AAR Session **A22-318** Psychology, Culture, and Religion
Society without God? "Existential Health" and Alternative Frameworks for Meaning-Making
Sunday, Nov 22 5:00 -6:30 PM Marriott-A601 (Atrium Level) **Storm Swain**, Presiding
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A Critical Phenomenological Pastoral Theological Method for Responding to Suffering in Ways That Respect Religious Differences

The terms "existential health" and "meaning-making" are being used in place of "religion" or "spirituality" in various European and North American settings, particularly in highly secular contexts where suffering is more likely to be 'assessed' and 'treated' in medical and social scientific ways. Sociologist of religion Wendy Cadge (2013) demonstrates that hospital chaplains use medical ways of talking about religion and spirituality with patients. Theologically-educated spiritual caregivers in such settings often conform to the dominant medical discourse about suffering and find it challenging to draw explicitly upon religious and theological studies in order to communicate the rich diversity of religious and theological meanings and practices in their care of patients, families, and healthcare colleagues. How can theologically-educated practitioners demonstrate the distinctive features of spiritually-integrated care that draws upon and publicly puts into practice a dialogical interdisciplinary method?

In this paper I explore the challenges of using a dialogical interdisciplinary method in either medical or religious contexts that simplify spiritual, religious, and existential dimensions of suffering by using what I call a foundational method of relying either on medical or religious discourse and care practices.

Dialogical Methods Make Spiritually-Integrated Care and Counseling Distinctive

Chaplains, religious leaders, and pastoral counselors/therapists are theologically educated and formed through spiritually-integrated training in pastoral/spiritual care and counseling. They become multilingual in their abilities to use religious and theological studies alongside medical and psychological studies in their practices of care. This interdisciplinary education and training shapes the distinctive features of care and counseling that help people spiritually integrate suffering through exploring personal/communal religious and spiritual practices and meanings connecting them with goodness.

This dialogical method emerged in the 1950's when pastoral counseling and chaplaincy brought psychodynamic theories of personality into dialogue with existential theologies in order to reflect on therapeutic practices of care. Seward Hiltner at Princeton Theological Seminary first formulated this dialogical method in his *Preface to Pastoral Counseling* (1958). When it emerged in the 1950s this dialogical method was especially appealing in theologically progressive academic and clinical/chaplaincy training programs that were reforming the historical/classical Christian approaches to pastoral care of guiding souls toward salvation (Patton, 1993), often using moral theologies to understand suffering. Protestant clergy who rejected judgmental moral ways of understanding suffering were drawn towards CPE training and supervision. Their dialogical method of chaplaincy training utilized psychotherapeutic approaches, often with the goal of self-actualization for themselves as chaplains, their CPE students, and those receiving care. Tillich's existential theology, psychodynamic theories of personality, and counseling approaches like Carl Rodgers' were often brought into dialogue with goals of healing and self-actualization, especially through one-on-one care conversations/relationships.

The dialogical method was developed by Don Browning, David Tracy and others into a critical correlational method. At its best, this dialogical method allows its disciplinary perspectives and their corollary practices of care to stand on their own, so that each discipline/practice remains distinct, and differences among disciplinary/practice dialogue partners are respected. For Hiltner these dialogue partners were psychology and theology. Now the dialogical method includes cultural studies and comparative religious studies, and various practices of both research and care. The dialogical method is multilingual and multicultural, operating on the borders or bridges among religious/theological studies/organizations/practices and other partner disciplines/practices/organizations like the following:

- the health sciences (organization/practices)
- military organizations
- correctional organizations
- educational studies (organization/practices)
- nonprofit organizations

Working on the borders/bridges while giving equal voice and attention to dialogue partners involves complex power dynamics that make one discipline/practice/organization more likely to become dominant. The dialogical method then collapses into a foundational method in which the dominant culture (discipline/organization/practice) provides the cornerstone and foundation.

Recent transitions in the American Association of Pastoral Counselors (AAPC) illustrate such power dynamics. The AAPC announced last June that it will end its certification program for pastoral counselors and supervisors that began in 1963. This certification program was for "ordained [or endorsed] faith leaders [with] significant theological training in seminaries—most with at least Masters of Divinity degrees" (AAPC website). The dwindling numbers of those seeking certification could no longer financially sustain a national office coordinating and overseeing this certification process. The demise of AAPC certification comes because more and more state licensing boards for professional counseling (LPC) only accept counseling degree programs accredited through the Council for Accreditation of Counseling and Related Educational Programs (CACREP). Those seeking licensing as professional counselors are not relying on AAPC training and certification but are seeking education and training through CACREP accredited programs.[1] State licensing requirements make it less likely that future LPCs will invest in religious and theological graduate studies or specialized training programs in pastoral counseling or spiritually-integrated care. The rising costs of graduate studies and student debt make interdisciplinary or dual degree academic or clinical training programs prohibitively expensive for most graduate students and interns. CACREP programs offering both psychological studies/training and theological studies/spiritually integrated training are few and far between.[2] Such specialized education/training is now available mostly through continuing education opportunities by those already licensed as professional counselors, social workers,

[1] AAPC provides information about licensing requirements on its webpage under the Membership tab

[2] One example is Loyola University Maryland's CACREP accredited program in their Department of Pastoral Counseling (http://www.loyola.edu/academic/pastoralcounseling). Their program has also been "AAPC approved". APA Division 36 Psychology of Religion and Spirituality invited its members to send information about their graduate programs that offer specializing in psychology of religion: www.apadivisions.org/division-36/leadership/task-forces/student/phd-program.pdf

marriage and family counselors, and psychologists. Those offering continuing education in spiritually-oriented counseling cannot assume that participants have any graduate education in religious and theological studies. CE programs will need to introduce participants to this new language of religious and theological studies in the practice of care and counseling and will not likely be able to help participants become literate, let alone fluent, in this new language.

The challenges of being fully fluent and conversant in multiple disciplinary languages (e.g., medical, psychological, religious and theological) make it much more likely that (1) counselors/psychologists licensed through CACREP degrees and (2) religious leaders/chaplains ordained or designated through theological degrees will primarily use a foundational method. That is, they will be fluent in the discourse of their graduate studies programs and professional training, rather than multi-lingual and able to use a dialogical interdisciplinary method. Upon graduation they will work in organizations where dominant professional cultures use either (1) medical/psychological discourses and healthcare practices or (2) religious/theological discourses and spiritual care practices. Those who are multilingual in their use of dialogical interdisciplinary methods will likely only be able to use their range of languages/disciplines and care/ counseling practices within their own enclaves (for example, chaplains within spiritual care department and CPE training programs).

The distinctions I am making between foundational and dialogical methods can be used to highlight how difficult it is to use an interdisciplinary/dialogical method of fully engaging (1) psychological studies and counseling practices with (2) theological/religious studies and pastoral and spiritual care practices. I outline these challenges in describing psychotherapeutic use of mindfulness practices and theistic psychotherapy. After highlighting their foundational methods I turn to an overview of dialogical methods that bridge psychology or theology/religious studies and an example of how I teach using a postmodern liberative dialogical method**.**

Psychotherapeutic Use of Mindfulness Practices:
Inviting Religious Guests and Practices into one's Psychological Home

In the last twenty-five years, there has been growing interest in and research on the health- and life-enhancing benefits of meditation. There are now many therapeutic approaches using meditation and mindfulness practices that come from Yoga and Buddhist worldviews and spiritual practices. Examples are Acceptance Commitment Therapies (ACT), Dialectical Behavioral Therapies (DBT) (Hayes, Follette, & Linehan, 2004), Mindfulness-Based Cognitive Therapy (MBCT), and trauma therapies (Geller & Porges, 2014; van der Kolk, 2014; van der Kolk et al., 2014).[3]

These therapeutic uses of meditation do not usually engage the explicitly religious meanings and origins of meditation practices, which are religious and spiritual practices embedded in and reflective of religions and cultures throughout the world and history.[4] Since the

[3] Geller and Porges (2014, p. 189), using polyvagal theories describe the use of "neural exercises that promote the neuroception of safety for both therapist and client" and list yoga and meditation as practices that promote "the capacity to be present in-session" that "benefit the therapist, the client, and their relationship. For example, beginning a session with deep breathing or a mindfulness exercise may help both parties be more in the moment, soften their defenses, and promote deeper engagement"

[4] As I have noted in a chapter on meditation, "In Eastern religious traditions various forms of meditation are part of Hinduism (e.g., in the Hindu Bhakti meditation practice one concentrates on an object of devotion, or *ishta,* by chanting a mantra, like "Hare Krishna"), yoga, Taoism, Tibetan Buddhism (e.g., the mindfulness approach to

1990s, mindfulness practices have been studied as a psychological process (a meditative practice) and outcome (mindfulness awareness) (Germer, Siegel, & Fulton, 2013; Shapiro & Carlson, 2009) that does not require practitioners to adhere to any specific religious or spiritual beliefs or traditions. Psychological studies of treatment approaches using meditation rarely explicitly engage the religious traditions of such spiritual practices; exceptions can be found (Gilpin, 2008; Kabat-Zinn, 2015).[5] Health and psychological studies, research, and practices of care remain the foundation. As a result, spiritual practices are much more likely to appropriated and used in instrumental ways for the purposes of medical and therapeutic treatment. While there is a growing awareness among researchers and practitioners of the need to engage the particular theological or religious nature of such meditation, such engagement can be likened to inviting a visiting scholar into their psychological or medical 'home', without having to leave this home and venture into the 'home' of religious and theological studies, and certainly not into the upper echelons of its methodological discussions.

Theistic Psychotherapy: Religious Beliefs and Practices as the Underground Foundation for One's Psychological Home

The distinctive feature of theistic psychotherapy is its "foundational assumptions…that "God exists, [God] is the creator of the universe and life, and [God] communicates with human beings through spiritual means (Bergin, 1980a)" (Richards & Bergin, 2005, p. 314). Richards and Bergin, founders of Theistic Psychotherapy argue that this brief statement of faith is the core or essence of the "five major theistic world religions": Judaism, Christianity, Islam, Sikhism, and Zoroastrianism. According to Richards and Bergin, the primary criteria for defining oneself as a theistic psychotherapist is belief in the existence of a creator God who reveals God's self to human beings.[6]

meditation as exemplified in the West by the Dali Lama), and Zen Buddhism, which includes meditations on *koans:* paradoxes that push meditators beyond language into a state described as "no mind". In Western religious practices, meditation as a spiritual practice can be found in Christian traditions (e.g., centering prayer or the spiritual exercises of St. Ignatius), Jewish traditions (e.g., Jewish mystical teachings called the Kabbalah use meditations focused on traditional Jewish prayers), and Muslim practices (such as Sufism's practice, called *zikr*, in which one remembers God by repeating God's name)" (Doehring, 2011, p. 94)

[5] A recent example is research article on the use of DBT with American Indian/Alaska Native adolescents diagnosed with substance use disorders that combined an evidence based treatment with cultural, traditional, and spiritual beliefs (Beckstead, Lambert, DuBose, & Linehan, 2015). The sample consisted of "229 American Indian/Alaska Native youth aged 12–18 years" coming from 39 unique tribes. Dr. Linehan, a co-author and "developer of DBT reviewed several American Indian traditional practices to include the sweat lodge ceremony, talking circle, and smudging as described to her by a practicing medicine man. She determined that they met the mindfulness, manualized goals of DBT and thus would allow a provider to deliver DBT manualized treatment while incorporating traditional interventions" (Beckstead, et al., 2015, p. 85). The treatment team included a medicine man/spiritual counselor from a local tribe credentialed to provide traditional practices of weekly sweat lodge ceremonies, smudging ceremonies and talking circles. While this study includes specific spiritual practices that could be part of the lives of these American Indian/Alaskan Native youth, the brief research report does not indicate whether the authors are aware of critiques from religious and theological studies about appropriating such Native American spiritual practices (Owen, 2008)

[6] A therapist who responds "yes" to all or most of the following questions fits our definition of a theistic psychotherapist: Do you believe in God or a Supreme Being? Do you believe that human beings are creations of God? Does your theistic worldview influence your view of human nature and personality theory? Do your theistic beliefs influence your ideas about human dysfunction and therapeutic change? Do your theistic beliefs have any

They cast a wide net for gathering psychotherapists who "believe in God" in order to "bring some unity and strength to a diversity of practitioners" (Richards & Bergin, 2005, p. 16). They summarize the cornerstone creed in this foundational approach to theistic religions as follows: "The most distinctive thing about our orientation that differentiates it from major secular therapeutic systems is the idea that God can intervene in the lives of human beings to help them cope, heal, and change" (Richards & Bergin, 2005, p. 154).[7]

Theistic psychotherapists are invited to use a range of religious and spiritual practices: "praying, contemplating, meditating, reading sacred writings, journaling spiritual matters, forgiving, repenting, worshipping, engaging in religious rituals" (Richards & Bergin, 2005, p. 127). In pyramid diagrams of theistic psychotherapy the foundation is belief in this God who intervenes in the lives of human beings, with upper layers being psychological studies, psychological training, and specialized training in therapeutic approaches. The assumption is that the foundation of theism conforms to a basic, common footprint. The particular religious, cultural, and ethnic dimensions of 'theistic' psychotherapists' religious homes are not considered here. Such psychotherapists do not usually have formal theological education (although PhD programs at places like Fuller and Rosemead School of Theology within Biola University require students to have M.Div. degrees[8]) or ordination or religious designations that make them publically accountable to their religious tradition/denominations.[9]

Theistic psychotherapy appeals to therapists who want to find a common religious language for bringing their beliefs about God, religious sources of authority like the New Testament, and spiritual practices like prayer explicitly into their therapeutic practices. In a sense those identifying as theistic psychotherapists are trying to be bilingual in bringing their private religious language into their psychotherapeutic practice and publications (Richards & Bergin, 2004). This foundational method gathers together psychotherapists whose Christian beliefs, sources of authority (e.g., the New Testament) and spiritual practices (e.g., prayers) offer a common religious language and assume an inclusive comparative approach to theistic traditions.

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impact on your relationship with, assessment of, or intervention with your clients? Do you believe that God, or the spirit of God, can enhance the therapeutic process? (Richards & Bergin, 2005, p. 16)

[7] Richards and Bergin have a particular ways of describing this God who is active in the therapeutic process: "We use the term *Spirit of Truth* as the generic label for God's spirit and divine influence in the world…" (Richards & Bergin, 2005, p. 112); "We are saying that there is a spiritual reality that is linked with divine intelligence, or the Spirit of Truth" (Richards & Bergin, 2005, p. 149); "In our view, God, or the Spirit of Truth, invites and entices human beings to choose good over evil and to bring their lives into harmony with universal moral truths or laws of living, such as personal and social responsibility, family commitment and kinship, marital fidelity" (Richards & Bergin, 2005, p. 114).

[8] APA Division 36 have invited any and all PhD programs using psychology of religion to share information about their degrees and faculty: http://www.apadivisions.org/division-36/leadership/task-forces/student/phd-program.pdf

[9] This theistic foundation may cause theistic psychotherapists to question the often assumed naturalistic worldview of psychology (Slife, Reber, & Lefevor, 2012). What happens when there are conflicts between assumed common theistic beliefs and APA ethics and mandates? While such conflicts are not usually described, Richards and Bergin in the following quotation revert to their religious foundations as having ultimate authority in particular doctrinal matters: "From a spiritual viewpoint, we assume that marriage is ordained of God…People who sense the Spirit of Truth will be led to value marriage and family kinship and will show commitment to lifestyles and traditions that support family life….In this sense, behaviors and lifestyles that undermine family kinship and society are pathological, even if the individuals engaging in them are not mentally ill in the DSM IV sense of the term" (Richards & Bergin, 2005, p. 125).

There is no use of religious and theological disciplinary perspectives as critics have noted (Helminiak, 2010: Hoffman, 2012), like biblical critical studies to interpret literal use of New Testament texts[10], or comparative methods to critique inclusive approaches (Moyaert, 2012; Prothero, 2010).

Dialogical Methods that Bridge Psychology or Theology/Religious Studies

Dialogical methods bring into conversation questions and answers arising within relevant disciplines, like psychological and religious/theological studies, without searching for a common religious or theological worldview. This approach is represented by

- Practical theologians (Browning & Cooper, 2004; Graham, Walton, & Ward, 2005; Miller-McLemore, 2012; Poling, 2009)
- Members of the Society for Pastoral Theology who exemplify the use of what is called a critical correlational method for interfacing social sciences and theological studies
- The American Association of Pastoral Counselors, The Association of Clinilca Pastoral Education
- Psychologists of religion like Pargament (1997, 2007; Pargament, Mahoney, Exline, Jones Jr., & Shafranske, 2013) who combine research and clinical approaches in the psychology of religion using a comparative approach to religious studies that acknowledges irreducible differences between traditions. See, for example, the *APA Handbook of Psychology, Religion and Spirituality* (Pargament, Mahoney, & Shafranske, 2013)[11] and a helpful standard of care for engaging in spiritually-oriented counseling (Vieten et al., 2013) that enumerates 16 competencies in attitudes, knowledge, and skills that respect the diversity and distinctiveness of spiritual and religious experiences, practices, and beliefs, which develop and change over time and may be resources or liabilities in psychological and spiritual crises and coping
- Many pastoral theologians, pastoral psychotherapists and psycho-dynamically oriented pastoral and spiritual caregivers/chaplains affiliated with the Psychology, Culture, and Religion Section of AAR (Bingaman, 2007; Cataldo, 2010; Cooper-White, 2004; Ellison & Pipkin, 2013; Jones, 2009; Kelcourse & Lyon, 2015; LaMothe, 2013; Sheppard, 2011; Swain, 2011; Zock, 2010)[12]

An Illustration

I have been developing a postmodern liberative dialogical method for teaching pastoral/spiritual care and counseling that is based upon a critical phenomenological method of

[10] "Therapists have (a) quoted scriptures to clients, (b) interpreted scriptures for clients, (c) made indirect reference to scriptures while discussing or teaching religious concepts, (d) related stories from scriptures, (e) encouraged clients to memorize scriptures, (f) encouraged clients to read and study scriptures outside therapy sessions, and (g) used scriptures to challenge clients' dysfunctional or irrational beliefs" (Richards and Bergin, 2005, p. 260).
[11] While most of the chapters in the *Handbooks* do not employ explicit theological language, they provide room for a full range of theological and religious perspectives.
[12] The PCR website offers a list that gives some sense of members' publications (http://pcr.revdak.com/PCR_Bibliography.htm_

care first proposed by Elaine Graham (1996) that draws upon ethnographic and sociological studies of lived religion (Maynard, Hummel, & Moschella, 2010; Moschella, 2008) and psychological research on spiritual orienting systems (Pargament, Desai, & McConnell, 2006). These pastoral theologians and psychologists of religion are used in an embodied, liberative way in order to explore how physiological and emotional dynamics of suffering constellate particular values, beliefs, and ways of coping that may be life-giving or life-limiting (Doehring, 2015) and are shaped by intersecting social oppressions. This method is postmodern in its social constructionist understanding of religious and psychological experiences (Beaudoin, 2014; Gergen, 2001, 2002; Graham, 1996; Miller-McLemore, 2012; Ramsay, 2004; Stolorow, Atwood, & Orange, 2002). By focusing on existential or spiritual orienting systems (what I call lived theologies for those in theistic traditions) this dialogical method helps people of any or no explicit religious faith in religiously diverse contexts of care experience goodness and co-create meanings distinct from the medical and social science frameworks commonly used to respond to suffering.

There are three steps in this method of liberative spiritual integration which draw upon distinct features of spiritually oriented care and counseling: personal/communal religious and spiritual practices and co-created meanings:

1. Connecting with the goodness of self and others (God in theistic traditions) through compassion-based spiritual and religious practices (personal and communal)
2. Identifying one's embedded, embodied lived theologies and spiritual orienting systems generated by stress (moral stress involving conflicting values is likely to be generated by intersecting social systems of oppression like racism, sexism, and classism)
3. Co-creating intentional theologies/spiritual orienting systems experienced through compassion-based spiritual practices that are flexible, integrated, capable of complex meanings, and relationally connected within life-giving webs of relationships— the markers of spiritual integration identified by Pargament (Pargament, Desai, & McConnell, 2006, p. 130).

In courses on self-care, post-traumatic stress, and religious and spiritual struggles, I use a spiritually integrative pedagogy so that pastoral and spiritual caregivers and counselors experience ongoing spiritual integration for themselves and participate in spiritual care conversations with peers in these courses. Liberative spiritual integration helps people

1. draw upon the formative foundations of their faith/spiritual orienting systems in compassionate ways
2. use theological reflexivity that critically correlates the second-order languages of theological, religious, psychological and cultural studies in order to
3. embody and put into practice (personally and communally) liberative intentional theologies/spiritual orienting systems that resist oppression

For example, in a M.Div. course on self-care, students shared their experiences of financial stress and explored the moral dimensions of their financial stress. They shared the ways that their student debts generate moral stress because conflicted values about

- being bi-vocational (maintaining professional jobs that maximized salaries while also being graduate students)

- academic stress (wanting to achieve and belong by doing well in graduate studies)
- financial stress (anxiety and questions about whether they should drop courses, drop out of school, cut back on professional work, or take out loans for living expenses)
- balancing work, family, and academic responsibilities

They thought about the ways such financial moral stress arises physiologically through their stress reactions that trigger emotions like shame, guilt, fear, and anger that generate lived theologies or spiritual/existential orienting systems: interlocking patterns of values, beliefs, and ways of coping (Doehring, 2014, 2015). Students became theologically reflexive about the ways their moral financial stress is shaped by family and cultural systems blaming them for financial stress and exacerbating shame about aspects of their identity (their race, social class, gender, sexual orientation). As they explored the embodied, embedded, and cultural nature of their financial moral stress, they used theological methods to understand, unpack, and spiritually integrate moral stress by

1. identifying the socially unjust ways they blame themselves and are blamed by others for this financial stress
2. understanding the consumerist ways they cope with such stress through the short-lived relief/pleasure of consumption (e.g. addictive foods, addictive substances, excessive shopping and use of various kinds of media, like social media, Netflix 'binging', internet pornography)
3. using spiritual practices that help them compassionately embody intentional theologies or spiritual/existential orienting systems about financial stress that are personally and socially liberating.

This pedagogy of liberative spiritual integration forms them as spiritual caregivers who can compassionately respond to the pervasive financial stress experienced by persons, families, and organizations. Although financial stress is the most common source of stress affecting health in the United States (Bethune, 2015), people usually cope privately with such stress, perhaps because it is so often associated with shame and fear. This liberative spiritually integrative pedagogy helps students begin to co-construct personal, familial, organizational public theologies of financial stress that address social injustice and help people utilize religious and spiritual practices fostering compassion that moves beyond immobilizing shame, self-blame, and fear and consumer ways of coping.

Questions for Discussion:

1. What helps us use dialogical methods and remain fluent in different disciplines especially in contexts that tend toward foundational methods?
2. How does/can theological education equip people to remain fluent in their dialogical languages, especially in practices of care, pedagogy, research and scholarship within organizations where power dynamics make one discipline/research method/type of scholarship/practices of care/counseling dominant or foundational?
3. Nancy Ramsay (2014, p. 117) raises thought-provoking questions related to postmodern approaches to religious knowledge:

"understanding our secular context is especially critical for assessing and responding to [the extraordinary challenges confronting Christian theological education and educators related to Oldline Protestant denominations in the United States]
…secularity has changed the very conditions for belief such that religious experience is described as "optional, fragile, and revisable [Warner, VanAntwerpen, & Calhoun, 2010, pp. 9-10]. But notice that this conversation presumes religious experience is clearly present and influential in our secular context. Nonetheless we should presume that faculty as well as students experience this fragilization of faith."
How might the fragilization of faith affect teaching and learning?

4. Ramsay (2014) describes a related challenge: "In our current secular context in the United States where a pluriform religious experience is optional, revisable, and fragile, theological educators are challenged to prepare future religious leaders for effective civic engagement that requires voicing religious commitments authentically and comprehensibly in a public sphere where they contend with neighbors who hold other value laden points of view."
How does a dialogical method, specifically a postmodern liberative method help or hinder religious leaders from "voicing religious commitments authentically and comprehensibly in a public sphere"?

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