise the right of self-expression. Sometimes verbal and physical abuse were the methods of control. In the absence of censure men and women both complained of being misunderstood, cut off, "jumped on," undervalued, and unappreciated. There was a great longing to be listened to, but little energy for even believing that there were more effective and satisfying options for talking to each other, much less for learning how to make changes.

Pugh and Mudd found that both men and women doubted that potential helpers would think of them as important or would be willing to help. Moreover, they thought that they should not bother others with their problems. It appeared that they experienced substantial rejection in their daily lives both in the home and the community and avoided seeking help as a way to refrain from showing this sense of rejection. Women more than men tended to seek help with problems, but both women and men went more often to mothers than to any other group. After their mothers, women went to female friends, physicians, ministers, social workers, then husbands or fathers, while men went to ministers, then wives and fathers. Psychologists and psychiatrists were the last helpers people sought.

With fractured and limited partnership skills, driven by desperate intrapsychic and interpersonal circumstances, men and women arrive at the counseling center to experiment with professional counseling. Many of pastoral

counseling's fundamental clinical assumptions and beliefs are alien to the interactive assumptions, beliefs and practices of those seeking help. We implement our theories and practice relying on the reality of conscious, preconscious and unconscious processes; expect to delve into private and secret life; believe that there is unhealthy religion; assume separation and individuation as operative values; enforce strict boundaries and the counselor's parsimonious self-disclosure; and identify and challenge families' collusive maintenance of broken systems. Hence, not only are counselees overwhelmed by the immediacy and profundity of their desperation, they enter a help-giving context which is foreign.

Building a partnership requires bridging this contextual gap. The process has many phases, four of which are co-creating the locational and interpersonal context; unfolding the narrative of desperation; setting, monitoring and updating objectives and parameters for the counseling partnership; and continued evaluation of the desperation compared to the emergence of hope.

Co-creating the Locational and Interpersonal Context

While the people with whom the writer worked in this setting were familiar with the hospital in which it is located, they were not familiar or comfortable with the outpatient mental health service. It represented failure, the risk of being perceived as "crazy," and entering the forbidden space of breaking the cultural and familial taboo on telling private business. The act of walking through our door was always one which had the real potential of being witnessed by someone who would recognize, draw conclusions, and possibly

"put it out" that so and so had a "mental problem." It was a realistic concern because of the extensive kinship and acquaintance network in the small community.

Because of these factors, it was necessary to help the person discuss being in the counseling room, which often preceded the elicitation of the suffering narrative. Questions were asked which yielded information regarding how the person reached the point of making the decision to seek this kind of help, who else was aware of the involvement, how these persons had responded, what significant others gave support or opposition, how the person felt now the step had actually been taken, and what it would accomplish. The purpose was to ease the person into the process while understanding what it meant to undertake this procedure.

There were physical cues to be considered. Along with body language, non-verbal facial cues, variations in vocal quality, and the choice of seating provided information. This writer noted with interest how infrequently adults sat on the comfortable loveseat sofa. When they did, they tended to sit on the edge. Those who entered vigorously, declaring their need for help, took the chair closest to my chair and workspace, while those who were ambivalent sat in the chair near the door. Teenagers tended to flop down on the sofa and lean back and convey an air of putting up with this unnecessary process which some adult had imposed upon them.

The Narrative of Desperation

People convey to themselves and others the story and meaning of their lives in various ways, one of which is narrating the complex plots, characters, complications, solutions, and resolutions of the events and interactions by which life

proceeds day after day. We use stories to interpret and reinterpret personal and social events. Early African-American culture was initially transmitted nearly completely through oral tradition in narrative and song. Despite the unfamiliarity and uneasiness with the idea of counseling and therapy, once at ease, African-American clients engage easily in the narratory process.

Clinicians historically considered African Americans to be poor candidates for psychotherapy because they presented meager verbalization. Contemporary African-American psychologists believe this to have been a function of the clinicians' inability to engage the clients. Assessment/diagnostic interviewing is categorical and demographic. It has many pointed questions designed to elicit specific categories of data, which are later assembled into a summary of facts. Aggressive fact-finding, especially private, family related fact-finding as a part of the intake process often alienates African-American clients.[8] There is a clash of expectations and culture which complicates the process of co-creating the relational context in which to negotiate the terms of the counseling partnership.

A viable option for reconciling the clash is to work with and through the narrative format by which persons explore life and construe self, and self in relation to other persons, God, life-circumstances, institutions, and ideologies. The narrative may or may not provide the categories of information to which we usually refer as chief complaint/presenting problem and its history: medical, psychiatric, family, social, educational, and work. The counselor has to become comfortable with a more gradual information gathering pro-

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[8]See Nancy Boyd-Franklin, *Black Families in Therapy: A Multisystems Approach* (New York: The Guilford Press, 1989).

cess. More likely than not, one narrative will lead to another and another, as problems and attempts at finding solutions trigger memory of related problems. This necessitates sorting through the stories for clues to address the more traditional assessment questions.

The benefit of accepting and following the persons' natural narratory process is its provision of insight into their self-concepts, relationships, spirituality, and repetitive problems in living, loving, and working. The counselor may attempt to discern an individual's own narrative grammar, or consistently use a generic narrative grammar by which to organize persons' stories. For example, Mishler[9] offers a five-part grammar. The "abstract" provides an introductory summary of the story. The "orientation" identifies time, place, and persons. The "complicating action" is composed of narrative clauses which are keyed to the sequence of events being narrated, and conveys the central plot issues. The "evaluation" is the means by which the narrator indicates the point of the narrative, why it was told, and what the narrator is trying to convey. The "result" or "resolution" states the result of the action, and the "coda" returns the speaker to the present situation.

Having a personal story, knowing what it is, how to tell it before someone else blunders, is emblematic of being a person and possessing authority. Counselors listen to stories all day long. We particularly listen to the content, both manifest and tacit. We attend to evidence of developmental, religious, emotional, and psychological issues; repetitive relational patterns and problems; and conflicts generated by racism, sexism, classism. Listening is both empathic and reflec-

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[9]E. Mishler, "The Analysis of Interview-Narratives," in *Narrative Psychology,* ed. T. Sarbin (New York: Praeger, 1986): 233-255.

tive. By listening for their stories' "complicating actions" and, through the "abstracts," the contexts in which they occur, counselors hear the themes of desperation, the times and situations in which they unfold, the frequency of their occurrence, and the people who are involved. The "evaluations" will render clues about what sense the person makes, or not, of the desperate circumstances.

A pastoral counselor entering partnership with an African American, or any other suffering person, who has come seeking help and relief, may also attend to narratives' structure in the search for recognition and understanding of the person's desperate circumstances. For example, sometimes we encounter men and women whose stories move from one complication to another to another with little or no evaluation. They come so fast and furiously that there is no time, energy, or ability to engage in evaluative reflection. The helpless plaint, "Why me all the time?", may be as close as they come to evaluation. With such people there are rarely satisfying, affirming resolutions, and even less frequently are there reconciliatory resolutions to significant problems.

The purpose of our listening to stories is to understand their meanings of content and structure as they inform us of the desperation which has driven the person to break personal, familial, and cultural norms, seeking a therapeutic partnership. This is the beginning of framing the enterprise around which the partnership will be constructed. The relational and locational contexts, along with knowledge of the content and structure of the narrative of desperation, become the foundation for negotiating the goals and objectives and the respective and mutual rights and responsibilities which frame the enterprise for each new counseling partnership.

From Narrative of Desperation to Narrative of Hope

In Psalm 13:1, 2 (RSV) the Psalmist laments, "How long, O Lord?" Immediately after this initial stark question is added a string of desperate predicates: "Will you forget me forever? . . . will you hide your face from me . . .? How long must I bear pain in my soul and have sorrow in my heart all the day? How long shall my enemy be exalted over me?" Unlike many, if not most of the desperate men and women whom the writer sees, the Psalmist's lament moves to testimony of trust and hope in God which leads into worship and life: "But I have trusted in your steadfast love; my heart shall rejoice in your salvation." (13:5)

While desperation may be foremost in the awareness of the people seeking counseling, and their hope is almost, if not long gone, pastoral counselors strive to make it possible for a transition such as the Psalmist enters. The movement from agony and alienation to exultation and praise is a manifestation of faith in God. It is precisely what the most desperate of my partners lack. Pastoral counselors listen and engage the narrative process in order to discover the route for guiding a conversion from desperation to vital hope.

Mrs. S. : The Counseling Relationship as Partnership

A woman looks at me with embarrassment as she reluctantly, but finally, begins to reveal information about an occasion when her husband had been violent with her. She says, "I know. You're going to tell me I should take our son and leave him." She continues, telling me that the counselors in shelters encourage and even pressure women to take their children and leave their husbands or boyfriends perma-

nently. Indeed, we providers of social service, mental health, and pastoral counseling do strive to secure safety for women and children. Her point, however, is that she felt shelter personnel imposed their understanding of safety. Leaving her husband may or may not be actually safe, since leaving a batterer often increases the danger to women. Further, the terms of the safety of leaving included the advice to go on welfare "temporarily." She sees that course of action as a hopeless trap, rendering the total intervention unsafe and uninspiring of change and improvement in her life.

She doubts I will honor her construction of integrity and authority. I tell her, "I will never tell you to leave him. If someday you leave him, I hope it will be because you see yourself differently; you have chosen freely to do so, and have the ability to do it in a way that ensures your safety as much as possible." She seems skeptical, and periodically repeats her belief that this is what I want her to do, perhaps testing me and herself as well.

We form a therapeutic partnership, the terms of which decidedly are not comfortable for me. As far as I know, she is not being battered, but she is afraid. No one in the household is happy or at ease. Her capacity to deconstruct her codependence and learned helplessness is an unknown quantity. Moreover, she admits that she chooses to withhold information and feelings from me. The terms of the partnership which she proposes are how much she can invest therapeutically, and I will listen carefully, try to understand and come to know her empathically. I add to her responsibilities, developing goals, however small, toward which she will work with my assistance. She also agrees to be honest with herself. She professes little interest in God and no use for church. I agree to a no-God clause but pray for her privately.

The point at which we completed the terms of our partnership, Mrs. S. told very few stories. When she did, they were sparse in content, and her narrative structure was incomplete. Gradually, she began to narrate more frequently, her stories expanded in detail, and the structure became more nearly complete. Most notably there was an increase in evaluation. She became increasingly reflective and articulate. This was mirrored in trusting her intelligence and capacity for agency, in practicing self-advocacy in relation to her husband, in greatly reduced anxiety in public places, in expanding the boundaries of her physical life-space, and in the manner in which she drew me more fully into dialogue with her.

Mrs. S. began to trust the evidence that I listened carefully and caringly, first, in order to understand her experience of herself, her relationships and her view of the world, and secondly, to help her to know such things for herself—to help her to know what she knows. Eventually, she began to tell me how she was interpreting my facial expressions, and how those interpretations affected what she would reveal or withhold at that moment. This, in turn, drew me toward her revealing some of my inner states that operated in my working with and for her. A new dimension was added to the rights which she implicitly claimed, which was to know more about me in relation to her. This led to my reconsidering my rights and responsibilities with regard to self-disclosure. Her deepening investment and reward called forth a reciprocal response on my part. I chose to reveal what was going on behind my face.

I self-disclosed in these instances partially because she misread my expression in a detrimental way. Her misinterpretation was based upon her low (but improving) self-regard. Earlier in my career I would have regarded her mis-

reading as "grist for the mill," as I was instructed in clinical training. We would have explored her misinterpretation as transference—her problem. These days, I do as little "grinding" in the "grist mill" as possible. It is inherently a violent metaphor and a potentially dis-empowering practice. Certainly, we explored the misinterpretation and its meaning. It was done, however, from the vantage point of the corrective information provided by my disclosure as a mutual partner in the enterprise.

At about the ten-month point we paused to make note of her growth. She summarized it as "I'm thinking about the future. I didn't do that before. It feels good." Her core narrative had been the deterioration of her marriage to the bottoming-out point, and her present unhappy, co-dependent sense of responsibility for her husband's chance for survival and recovery. The horrific past and the improved, yet sometimes still despairing present, were both formidable threats to the future. When there are disturbances in or absence of a future story, hope becomes vulnerable to despair.[10] Despair and enfeebled hope are theological terms for the desperation which finally impels, on the one hand, and allows, on the other hand, African Americans to seek counseling and therapy.

Mrs. S. was like most of the people for whom professional counseling was not in the family's precedents for problem solving and crisis resolution. Medical doctors and pastors may be asked for advice or engaged as confidantes. Extended family core narratives may include how the family incorporated and accounted for relatives who had always been "touched," or who had gotten that way in reaction to a catastrophe, or even so-and-so who had a "nervous breakdown."

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[10]Andrew Lester, *Hope in Pastoral Care and Counseling* (Louisville: John Knox Press, 1995), 72ff.

They may include a special doctor, teacher, pastor, or wise elder, but they rarely include psychologists.

Without a cultural tradition or place for voluntary and efficacious experiences with various counseling specialists, psychologists, and psychiatrists, it is extremely difficult for African Americans to allow themselves to seek available help. As the conditions are provided and understood, help may be embraced by individuals; as such helpers are included in their core self-narratives, families, and kinship systems will be freed to do likewise. By this avenue of testimony our work will become ordained as a legitimate, blessed, and a prized part of African Americans' culture of care.

There had been almost no future dimension to Mrs. S's. story. It had been kidnapped and thrown into a locked cell by her past and her habitual helplessness and despair. Her rejection of corporate religion separated her from Afro-Christian collective consciousness of "a way out of no way" which would not be utterly dependent upon what she could do on her own. Nevertheless, she had discovered, and now knows that her ways of thinking and knowing are comprehensible and reasonable. Most particularly, she began to conceive her future and its desirable conditions and qualities.

Pugh and Mudd found that the women and men in their study desired professional counselors to help them understand their problems and learned ways of dealing with personal difficulties. They expected better personal and interpersonal understandings and the ability to set and achieve goals. Women wanted a relationship with a helper who would give reliable information, facts, advice, and guidelines. They also wanted help to realize potential for maturity in work, social relations, and responsibility as citizens.

The original partnership enterprise implicitly proposed

by Mrs. S. did, indeed, reflect the desire for instrumental assistance, with emphasis on her plaintiff cry for advice. Maturity goals gradually emerged as focal points, with fewer and fewer cries of, "I don't know what to do! What do I do?" Her making plans for her future represented a process of maturing. At that point her possession of a possibly good future represented what Lester refers to as "finite hope."[11] It is much hope in finite objects, desires, and processes: an apartment; financial security; a warm, safe, mutual relationship; health and academic success for her child.

There were also inklings of "transfinite hope," transcending the specific objectives which formed the content of her finite hope. Transfinite ideas and concepts are reflective of "an open-ended, trusting stance toward existence that perceives a future horizon that transcends . . . finite hopes.[12] The process of becoming grounded in transfinite hope would be enhanced if Mrs. S. were to associate with Afro-Christian tradition as a source of spiritual support and nurture. She tended to characterize the "church people" she knew as being passive. Religion, as represented by preachers to which she had been exposed, seemed to breed this passivity. Her belief was that "God helps those who help themselves," once they get going on their own.

Mrs. S. did not engage God-talk beyond what has just been reported. Nevertheless, I would occasionally introduce a sacred story of transition, transformation and hope, and invite her to reflect her own story from the perspective of the sacred story. Another approach was to link a biblical story or character to one of her stories about herself. Doing so was an attempt to invite her to engage in "re-authoring personal

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[11]Ibid., 65.

[12]Ibid.

mythology."[13] Personal mythology is composed of self-convictions and beliefs. Once a counselor and counselee identify the latter's personal mythology, recurrent themes, and typical influence, the process of re-authoring leads to the development of the "preferred story" to be lived out.

These directive efforts appeared not to be productive. She would smile and make a polite comment or two. There was, nevertheless, the strong possibility of an internalization of a trustworthy relationship with a mirroring and hopeful pastoral counselor, who accepted the no-God clause with no attempt to induce guilt. I could hope that such a process would occur and eventually pique a nascent desire for God.

This would represent a movement toward discovering and nurturing transfinite hope, and the beginning of the development of a theological understanding of herself and perhaps her husband as well. This, it seemed, would become the route out of idolatrous self-sacrifice,[14] also known as co-dependence. Mrs. S's. broad goals for the mutual and responsive quest, the enterprise, of our counseling partnership were to feel like a person; have a right relationship with her husband or, if necessary, a new life partner; peace of mind; and happiness. My broad goal was to help her to achieve her intentions, as well as the hope of salvation. Clearly, my pastoral goal would or would not come into fruition during our partnership. Her right was for the outcome to be less than that for which I would hope. My responsibility was to be fully present and work with her, trusting that God would continuously provide another "helper as [her] partner" (Genesis 2:20, NRSV).

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[13]Edward Wimberly, *Using Scripture in Pastoral Counseling* (Nashville: Abingdon Press, 1994), 34ff.

[14]See Merle Jordan, *Taking on the Gods: The Task of the Pastoral Counselor* (Nashville: Abingdon Press, 1986).

When our eighteenth-month partnership concluded, Mrs. S. was well on the way to seeing all of her specific finite hopes realized. She often reflected with awe her change and growth. One particularly lovely moment occurred when I commented on how she had located and called a number of different resources from whom she needed assistance to complete a complex legal transaction. She laughed and exclaimed, "I know! A year ago I never would have been able to do that!" An uncomfortable aspect of her healing and maturation is that she had changed enough so that she was becoming different from her friends regarding values and cognitive processes. She first felt it, then understood what she was feeling when I identified the dilemma after listening to one of her stories.

Conclusion

Mrs. S's. summary of what had occurred through our partnership was that "life had taken on a whole new power and meaning." I have presented her here as an illustration of the counseling relationship as partnership. It is a relationship involving close cooperation between parties, each having specified and joint rights and responsibilities. Using Pugh's terminology, the pastoral counseling partnership enterprise is a mutual and responsive quest to assist counselees to become real persons—persons they are capable of being. The person to be is unknown and different from the person who has sought help in desperation. The crucial nexus in Mrs. S's. case was the counselor's willingness to respect her right to be received just as she was, including her worldview as a particular woman who had been battered, different though it might have been from her counselor's worldview.

Partnership also denotes the relationship between the contractually associated joint principals. Again, borrowing from Pugh, the pastoral counseling partnership is carried out in a protected environment in which the counselor is like a trusted friend who teaches the counselee at a comfortable rate of speed how to become a real person, how "to tap the reserve resources within them for the extra strength and new meaning needed for more abundant living."[15] For Mrs. S., the protected environment was literally a physically safe place as well as a space for exploration, self-discovery and expression, and healing. Strength and meaning are precisely what she discovered, claimed, and loved. She felt deeply that I had become "like a best friend" who "encouraged and helped her realize the strength" she possessed. Thereby, she progressed from haltingly uttered fragments of stories of desperation to proclamations of new life. And at the very end of our time together, she was praying to God for guidance and strength for her future.

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[15]Pugh, "Pastoral Explorations . . .", 32.