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EDITORIAL

Ethical/Moral Issues in Pastoral Care and Counseling

Nearly four decades ago I registered for my first graduate level course in counseling. The professor—a Rogerian more Rogerian than Rogers himself—when he discovered that two of the students in his class were from the school of theology, announced, “I think it only fair to tell you that I don’t believe priests and ministers are capable of being counselors, they are too stuffed with morals, ethics, and judgements.”

Although billions of gallons of psychotherapeutic waters have passed over the dam and under the bridge since those days, I suspect it might still be possible to uncover similar naiveté in certain pockets of the psychotherapeutic community, perhaps even a few such within the pastoral arts and sciences. But if the professional literature in mainstream counseling and psychotherapy is at all a reflection of the real issues of the times, then it would appear that that early superstition has faded, perhaps even markedly so. What appears now to be the pressing issue is not whether ethics, morals, and values are present in the helping processes but rather how such forces might best be identified and how best to use them creatively in the healing and growth projects.

Once, however, denial and naiveté are transcended, one faces an amazing and complex set of problems and issues. And although the three articles making up the theme of this issue of *The Journal* do not touch on all such problems and dilemmas, they do offer some exciting glimpses of what is at stake when one begins to understand the interactional qualities present when the pastoral arts and sciences accept the challenge of attempting to grasp the topic “Ethical/Moral Issues in Pastoral Care and Counseling.”

Don Browning, no stranger to the readers of *The Journal* and certainly one of the most articulate scholars reminding pastoral specialists of the centrality of the moral factor in their praxis, teases out the ethical and moral nuances hidden within the clinical notes of a seemingly secular psychotherapist. Not only that, he points to how such moral and ethical stances may be linked to certain Christian beliefs and values. James Poling, a pastoral theologian, makes explicit how the ethics of pastoral care may be viewed as essentially a project which deals with relating suffering and power. And his warning that pastoral specialists may

easily overidentify with an unjust society that mistreats the powerless is a clear example of a way in which a moral stance can inform praxis. Finally, Don Denton, a practicing pastoral counselor, depicts how the struggle between life-giving and life-denying forces encountered in the actual clinical situation may be better understood if a theological ethic is drawn upon. He selects James Gustafson's perspective, but any theological ethic might have been used to demonstrate the strengths and limitations of an ethical system when it truly encounters the living human document.

Of course, these samples do not exhaust the theme's potential, but they do display the character of difficult issues once one steps beyond a simple and sovereign stance. True, such a realization is enough to drive the fainthearted back to a singular dogma or a facile superstition in which a "value free" claim is made. Fortunately, however, clinical realities and the presence of the human document make this possibility less and less likely.

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THE PASTORAL COUNSELOR AS ETHICIST: WHAT DIFFERENCE DO WE MAKE*

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Uses as a modern parable the notes of a feminist psychotherapist to demonstrate how the therapy reveals ethical and moral principles. Suggests that the therapeutic materials contain many premoral perspectives such as the goodness of emotions, the centrality of personhood, the value of personal assertiveness, and the place of self-sacrifice in growth and development. Draws particularly on the contemporary works of Robert Kegan to show how it is possible for psychotherapy to be seen as simultaneously a psychodynamic and a moral process.

Against the dim shadow of the form of a woman, the huge headline of the newspaper read, "Promiscuity, Bulimia, Depression, Orgasm, Addiction, Herpes, Adultery: The Diary of a Female Therapist." It was the lead article in a tabloid designed to promote the cultural and business attractions of a high-tech corridor in the southeastern part of our country. The promiscuity, bulimia, depression, etc., did not apply to the therapist herself but were a list of the problems brought by her clients. Amidst advertisements for fine restaurants and furniture stores, this lead article stretched throughout the pages of this paper I came across in the drugstore of a hotel near Duke University.

The introduction told me that the article consisted of the notes of a female therapist with a Ph.D. who worked at the counseling center at the University of North Carolina. For an entire week, she had recorded her feelings about her clients immediately after their therapy sessions with her. She did therapy mainly with young women who lived within the context of this modern university system.

If I were to interview this therapist and ask her the question, "Is there any way that you consider yourself to be an ethicist?", I imagine that her answer would be, "No, I am a psychotherapist, not an ethicist." But after reading her case records, I concluded that she was both a psychotherapist and an ethicist. In fact, for years I have been convinced that all psychotherapists, be they secular or religious, are both of these things. The question is not whether therapists are ethicists; the question is, "What kind of ethics do they practice?" I want to use the example of this woman therapist to suggest, by analogy, some things about the ethical dimensions of all psychotherapy. And then with reference to her as a secular therapist, I will ask how pastoral counselors may be both similar and different in the ways that they are ethicists in their work.

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*This article is an edited version of a plenary address given at the Spring 1988 meeting of the American Association of Pastoral Counselors, held in Portland, Oregon

When I read these cases, I soon realized that the headlines were not exaggerated; they were accurate descriptions of the problems besetting these young university women. There were themes of anger, inferiority, subservience, irrational self-sacrifice, and genuine moral confusion. Anger—deep and generally unconscious anger—was one of the most pervasive themes. And right behind anger was an abiding but generally unacknowledged sense of injustice. It was astounding to read these records about tyrannous fathers, manipulative and brutal boyfriends, and sometimes unassertive and inaccessible mothers who dealt various kinds of psychic blows to these young women. For these women to openly acknowledge their anger meant something more than gaining intrapsychic insight; it meant a recognition of the objective injustice that loved and trusted men (and sometimes women) were inflicting upon them. Betty, who was about to flunk out of school, had difficulties admitting her anger over the possibility that her father might reject her the same way he did her gay brother. Kate had difficulties admitting her anger over the fact that her recent boyfriend gave her herpes by concealing the fact that he was infected. And then there was Debra whose anger was so intense that she generally felt estranged from her body, which seemed to her the very seat of that anger—an anger that was itself unacceptable.

And then there was the theme of inferiority. Sandra had internalized feelings of inferiority because she was not orgasmic in intercourse with her boyfriend. Penny felt both inferior and guilty when she could not please her drug-abusing boyfriend of several years. Susie felt her mother should have continued to live with her hypercritical and perfectionistic father rather than seeking a divorce; she also felt she must work hard to please her present boyfriend.

Closely related to this is the theme of self-sacrificial love. Lillian wants to use her therapy to learn how to relate to a professor as a student—a professor she previously lived with but who has recently rejected her. Now she wants to be his graduate student but still allows herself to be used by the professor. When her therapist suggests that she should “take charge” of her life and consider giving up her hopes for a life with this man, Lillian responds that it is Christian to wait. To take charge of her life, she claims, “would be selfish.”

And then there is simple moral confusion driven, of course, by intense emotional needs. Kate has had an affair with a married man. When the wife of this man calls Kate’s mother and exposes the affair, Kate complains that the wife does not know how to “play by the rules.” This same Kate, who later had difficulty admitting her anger over being infected with herpes, is now having an affair with a man who does not know she is infected.

In some of her notes, this therapist actually tells what she says to or does with these women. When Debra becomes so angry she almost levitates from her body, the therapist says, “All feelings are OK. They are vital to your life.” She helps Kate not only acknowledge her anger toward the boyfriend who infected her but also helped her see how her boyfriend, to use the therapist’s words, “had little sense of moral ethics in his relationships with others.”

Time and again I read how this therapist said things or adopted attitudes to address the sense of inferiority that these women had. In the case of Lillian who was still catering to the professor who had rejected her, the therapist said more than once such words as "How long would you spend yearning and pining for a relationship with a man who has rejected you?" Then the therapist privately concludes, "She continues to turn aside my invitations for her to take charge of herself . . ."

And with regard to the issues of moral confusion, it is clear that this therapist is fully aware of them even though we do not always know what she does about them. In the case of Kate who was infected and is now herself possibly infecting others, this therapist, in various subtle ways, did not let this inconsistency escape Kate's attention.

I do not consider this therapist moralistic. She is not scolding her clients for their behavior. She does not appear to induce guilt or bury feelings. She does not make simplistic superego appeals or become instructional or directive. She does not tell her university-age clients to stop sleeping with their boyfriends or stop involvements with their professors. Yet there is something profoundly moral about the therapy that she offers. The fact that this therapist is clearly a feminist doubtless accounts for part of the moral framework of her work, but I have the conviction that we could find some moral framework in all therapy, although sometimes not a very good one.

The Ethic Beyond Professional Ethics

The kind of ethic I am talking about goes beyond a professional ethic of the kind that Heinz Hartmann wrote about in his famous *Psychoanalysis and Moral Values*.¹ Although such an ethic is necessary, the ethic that we see in this therapist's work entails a wider range of attitudes toward life than is contained in the idea of a professional ethic. These have to do with attitudes toward nature, personhood, justice between the sexes, and the proper relation of such interpersonal strategies as self-affirmation, self-assertion, mutuality, and self-sacrifice. This therapist has a moral stance toward life and a stance toward women within the context of modern life; her therapy at every moment reflects that stance. That stance orients her therapy in a definite and discernible direction. This ethic provides a context within which the more specific therapeutic maneuvers such as transference and countertransference, empathy, interpretations, and probes are situated.

What are the dimensions of her moral stance? I find at least four aspects to her moral perspective.

Emotions as Premoral Goods First, I find a set of attitudes and therapeutic responses which I would call evaluative but not necessarily fully moral in their evaluative quality. Within the material that I have shared with you, the best

¹Heinz Hartmann, *Psychoanalysis and Moral Values* (New York, NY International Universities Press, 1960)

example of this kind of evaluative response was the therapist's words to Debra when she said, "All feelings are O.K. They are vital to your life." As you recall, it was Debra's anger that she could not accept and the full range of bodily feelings that were associated with this anger. In making the evaluation that all feelings are O.K., this therapist was granting basic human emotions a kind of premoral ontological goodness that was in conflict with Debra's own basic attitudes toward these emotions. There is something of a value conflict between Debra and her therapist about the goodness and usefulness of Debra's basic emotions, especially her emotions of anger. And Debra's therapist is taking a definite stance on this value issue; these emotions are O.K., good, legitimate, and have a place in life.

But what kind of value is at stake in this evaluative stance? Moral philosophy makes an important distinction between premoral or nonmoral values and moral values. Premoral values refer to a wide range of values such as health, pleasure, relaxation, education, self-actualization, and wealth that humans commonly call good and pursue but that are not necessarily seen as directly moral values.² Bodily health is a good, but to say that someone is physically healthy is not necessarily the same as calling them moral. Whether a healthy person is moral depends upon the ways in which she or he organizes health within a range of other goods. Hence, moral philosophers and theologians often make a distinction between moral and nonmoral (or premoral) goods. Moral goods are often associated with statements or understandings of what we are obligated to do, such as to tell the truth, keep our promises, or take care of our children and family members.³ Moral goods generally mediate between potentially conflicting nonmoral or premoral goods. Hence, to use an obvious example, most of us would say that sex is a profound human good, but we would differ as to the moral obligations that should govern the organization of this fascinating and fundamental premoral good.

I prefer the word "premoral" to the word "nonmoral" to designate the kinds of goods and evaluations that I have been illustrating. The word premoral helps communicate that these goods, although not directly what we mean by the word moral, are still essential for moral judgments. For instance, since Aristotle, judgments about justice have generally been seen as the heart of moral judgments.⁴ But in spite of Kant's tendency to obscure this point, *concrete* judgments about justice are also judgments about the organization and just distribution of premoral goods; they are judgments about the premoral goods that are worthy of being distributed justly and fairly.⁵

²William Frankena, *Ethics* (Englewood, NJ: Prentice-Hall, Inc. 1973), pp. 9-10, Louis Janssens, "Norms and Priorities in a Love Ethics," *Louvain Studies*, 1977, Vol. 6, p. 210

³Frankena, *Ethics*, pp. 7-9

⁴Aristotle, *Nicomachean Ethics*, edited and introduced by Richard McKeon (New York, NY: Random House, 1941), Bk. V, 1129, 25-1130, 15

⁵Frankena, *Ethics*, pp. 48-52, for a similar theory of obligation, see the interrelation of my level or dimension two (the obligational level) and level three (the tendency and need level), Don Browning, *Religious Ethics and Pastoral Care* (Philadelphia, PA: Fortress Press, 1983), pp. 63-70

In saying that Debra's emotions of anger are O.K. and indeed vital to life, her therapist is making a premoral evaluation or value judgment that she believes is essential for Debra's health and wholeness. However, acknowledging, accepting, and owning this good and vital emotion of anger, of course, is distinguishable from its just or unjust use, its moral or immoral employment. But this is getting ahead of the story for Debra's therapist. At the moment, her therapist is concerned to make this emotion available to her, waiting until later, perhaps, to address the more complex question of its just and unjust, moral and immoral use.

Much of psychotherapy is spent in retrieving the good of humans' fundamental emotional capacities. This work by therapists, both secular and religious, is a highly value-laden activity that is grounded on discernible theories of human nature and rather definite ideas about which emotions are natural and useful and which emotions may be derived, secondary, or distorted. Because the retrieval of these emotions is not a directly moral task, many therapists delude themselves into thinking that their therapy is value free. Nothing could be further from the truth. The uncovering and affirmation of these basic emotions is always highly value-laden. It is also guided by models of human nature which function to ground, sometimes quite arbitrarily, the fabric of premoral evaluative judgments that therapists bring to their work. And to call these judgments premoral reminds us of their closeness to more fully moral judgments, of their relevance to the completion of properly moral judgments, and of the ease with which they pass over into moral judgments even within the context of therapy.

Inferiority and Personhood Another dimension of the ethic of this therapist is her concern with the personhood of her clients. This is related to the anger that she helps her clients to own and symbolize. In almost all cases, the anger concealed a deeper sense of injury over being treated unjustly. The injustice at stake did not pertain to superficial matters of being cheated out of money, manipulated out of possessions, or robbed of certain privileges. The injustice at issue involved unjust assaults against their most vital possession of all—their fundamental sense of personhood. Most of this therapist's clients were suffering from a deep sense of inferiority, loss of self-esteem, and sometimes a fragmented and diffuse sense of self-coherence.

We need not settle the question as to whether the conflict between the sexes is getting better or worse in our time. Nor do we need to speculate about the strengths and weaknesses of the feminist movement of our time—whether it is making a difference, whether this difference is for the good, or whether it is getting down to the grass roots, especially in the rural and southern sections of our country. What is important for us to notice is the way this therapist tried to confirm, nourish, and deepen the sense of personhood of these women.

Strengthening the sense of self-worth, self-esteem, self-coherence, and dignity of clients has been a part of almost every therapy. Rogers spoke of the belief in the worth and dignity of the individual as a fundamental presupposition to client-centered therapy and believed that the attitudes of acceptance, uncondi-

tioned positive regard, and empathy helped implement, amidst repeated transactions with clients, a deeper and more viable sense of personhood in his clients.⁶ Freud's attitude toward the client's free associations of "evenly hovering attention" must have been experienced as extremely self-affirming even if, at moments, a bit threatening.⁷ Kohut's belief in the role of the therapist's empathy in helping the client toward deeper self-worth and self-coherence must be seen as another more recent restatement of this abiding theme in many of the modern therapies.⁸

What is often missing in the literature on psychotherapy is the continuity of the presuppositions of most therapy with major themes in the Western tradition of moral philosophy. Kant's second formulation of the categorical imperative comes most immediately to mind. He says it in the second section of his *Foundations of the Metaphysics of Morals* when he writes, "The practical imperative, therefore, is the following: act so that you treat humanity, whether in your own person or in that of another, always as an end and never as a means only."⁹ The near equivalence of this moral principle and the attitudes toward the self that most therapists try to instill in their clients is difficult to miss. Most clients have difficulty treating themselves as an end and never as a means. And often, because they cannot so treat themselves, they cannot so treat others. And we can assume that clients have difficulty treating themselves as ends because their intersubjective situation was made up of people who did not treat them with respect and as ends; having internalized these attitudes toward themselves these clients can neither treat themselves nor others as ends and with the respect that this involves.

Being trained not to see the philosophical and religious grounds of their own therapy, many therapists think that everything they do is psychological and built totally on psychological premises and concepts. They fail to see the continuity between their own deep attitudes toward their clients and certain basic Western moral beliefs about the nature and status of all human beings. This therapist has drawn deeply from this tradition and is trying to implement it in quarters where it frequently has been absent—down deep in the psyches of some emotionally battered women. Against the attitudes of inferiority, self-depreciation, and self-hatred that she sometimes finds in her female clients, she time and again proclaims in her deep attitudes and more specific responses that these women are of worth, that they are deserving of respect, and that they themselves must demand that they should be treated as ends and never allow themselves to be treated as means only—a demand that most of them are all too reluctant to make. It also seems to be a demand that the men in their lives seem ill-equipped

⁶Carl Rogers, *On Becoming a Person* (Boston, MA: Houghton Mifflin, 1961), pp. 283-84.

⁷Sigmund Freud, *Therapy and Technique* (New York, NY: Collier Books, 1963), p. 118.

⁸Heinz Kohut, *The Analysis of the Self* (New York, NY: International Universities Press, Inc., 1971), pp. 300-307.

⁹Immanuel Kant, *Foundations of the Metaphysics of Morals* (New York, NY: Bobbs-Merrill Co., 1959), p. 47.

to understand and to meet

Much of the therapy that occurs here seems aimed at helping these women make these demands in their relations, especially with men. It is also aimed at helping them learn to restructure their relationships with these men so that equal respect is more nearly achieved. Progress toward this goal was frustratingly slow. What therapists know that moral philosophers generally forget is that there is a developmental history behind each person's capacity for mutual respect and that when this developmental history is distorted and inadequate, it takes more than the intellectual pronouncement of a sound moral principle to put it right once again. It takes a lived relation that embodies this moral principle in a series of interactions over time.

Assertion, Taking Charge, and Justice Third, there is a directly moral language that this therapist uses in her work with these women. But it has an appropriate abstractness and open-ended character so that the details can be filled in by her clients themselves. This is how we therapists become directly moral and ethical without becoming moralistic. How do we do it? How did she do it? The answer is this: by becoming strategically abstract in her moral remarks. We therapists, in contrast to our beliefs about ourselves, are marvelously abstract at times, that is how we give our moral advice. I would argue that this is good and even necessary. It is precisely in our abstractness that we both offer to our clients new moral possibilities without, at the same time, dictating the details of their moral existences. It is in our abstractness that we focus on the most concrete thing of all—the fundamental patterns of the self-object relation.

This therapist did this through her appeals to her clients to “take charge” of their lives. We saw this in her invitation to Lillian to “take charge” of her life in relation to her continuing pursuit of her professorial lover. She made appeals to Penny to “take charge” and recognize the drug-abuse of her neglectful and inconsistent boyfriend. But what does it mean—this appeal to “take charge” of one's life? Such an appeal is supremely elegant in its abstractness. We do not know exactly what “take charge” would mean and this is probably good for the therapy. We know only that it means that these women should become more independent and self-directing centers of decision making for their lives. It means that they should become less embedded in their relationships and more self-initiating. But we do not know more directly what the therapist wants her clients to do, although in certain contexts we get some fairly good hints about the general direction she is suggesting.

The abstractness of this therapist's moral appeals do not make them any less moral. They are clearly appeals designed to enhance the moral agency of these women while permitting them flexibility in how this enhanced moral agency is actually to be expressed. Sometimes it sounds as though she is simply suggesting that her young women become more assertive. In the middle of her therapy with Susie who suffered from both an excessively critical father and fiancé, our therapist once said, “Isn't it time to take a more assertive role?” At other times we sense that the invitation to take charge is simply a suggestion for

these women to be more active in creating or restoring mutuality and equal regard in their relationships. This latter direction, I think, captures the hidden ethic in her wondrously ambiguous appeal to “take charge.” Taking charge for the purposes of creating mutuality and equal regard and not as an end in itself—this, I believe, is the moral framework of this therapist’s ethical vision.

Mutuality and Self-Sacrifice Fourth, there is, in this therapist’s account of her work, an implicit critique of certain stereotypical images of the Christian life. This has to do with the role of self-sacrifice in human life—for Christians, but especially for women. Susie and Lillian were perhaps the best examples of women who somehow had been led to believe that women should be self-sacrificing at all times in their relationships to men. The therapist, in her invitations to “take charge” is trying to open up other moral possibilities. Lillian was especially unresponsive to these appeals. And indeed, there may have been dynamic issues at stake here that this therapist was missing, I am not always sure that this therapist sees these psychodynamic issues accurately. But aside from this, she may be right in her judgement that these women function out of powerful and stultifying religio-cultural ideals about the appropriateness for women of tireless and unending self-sacrifice in their relations to men. After Lillian has side-stepped one of the therapist’s subtle appeals to take charge, the therapist says to herself, although not to Lillian “‘The ultimate female trap’ If I consider too much what is in my best interest, I would not be thinking of the other and that is bad, and I would die of guilt.”

Insofar as this therapist questions the adequacy of an ethic of unqualified self-sacrifice we can be certain her female clients sooner or later will sense this. To this extent, this therapist is not only a closet ethicist, she is a culture-maker as well. For what could be any more central to the cultural vision of the Western world than images of sacrifice—Christ’s and the martyrs—and what this means for the moral obligations of all who count themselves Christians and, perhaps, especially of women? This therapist, then, is mediating a cultural vision to her clients. It is a cultural vision that is at least in tension with certain, although not all, interpretations of Christian sacrifice. This leads me to ask, What is the cultural vision that animates this therapist’s work? How does her cultural vision relate to Christianity? And further, if Christianity is in no way a source for her vision, what are the sources for the cultural creativity taking place in the therapy offered by this woman?

Therapy and Culture

For many years I have been fascinated by the various ways psychotherapy relates to culture. Philip Rieff and Max Weber were the first to alert me to these issues. Rieff, in his *Freud: The Mind of a Moralist* and the *Triumph of the Therapeutic* developed the thesis that Freud himself was the supreme culture-maker of the modern world.¹⁰ Furthermore, Rieff held that the world-wide corps of psychoan-

Philip Rieff, *Freud: The Mind of the Moralist* (Chicago, IL: The University of Chicago Press, 1979) and *The Triumph of the Therapeutic* (New York, NY: Harper and Row, 1968).

alysts trained in Freud's methods were actually carriers of his vision and even his personality to the culture leaders who increasingly turned to psychoanalysis to solve the distress of modern life. Hence, Freud and psychoanalysis, according to Rieff, replaced Calvin and Reformed Christianity as the prime shapers of the character of modern individuals. Rieff announced the advent of a new culture type which he called "psychological man" and proclaimed this culture type had now replaced the Christian and economic types of the past.¹¹ In developing this position, Rieff was doing little more than updating Weber's view of the role that Reformed pastors as specialists in the cure of souls played in shaping a different ethic—an ethic we sometimes derisively refer to as the Protestant ethic.^{12 13}

The female therapist is both a mediator and creator of culture, not unlike those Reformed pastors. Her vision of an ethic of mutuality and equal regard may be culturally powerful for the same reasons Reformed pastors were so creative during the seventeenth and eighteenth century, *i.e.* because it is a vision mediated to where people actually live—to the hot center of her clients' conflicts, anxieties, and deep emotions. This is why, in the end, the cultural visions of the therapists and the practitioners of *cura animarum* win out over the visions of the abstract theologians and philosophers of any era; the therapists are so much closer to the actual felt experiences of people.

But what more precisely is this therapist's moral vision and how does it compare to a Christian moral vision? Almost every aspect of this therapist's moral vision *could* be grounded in a Christian perspective. But from this record, we have no evidence that this therapist does ground her vision in Christianity—at least no evidence that she does so explicitly. For instance, her affirmation of the goodness of all basic emotions could easily be derived from the Judeo-Christian doctrine of the goodness of creation. Both Reinhold Niebuhr and Paul Tillich, post-Darwin and post-Freud as they were, interpreted the doctrine of creation in this fashion.¹⁴ Both Niebuhr and Tillich, as well as David Roberts, were well aware of how Darwin and Freud had uncovered both the importance of our emotions and their naturalistic and instinctive foundations. But in contrast to Darwin and Freud, they placed human instincts within the Christian doctrine of creation and located human sin and evil in our freedom and not our instinctive and emotional life as such. When this therapist made the premoral valuation that all our "feelings are O.K.," she is saying something that the Judeo-Christian doctrine of creation permits us to say more easily than could Darwin and probably far more easily than could Freud.

¹¹Rieff, *The Triumph of the Therapeutic*, pp. 26-27, 39-41

¹²Philip Rieff, "History, Psychoanalysis, and the Social Sciences," *Ethics*, 1953, Vol. 63, p. 116 and "The American Transference: From Calvin to Freud," *Atlantic*, 1961, Vol. 208 (July), pp. 105-107

¹³Max Weber, *The Protestant Ethic and the Spirit of Capitalism* (New York, NY: Charles Scribner's Sons, 1958), pp. 128-154

¹⁴Reinhold Niebuhr, *The Nature and Destiny of Man*, I (New York, NY: Charles Scribner's Sons, 1941), pp. 12-18, Paul Tillich, *Systematic Theology*, I (Chicago, IL: University of Chicago Press, 1951), pp. 253-58

This therapist's affirmation of the personhood of her clients can be grounded in the Jewish and Christian doctrine that all humans are made in the image of God.¹⁵ Moral philosophers such as Kant, Alan Gewirth, and Alan Donagan might try to anchor respect for personhood in analyses of human freedom and rationality and what this implies for our status as ends rather than means.¹⁶ This therapist, if pushed, might have more uniquely feminist ways of grounding her sense for the personhood of her clients. But the Christian doctrine of the *imago dei* can also be invoked to lend support to her attitude. And it has the advantage of claiming that respect for persons, and the need to treat persons as ends rather than means, is anchored in the very intention of God to create all humans in God's image. That is, it is grounded in the foundations of the world.

And finally, her appeal to her clients to take charge of their lives may have more affinities to a Christian ethic than one might first think. For, as I mentioned above, this may have been nothing more than a therapeutically strategic device designed to increase her client's sense of agency—an agency that was not an end in itself but an agency designed to give these women the strength to structure more just and mutual relations with the people, especially men, that made up their intrapsychic worlds. And insofar as this therapist helped these women achieve more justice and mutuality in their lives, this too is a goal that could be grounded on Christian theological affirmations.

The thought of feminist theologians such as Judith Plaskow and Judy Vaughn has converged with the perspectives of Gene Dutka and Louis Janssens in questioning the centrality of *agape* or self-sacrificial love for the Christian ethic.¹⁷ Our therapist doubtless would applaud their work. Take charge, as you recall, really meant to have the strength to demand and give mutuality. It also meant that these women should not allow themselves to be exploited in the name of self-sacrificial love. But if the work of the feminist theologians, Outka, Janssens and others is correct, then indeed mutuality, not self-sacrifice, is the center of Christian ethics.

Those of us who received our seminary education in the 1950s remember the prominence of Anders Nygren's *Agape and Eros*. Nygren argued that the Christian ethic, in contrast to Greek eudaemonistic ethics, called for a life of self-sacrificial love unrelated to eros, self-actualization, and natural human energies of any kind. Such a love, as you will recall, was seen as totally the gift of God, by-passing all human aspirations and affections.¹⁸ In the United States, Reinhold Niebuhr criticized Nygren for disconnecting *agape* and self-sacrificial love so completely from eros and natural human affections. But Niebuhr, in the

¹⁵Niebuhr, *The Nature and Destiny of Man*, I, pp 150-177

¹⁶For neo-Kantian approaches to the grounding respect for persons in an analysis of agency and freedom, see Alan Gewirth, *Reason and Morality* (Chicago, IL: University of Chicago Press, 1978) and Alan Donagan, *The Theory of Morality* (Chicago, IL: The University of Chicago Press, 1977)

¹⁷Louis Janssens, "Norms and Priorities of a Love Ethics," *Louvain Studies*, 1977, Vol. 6 (Spring), p. 219, 228

¹⁸Anders Nygren, *Agape and Eros* (Philadelphia, PA: The Westminster Press, 1953), pp. 75-81

end, tended to agree with Nygren that sacrificial love was the goal of the Christian life; insofar as mutuality had a place in life, for Niebuhr it was a concession to our fallen natures—the most that could be expected, so to speak, under the conditions of finitude and sin.¹⁹

But Janssens, Outka and a variety of feminist theologians would argue that this therapist was not in as much tension with the heart of Christian ethics as Nygren and Niebuhr might lead us to believe. Louis Janssens, the Louvain moral theologian who has been in dialogue with psychiatry throughout his career, has reminded us, I believe, of the genuine heart of the Christian ethic. It is, according to him, the mutuality and equal regard implicit in the principle of Neighbor Love to be found in both ancient Judaism (Lev. 19:18; 19:34) and early Christianity (Matt. 19:19, 22:39; Mark 12:31, 33; Luke 10; 27; Rom. 13:2; Gal. 5:14; Jas. 2:8). Rather than defining *agape* to exclude regard for the self as did Nygren, Janssens writes, “In accord with the impartiality of *agape*, we maintain that one is to have equal regard for the self and for others, since the reasons for valuing the self are identical with those for valuing others, namely that everyone is a human being.”²⁰ If Janssens is correct that *agape* as mutuality and equal regard rather than *agape* as self-sacrifice is the heart of the Christian ethic, the cultural creativity of this feminist therapist has more to do with calling us back to an authentic Christian witness than it does a creativity that transcends and repudiates the Christian witness.

It is true, that, as it stands, this therapist does not restate the proper role of self-sacrifice in ways that Christians should do if they are to remain faithful to their tradition. To say that therapists both must have and always in fact do have some kind of ethic, is not to say that they must reveal their entire ethic without regard to the psychodynamic issues before them. But to say that mutuality or equal regard is the goal of the Christian life does not account for the symbolism of the cross. Janssens’s answer to this question is to make self-sacrifice (the way of the cross) an extension of mutuality. Mutuality is still the goal of life, but frequently in this sinful and broken world we have to sacrifice ourselves and work actively and sometimes endure genuine pain in an attempt to restore mutuality.²¹ But this formulation makes an ethic of self-sacrifice a transitional ethic and not the goal of life. Mutuality and equal regard are the goals of life even though self-sacrifice and suffering are always part of achieving these goals. The great advantage enjoyed by the pastoral counselor is that the fuller ethic that a client must have for living can rest on the horizon and in the background of the pastoral counseling context. It can be a part of therapy without always being directly invoked in the midst of therapy; it is present as a part of the faith community in which the counselor stands. But the full ethic of a faith community may not be totally relevant for every moment of the counseling process. For

¹⁹Reinhold Niebuhr, *The Nature and Destiny of Man*, II (New York, NY Charles Scribner’s Sons, 1943), pp 74-76

²⁰Janssens, “Norms and Priorities of a Love Ethics,” p 220

²¹*Ibid* , p 228

women struggling to assert themselves sufficiently to demand equal regard and genuine mutuality, the doctrine of self-sacrificial love, even as a transitional ethic, may be a part of the Gospel that needs to be spoken at a different time and maybe even at a different place.

Of course, the call to reinstate the role of self-regard, self-affirmation, and self-actualization in human health was a cultural insight of the modern psychotherapeutic disciplines several decades before feminists reworked this insight into their theology and therapy. It is not surprising that work with broken and disheartened individuals led therapists such as Rogers, Maslow, and Fromm to restate the importance of self-regard for the restoration of human agency and health.²² Pastoral counselors, with the help of Tillich, learned to incorporate the importance of self-regard into their own counseling strategies.²³ All of this shifting understanding and debate about the role of self-regard in human life was not simply a narrow psychological discussion; it was a discussion on the ethical foundations of human relations and the appropriate place of self-regard in an ethical stance toward life. As I tried to point out in my *Religious Thought and the Modern Psychologies*, in an effort to balance tyrannous and exploitative doctrines of self-sacrificial love, modern therapeutic movements, including at times pastoral counseling, may have overemphasized self-regard and self-actualization and made them ends in themselves rather than seeing them as transitional goals on the way toward the empowerment of our clients for more genuine mutuality and equal regard.²⁴ I think this therapist, in spite of her somewhat simplistic language of “taking charge” and its possibilities for ethical egoist interpretations, is actually rather deftly using this appeal to strengthen her clients for a more vigorous and sometimes confrontational capacity for equal regard.

What am I saying here? Am I saying, in effect, that this woman therapist is grounding her work in a Christian ethic? Have I baptized her and perhaps against her will? My answer is, no, I am not saying her ethic is explicitly a Christian ethic. But I am saying that her ethic has analogies to a Christian ethic. And I am also arguing that most of the premoral and moral values which animate her ethic could find explicit and powerful articulation within the resources of the Christian tradition.

To find an ethic similar to a Christian ethic within the context of some secular therapies should not surprise us. If we take seriously a hermeneutical model of knowledge of the kind advocated by Hans Georg Gadamer and David Tracy, we should expect many of the values of secular therapy to reflect values first expressed in the classics of Western religious life. If, as Max Weber and Paul Ricoeur have claimed,²⁵ religion gives birth to culture and culture shapes

²²For a discussion of this movement in psychology, see my *Religious Thought and the Modern Psychologies* (Philadelphia, PA: Fortress Press, 1987), pp. 61-93.

²³Paul Tillich, *The Courage to Be* (New Haven, CT: Yale University Press, 1957), pp. 18-24.

²⁴Browning, *Religious Thought and the Modern Psychologies*, pp. 90-92.

²⁵Paul Ricoeur, *Freud and Philosophy* (New Haven, CT: Yale University Press, 1970), pp. 506-514, Max Weber, *The Protestant Ethic and the Spirit of Capitalism*, pp. 13-46.

the values of our more discrete cultural disciplines, we should expect to find fragments of Christian values in various secular therapeutic practices. We have often lost sight of the fact that secular and religious therapy look similar not because *we* are imitating *them* but, at the level of the deeper values that animate much of their work, the secular therapies, as Paul Halmos observed two decades ago, actually may be imitating the historic tradition of the Christian cure of souls.²⁶

Kegan and the Ethics of the Self-Object Relation

With the recent work of Robert Kegan in his stunning *The Evolving Self*, all psychotherapists have a new resource for understanding the therapeutic process in terms that are simultaneously psychodynamic and ethical. I believe his framework may help us understand the kind of ethics implicit in the work of this therapist. Kegan understands both human development and therapy as a process of self-object differentiation and integration.²⁷ In the early part of our lives, infants and children are embedded in their perceptions and in their relations, *i.e.* they have difficulty differentiating their selves from their perceptions and their relations. Human development, from the perspective of Kegan, is a constructive-developmental process of meaning making, this means that the growing person goes through a dialectical process of differentiating the self from present stages of perceptual and relational embeddedness in a move toward later and more complicated levels of differentiation and integration. In the early stages of life, the child swings back and forth between differentiation and integration as the child struggles to find an appropriate adult balance between these two poles of human development.

What is interesting about Kegan, from the perspective of the issues of this article, is that he sees this developmental process as simultaneously a psychodynamic *and* a moral process. As an individual moves toward higher stages of balance between differentiation and integration, he or she also moves toward more inclusive capacities for genuinely moral interaction. Kegan integrates the psychodynamic perspectives of Rogers, Erikson, Kohut, and Winnicott with the moral psychologies of Kohlberg and Gilligan. The bridge that links these two perspectives is the cognitive developmental work of Jean Piaget.²⁸

In effect, Kegan has given us both a psychodynamic and an ethical perspective on the self-object differentiation process. It is as thoroughly ethical as it is psychodynamic because it is limited and constrained in its ethical perspective. Kegan's developmental and therapeutic perspectives do not address concrete behaviors that one might judge as either ethical or unethical. Instead, he focuses on the patterns of self-object differentiation and integration that characterize his client's interior object worlds.

²⁶ Paul Halmos, *The Faith of the Counsellors* (New York, NY: Schocken Books, 1970).

²⁷ Robert Kegan, *The Evolving Self* (Cambridge, MA: Harvard University Press, 1982), pp. 28-31.

²⁸ *Ibid.*, pp. 25-45.

For Kegan, therapy, both formal therapy and natural therapy, is a threefold process of *affirming* the personhood of clients, helping them face the *contradictions* to their present levels of embeddedness, and then providing a *continuous and supportive* relationship as they reorganize their self-object patterns toward more inclusive and balanced levels of integration and differentiation. Kegan's highest level of human development blends features of Kohlberg and Gilligan and portrays an ideal image of self other relation that permits genuine mutuality and equal regard. Kegan calls this the "interindividual stage" of development.²⁹ It is marked by a capacity for mutuality considerably different from the more conventional and conformist mutuality of what Kegan calls an earlier "interpersonal stage."³⁰

It is growth in this capacity for a truly differentiated mutuality, I believe, that this therapist is trying to help her clients achieve. As is the case in most therapy, she probably accomplishes little more than helping her clients turn the corner in a slow and painful movement toward this ideal. In this task, she is working against strong cultural forces that function to either keep these women embedded in more subservient self other integrations or function to send them into flights of pseudo liberation and overdifferentiation. The ethic that this therapist is struggling to formulate at least has analogies to what is central to a Christian ethic. The Christian pastoral counselor has the advantage of functioning within a context that makes this ethic explicit, a moral context which can still state the role of self-sacrifice as a transitional ethic to which we are all called at times in our lives, and a context that fills in the details of a more complete sexual ethic which the pastoral psychotherapist cannot always address because of his or her focus on the weightier matters of the fundamental ethic of the self-object relation.

In choosing to reflect on the cases shared by this woman therapist, I do not mean to say that only feminist therapists are genuinely ethical in their work. Nor am I saying that the only ethical issues facing therapists today are those of women. Instead, I saw this case as an example, indeed almost a parable, of the ways therapists are also ethicists even though they have not always been able to recognize how this is the case. ♣

² *Ibid* pp 103 110 246 47

Ibid pp 95 100 186 220

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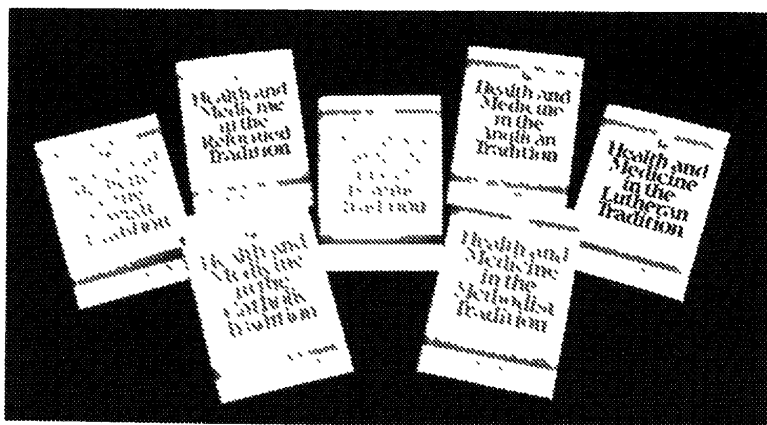
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AN ETHICAL FRAMEWORK FOR PASTORAL CARE

JAMES POLING, PH.D.,
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Defines the ethics of pastoral care as the project which relates suffering and power
Examines a biblical story (2 Samuel 13) which demonstrates the relation of suffering and power
Claims that the most sinister aspects of social injustice is the devaluation of certain persons and their suffering and the denial of moral and religious obligations toward such persons
Urges pastoral care practitioners to be self-critical regarding the use of power in relation to suffering else they become the pawns of an unjust society and its mistreatment of persons

Pastoral care is an ethical enterprise.¹ The definitions of human suffering and Christian obligation toward persons who suffer depend on a “moral context.”² This article will move beyond my previous work on ethics and pastoral care. In this article I will examine four different kinds of ethics, discuss a biblical text about sexual violence, and then suggest a revision of my previous structure for ethics in relation to pastoral care. The intention is that this article will move beyond my previous work on ethics and pastoral care.

The Debate Within Ethics

Traditional ethics is based on the question, “What should we do?” Ethics is a systematic way of thinking what we should do. Often the question becomes, “What behaviors are permissible?” What is hidden in these traditional ethical questions is, “Who decides what we should do?” Throughout history, there is a collection of ethical discussions about what kinds of behaviors are permissible. For example, in the 1960s and 1970s, many churches developed statements on sexual behavior. James Nelson’s *Embodiment*³ is one of the latest in the series of ethical statements on sexuality, and, in my opinion, one of the best. He discusses what sexual attitudes and behaviors are permissible (behaviors based on informed consent among other criteria) and which are not (coercive sex between persons with unequal social power, among other criteria). But there is great controversy today about the nature of ethics, especially in relation to power. The traditional ethical discussion focuses on rules about behavior based on principles or consequences or some combination of the two.⁴ The debate between

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¹James N. Poling, “Ethical Reflection and Pastoral Care,” (Part 1 and Part 2) *Pastoral Psychology* 1984, Vol. 32, No. 2, pp 106-113, Vol. 32, No. 3, pp 160-170

²Don S. Browning, *The Moral Context of Pastoral Care* (Philadelphia, PA: Fortress Press, 1976)

³James B. Nelson, *Embodiment: An Approach to Sexuality & Christian Theology* (Minneapolis, MN: Augsburg Publishing House, 1978)

⁴William K. Frankena, *Ethics* (Englewood Cliffs, NJ: Prentice-Hall, 1963)

deontology and teleology is whether we know what is right or wrong based on intuition; that is, the nature of things. Or by purpose; that is, the consequences of human choices.

There have been two recent critiques of traditional ethics. One critique is represented by Stanley Hauerwas who argues that abstract rules about behavior make no sense outside of some particular community. In this notion, universal rules should not be the center of the ethical discussion. In his book, *A Community of Character*,⁵ he argues that every particular community has a narrative about its identity which defines its values, and which gives clues about the kind of person one should be. In order to answer a question about behavior, one must first ask about the particular community where this question arose. Even the definition of the ethical question will be shaped by the community context. Essentially, Hauerwas' position questions the usual definitions of authority. Traditional ethics always assumes some "universal experience" that can be asserted. This has the effect of assuming that the perspective of the one doing the ethics is normative for everyone. Hauerwas posits a radical pluralism in the world characterized by lack of consensus about values and virtues. This has the possibility of granting power to those whose voices are not usually heard in the ethical debates. Particular, deviant communities present their ethical vision by the way they live their loyalties and commitments. This view is consistent with James Fowler's definition of faith as the way one lives one's commitments and loyalties.⁶

The second critique, liberation theology, defines ethics in terms of social justice and liberation. In this perspective, traditional ethics is criticized because it does not attend carefully enough to the question of oppression in human relationships. Abuse of power is often the primary cause of human suffering, and must be central to any debate about normative ethics. For example, in the American Black experience, the meaning of behavior must be understood within the context of racism. The Black family historically has struggled to define its identity and values within a context of racial oppression. Therefore ethics must take their witness into account.⁷ Similarly, feminist theology takes women's experience as the context for ethics. Its perspective criticize traditional ethics for having a male bias that does not understand the inequality and injustice facing women.⁸ Liberation theology redefines ethics in relation to social critique. The ethical questions and ethical methods will be very different when seen from communities that are oppressed than when seen from the ideology of the dominant culture. The relation of suffering and power are the key to ethics.

Stanley Hauerwas, *A Community of Character Toward a Constructive Christian Social Ethic* (Notre Dame, IN: University of Notre Dame, 1981)

⁵James Fowler, *Stages of Faith* (San Francisco, CA: Harper and Row, 1981)

⁷Archie Smith, Jr., *The Relational Self: Ethics and Therapy From a Black Church Perspective* (Nashville, TN: Abingdon, 1982)

⁸Andolsen, et al., *Women's Consciousness, Women's Conscience* (San Francisco, CA: Harper and Row, 1985)

A Biblical Ethics Case

One way to illustrate these various types of ethics is to examine a story from a cultural context very different from our own. I use the story of the rape of Tamar with students in my classes. Briefly summarized, this story in 2 Samuel 13 involves David and three of his children: Amnon, the eldest, Absalom, and Tamar. Amnon becomes infatuated with Tamar, his half-sister, and arranges a situation where he rapes her. She protests but is overpowered, after which she makes her disgrace known in public. Absalom shelters her and then plots revenge, eventually murdering Amnon. Phyllis Trible has done a remarkable exegesis of this story in her book, *Texts of Terror*.⁹ After reading this story aloud, I ask the students two questions: "What is wrong here?" and, "On what basis would you say it is wrong?"

In order to answer these questions, we look at the story in relation to the various characters. What does the text say? Amnon "fell sick with love for his half-sister . . . but he thought it an impossible thing to approach her since she was a virgin." He was filled with hatred afterward. Tamar argues her ethical position under threat of violence: "Do not dishonor me. . . . We do not do such things in Israel. . . . Do not behave like a beast. . . . Where could I go and hide my disgrace? . . . Why not speak to the King for me. . . . He will not refuse you leave to marry me." Absalom says: "Has your brother Amnon been with you? . . . Keep this to yourself, he is your brother. . . . Do not take it to heart. . . . He hated Amnon, for having dishonored his sister Tamar." David "was very angry. . . . But he would not hurt Amnon because he was his eldest son and he loved him."

What is wrong in this story? From the Christian tradition, several possibilities suggest themselves: rape, sexual violence, incest, loss of virginity, violation of property rights of men, disruption of family unity, violation of community standards, violence against women, violation of universal law.

On what basis are any of these things wrong? There are at least four types of ethical arguments possible:

(1) *Violation of God's law* The Ten Commandments and their restatement by Jesus are often accepted as universal ethical standards. Several laws are violated: you shall not covet, you shall not steal, Honor your father and mother, you shall not commit adultery, you shall not murder, love God and love neighbor as self (Exodus 20, Matthew 5). This type of ethics argues that certain standards are given in the nature of things, the violation of which result in the destruction of the moral fabric of human community. Amnon's act violates these standards and destroys the structure of love within this family.

(2) *Destructive Consequences* What is wrong in this story is that a destructive sequence of events was unleashed that increased evil and decreased the possibility of the good. The deceit of Amnon led to the rape of Tamar which caused the

⁹Phyllis Trible, *Texts of Terror* (Philadelphia, PA: Fortress Press, 1984), pp. 37ff.

revenge by Absalom, the murder of Amnon, and an ongoing system of family violence

(3) *Violation of community character and narrative* The key statement is made by Tamar “We do not do such things in Israel ” This is an appeal to community character and virtues The problem with her appeal is that such things are done in Israel David had abused Bathsheba and murdered Uriah In some ways Amnon is following in his father’s footsteps by abusing his sister and Absalom is following his father’s example by murdering Amnon This event raises the key issue—what is character and virtue in Israel? What kind of people are we?

(4) *Social injustice* A liberation ethic raises questions about the violation of power If we start from the experience of the woman, Tamar, it is apparent that in spite of her ethical courage, she has no social power to actualize her moral vision She is victimized by Amnon, ignored by David, and avenged by Absalom without her participation Tamar is violated and then marginalized in a way that reveals the injustice she experiences as woman Looking at the story from the perspective of the socially marginalized, one uncovers the distortion of power and morality of this story

Types of Ethics

In this analysis we can see four different types of ethics

(1) *Ethic of Intuition* We know the right by intuition, conscience, revelation, reason, but not by experience Morality is given by the structure of existence or God’s revelation The key question is what principles should we follow?

(2) *Ethic of Purpose* We know the right by the consequences of human decisions, from the situation as it unfolds The key question is whether the good is increased What are the goals of our choices and the consequences that follow?

(3) *Ethic of Character* What is right depends on the story and vision of a particular community “We do not do such things in Israel” is the key statement What kind of persons and community do we become by our choices? What is our vision of who we are?

(4) *Ethic of liberation* We know the right through taking the perspective of those who are marginal in the community This perspective reveals the distorted power relationships which determine the moral choices that are permitted What are the power arrangements that determine and preclude the choices people can make and construct the context for doing ethics?

Each of these four types of ethic has a contribution to make, and certain limitations

(1) *Some principles are virtually universal* “Do no injury to another ” “Do not exploit social power and privilege ” Kant argued that in order for human society to be possible, there must be respect for oneself and the other as a center of freedom Otherwise human life is impossible A limit of this type of ethics is that it is very difficult to know what a principle means in a complex, concrete

situation. What is respect when one is unsure what to do? For example, Phyllis Tribble considers Absalom's revenge as less evil than Amnon's rape because it was motivated by support for Tamar. But in some ways Absalom's morality is as self-serving as anyone's since he became the heir to the throne.

(2) *Consequences are important.* An act that starts in motion a pattern of destructive consequences is wrong. The story of the rape of Tamar is just one incident in a sequence of family violence: David's abuse of Bathsheba and murder of Uriah, Amnon's abuse of Tamar, Absalom's murder of Amnon, David's murder of Absalom. Any act that increases evil is immoral. We are obligated to live so that love is increased for others. A limit of this view is that we can never fully calculate the consequences of our behaviors and decisions. Our motives for our behaviors often distort our ability to see the consequences. Another limit is the lack of consensus over the moral good that should be increased. What is considered good by one subgroup is not valued by another subgroup.

(3) *Good and evil are particular to community vision and character.* We live in a world of plural visions and virtues. What is good in one context may not be good in another context. In twentieth century America, we can see the abuse of power by the men in this story. But within their context, the ethical vision of Tamar and the support by Absalom may be remarkable. Yet Tamar was marginalized and forgotten as the story unfolds. This story focuses the relation of ethics to the vision of a particular community. It also reveals the limit of this view. How does one attend to particular community context without slipping into relativism? By what criteria do communities resolve their different moral visions in order to live together peaceably?

(4) *Injustice and oppression are relevant to ethics.* What liberation thinkers have proved is that much of what passes for "objective, rational ethics" is really support for the unexamined dominant ideology that favors the privilege of those with power and does not attend to those who are marginalized. Traditional ethics assumes that there is such a thing as universal experience, whereas, in truth, experience is radically different for those with privilege and power in contrast to those who are marginal. Unjust power arrangements totally change both the method and content of ethics. When the story is told from Tamar's perspective, it is evident that her choices were limited and then eliminated. In the same way, the child in an incestuous family is denied the social power to make known her suffering, and a black woman who is raped has to choose whether to turn the racist police loose in her community. These are choices based on a lack of social power and thus the ethics is vastly different from those with privilege. However, a limit of this view is that every analysis of power arrangements is also subject to distortion. Replacing the power of one subgroup with another does not necessarily result in an improved ethical vision.

An Ethical Method

In addition to identifying types of ethical thinking, we need a method for moving from ideas to decisions. How do we move from a metaphor like "God

is love," to a concrete answer to the question, "What sexual behaviors are permitted?" This involves the move from concrete to abstract and from abstract to concrete. Such a move involves three levels. The level of an ethical system itself: story, metaphor, social context, norms, goals, consequences. The level of middle axioms: rules based on an ethical system which provide concrete guidelines for behavior. The level of decisions: actual choices in concrete situations.

If we put together the four types of ethical questions with the move from abstract to concrete through middle axioms, we develop a more complete ethical method. Moving from the most concrete to the most abstract, we have the following components. This method can be conceived as a hierarchy of levels with movement up and down in a rhythm between practice and reflection.¹⁰

- 1 Decisions
- 2 Rules—middle axioms
- 3 Norms—intuition and purpose
- 4 Social Analysis of Oppression and Power
- 5 Community story and vision
 - a Anthropology, What kind of persons?
 - b Ecclesiology, What kind of community?
 - c Doctrine of God, What kind of God?¹¹

Ethical Reflection on the Case of Tamar

How does this method work in terms of the case? The story begins as Amnon *decides* to do evil. The story is remarkable in terms of recording his

¹⁰For comparison, see my method for Practical Theology in James Poling and Donald E. Miller (Eds.), *Foundations for a Practical Theology of Ministry* (Nashville, TN: Abingdon Press, 1985), pp. 69ff.

¹¹These ethical components can be compared with other attempts to develop an ethical method. James M. Gustafson (*Theology and Christian Ethics*) emphasizes the importance of the moral agent, or the human self as moral agent. Archie Smith (*The Relational Self*, p. 127) has five components to his ethical method: action, selfhood, reflection, praxis, and post-critical reflection. The last is an addition to the above list. As I understand him, he means reflection on the ethical methodology itself which needs to be identified in order to account for the critique of marginalized groups which are excluded when the terms of the ethical discussion itself are established by those in power, those who represent the dominant ideology. June O'Connor has four levels (Andolsen, *Women's Consciousness, Women's Conscience*, pp. 265ff): 0=ground level, experience itself, 1=reflection on daily experience (a: collecting facts, b: seeking wisdom - reason, history, feelings, c: anticipating future implications (imagining alternatives), d: decision, judging. 2=Worldview, metaphysics, vision of life. Whether we are free agents, extent of relationality, loyalty and authority. 3=epistemology - How do I know what I know? What are your sources of knowledge and why do you trust them? Her emphasis on epistemology is similar to Smith's "postcritical reflection." I also like her organization into four levels with a simplified ethical method at level 1 which seems to correspond to most decision making that people actually do. When level 1 does not work, we examine assumptions, and when assumptions are inadequate, the issue of epistemology and authority becomes central. This is crucial again for marginalized groups who are excluded when the rules of the ethical conversation are limited to those in power. James Nelson (*Embodiment*, p. 118-126) has seven categories: self as decision-maker, basic religious beliefs, styles of decision making (obedience, aspiration, response), method, motive, intention, nature of the act itself, consequences, facts and interpretation, norms, principles, rules, church as a moral community. While there are similarities to what we have discussed so far, this list has several interesting suggestions. Facts and interpretation are important, motive and intention put things slightly differently, and church as moral community. I like Carol Robb's list of nine (Andolsen, *Women's Consciousness, Women's Conscience*, p. 211 ff): starting point for ethics (women's experience), historical situation, oppression, loyalties, theory of value, mode of decision-making (deontology, teleology, situational), source of authority, presuppositions of ethical action, motives. I like her list and consider that it highlights several items that are only implicit in my list, such as loyalties, source of authority, motives, and starting point.

decision-making process Amnon follows his desire and ignores Tamar when she appeals to the ethical tradition of Israel The *rules* of that society are revealed in Tamar's appeal to the practical problems she faces because of this abuse do not violate me, do not behave like a beast, how will I bear my disgrace? The *norms* Tamar cites are the implied codes about acting according to love rather than lust, being truthful in one's speech, being loyal in one's family The *story and vision* of Israel is about a people who are trying to be faithful to God, yet are constantly falling short Where is God in this story? In the honest integrity of Tamar who does not give in to gross evil? In the loyalty of Absalom who avenges his sister even though it may cost him the throne? The paradox of this story is that evil has real, destructive consequences, and that human courage cannot be totally destroyed by evil God has created a world in which genuine evil exists (the desire and behavior of Amnon), yet God is one who acts with courage in the face of evil (the clear moral vision of Tamar), thus giving us courage to face the evil we have experienced

This story reveals a *human nature* that is capable of great evil and great courage Amnon was overcome by desire because he lacked the strength to face his deep loneliness and pain Tamar knew her experience was evil and fought for her integrity David was a coward Absalom was loyal but devious The story is a tragedy on the individual level because the good in humans is mostly overcome by evil

In this story we see a *faith community* which is unable to transcend its limitations Their devalued view of women and overvalued view of men led to misperceptions of power and justice issues Remarkably the narrator preserves a thread of decency in Tamar and Absalom, but this thread is unable to win the day A community which cannot face its own injustice and evil will be destroyed from the inside

God is not particularly inspiring here There is no clap of thunder and justice rolling down like water Tamar is dropped from the story (though her memory is revived by Absalom's daughter) The big concern of the next chapter is whether Absalom will be allowed home after David had some time to forget Amnon, and a female prophet enables this to happen But justice delayed is justice denied Justice seems to be denied here Where is God when justice needs to be done? There is a certain insensitivity in God according to this story which all victims of injustice understand

Liberationists say that the starting point for ethics should be the experience of the oppressed To our generation, this story is revealing how women are victimized by individual men and by a patriarchal society The deceit that traps Tamar shows the evil of some men and the complicity of other men And the story seems to shift from the abuse of a woman to a drama between men The partial sensitivity in Absalom to women's experience is lost, and patriarchy is firmly reestablished, even for the narrator Yet the community remembered the story for us

Phyllis Trible calls this a text of terror because of the terror Tamar expe-

rienced on behalf of all women.¹² Yet the story was told for several thousand years without the full terror being identified. How do we know evil? How do we know love? What evils in our midst are we ignorant of in our drive to prove our ideas correct? The knowledge of good and evil is a continual human problem. We must know the difference, or else evil patterns become systemic. But history reveals that the human effort to know good and evil is badly bungled. We must continually risk ourselves in commitment and trust, knowing that our best efforts will be ambiguous. We must listen to those who suffer for clues to the injustice of the distribution of social power. If Tamar had lived in a just society that was not naive about evil, she could have told her story and been protected and/or vindicated in public.

Ethics for pastoral care is about the relation of suffering and power. We who are pastoral care specialists have been called by God to minister to individuals and communities to alleviate suffering. But we are under constant pressure by our privileged social location to maintain the established systems of power and the suffering that is endorsed and hidden by these systems. Whether we can be liberated from our middle-class bondage depends on whether we become more self-critical and more sensitive to the deviant communities that protest current power arrangements. This means a critical examination of the moral horizon of our perceptions and our love. The sufferings of women, of Blacks, of abused children, of the poor have been hidden for too long by both church and society. The ethical calling of the pastoral care movement is to attend to suffering as a critique of a social order that is unjust. ☛

¹²Phyllis Trible, *Texts of Terror* (Philadelphia, PA: Fortress Press, 1984)

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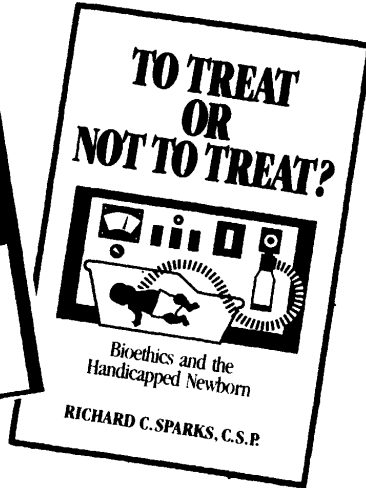
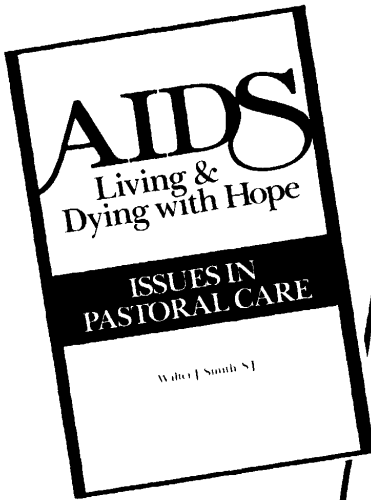
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ETHICAL AND THERAPEUTIC REFLECTIONS ON A SURVIVOR OF THE SEIGE AT KHE SANH

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Focuses on the ethical and therapeutic considerations inherent in working with a survivor of the seige at Khe Sanh during the Vietnam War. Applies theocentric ethics delineated by James Gustafson. Draws parallels between the normal drive toward self-sacrifice during time of war and the corresponding drive toward suicide in a combatant who is a sole survivor. Concludes with suggestions for psychotherapy along ethical and interpersonal avenues.

I can recall my first brush with suicide. My mother returned home early from her housecleaning job in the wealthy section of town. She said simply, "Mr. X came home for lunch. Afterwards I thought he had returned to work with his construction company, but about an hour later, Mrs. X discovered him in the garage. He hung himself, Donnie. He just seemed so sad." I was ten and couldn't understand why anyone would want to die.

Ten years later, half a world away in the Central Highlands of Vietnam, a Marine Warrant Officer would check out my radio gear prior to a month-long operation at a remote firebase and hand me two thermite grenades. "One stays with the crypto gear, and one stays with you," he would say matter-of-factly. "At all times." The implication was clear: I was to sacrifice myself rather than be taken captive.

Since then, I have seen a number of people deeply wanting to be relieved of their suffering. A few have succeeded in terminating their pain. A larger number have come back from that wind-swept doorway in the psyche which, once opened, seems to draw them like a magnet. The attraction beckons no matter how many years elapse between the initial decision and the actual attempt to resolve one's situation with the ultimate act of "empowering powerlessness."

I have also worked with a number of men who, like myself, essentially stood ready during time of war to murder themselves rather than give another human being whatever satisfaction might be derived from the routine of capture, torture, and death which we were certain awaited us. In looking back upon us, I find that we veterans do not readily dismiss this portion of our psyche by saying, "We were eighteen and thought we would live forever." Instead, I sense that we too return periodically to those days of chaos, and wonder at the implications for our souls.

As a pastoral psychotherapist, I find three interrelated concerns surfacing for me whenever I consider the issues of suicide and self-sacrifice. My first concern is for the individuals whose unique perceptions of the situations facing

them evokes emotions of despair or duty. My second focus of concern is the overwhelming sense of loss and guilt felt by “survivors” of combat and similar trauma. My third focus of concern is the interplay between these two affective states. This last area is the responsibility of the therapist who has reason to suspect that a client intends suicide or the therapist who stands beside the grave of survivors.

Nightmare Alley: A Case Study of Hell Survived

On the advice of a friend at the Vet Center, Freddy called two days prior to his initial interview. He spoke of himself entirely in the third person: “Freddy did some *bad* things at Khe Sanh. Freddy just wants the pain to go away, but his friends won’t let him. Sometimes Charlie visits Freddy when he’s asleep, telling Freddy he’s got to die, just like Freddy’s friends.”

At the time of intake, Freddy’s condition was assessed according to the DSM III as follows:

- Axis I—Clinical Syndromes Post-traumatic stress disorder, chronic alcohol dependency, continuous
- Axis II—Development and Personality Disorders Borderline personality disorder
- Axis III—Physical Disorders and Conditions Multiple wounds from combat, including loss of spleen
- Axis IV—Severity of Psychosocial Stressors Catastrophic—loss of entire section during siege at Khe Sanh A low of 7 on a scale of 7
- Axis V—Global Assessment of Functioning Very poor level of adaptive functioning in past year A low of 6 on a scale of 7

He had served with the Special Forces on a reconnaissance team which volunteered for assignment on Khe Sanh just prior to the siege. Out of the 25 men in his unit, five are still alive. In one four-hour period, his unit sustained 1300 rounds of artillery and mortar fire. He was wounded by 82mm fire and evacuated to Japan for medical discharge. He had initially made a “good adjustment” by completing college and going to work as a real estate broker. Approximately ten years ago, however, he began waking up at night with nightmares and cold sweats, shouting uncontrollably at minor provocations. His alcohol consumption increased dramatically as he attempted to “get some peace and sleep.” By the time I saw him, he was viewed by the Veterans Administration as totally disabled by post-traumatic stress disorder.

During the initial interview, it was impossible for Freddy to hold a cup of coffee due to his shaking. He periodically made references to “not doing anything that anybody else didn’t do over there to stay alive.” Near the end of the interview he asked, “Is there really any hope for me to get some relief? Or am I going to be crazy with this pain for the rest of my life? If so, I’ll just end it now to save everybody else and me a ton of heartache.” When I asked if he thought he should be dead, he said, “I should have died in Khe Sanh—everybody else did. I just want to go back there with them . . . with my friends . . . sometimes in my sleep I hear them calling me, and it’s getting harder to explain to them why I have to stay here.”

There were also features from his family of origin underlying Freddy's feelings of hopelessness. He was raised completely by his maternal uncle and grandmother, due to his mother "having to work in town." Freddy never knew his father and had no full siblings—only one half-brother an entire generation older than him. In spite of what might have been very significant deficits, Freddy was a star athlete in high school and graduated third in a class of 108 students. Thus, until Khe Sanh, his life tract had been characterized by an ability to overcome whatever obstacles life seemed to put in his way.

But this optimism changed significantly in the stench of Khe Sanh. Since his discharge in 1968, the period of time from February through April had become one long corridor of recounting significant losses:

February 7	—his birthday and the loss of another year,
February 19	—the date of his initial wounding at Khe Sanh,
February 22	—the date his section was wiped out,
March 1	—a month of corrective surgery during his medical evacuation to Japan,
April 1	—the date of his mother's death,
April 12	—the date of his uncle's death,
April 25	—the date of his grandmother's death

In the ten-year period since the beginning of "nightmare alley," as he called this period, Freddy had sought help from a number of therapists. The major veteran's hospital in the region had involved him in a weekly support group and offered him periodic anti-anxiety medication when the pain became disabling. However, he characterized his experience of these psychiatric interventions by saying, "They just don't *understand*, Doc. They keep telling me I should forget . . . but how can I forget the people I was closest to in my whole life? We are *family*."

The Ethical Dilemma of Survivorship and Suicide

The ethical system of James Gustafson can be helpful in approaching the tension between suicide and self-sacrifice and the dilemma it poses. In *Ethics from a Theocentric Perspective*, he articulates seven ethical principles:

- 1) humanity is *not* the ultimate center of value in the universe,
- 2) human value must be interpreted contextually,
- 3) moral thinking gives direction to natural impulses,
- 4) piety informs moral action,
- 5) clarity about the moral unit is necessary before taking any action,
- 6) moral ambiguity is a primal human experience,
- 7) self-denial and self-sacrifice necessarily form part of ethics¹

¹James Gustafson, *Ethics from a Theocentric Perspective* (Chicago, IL: University of Chicago Press, 1984), Vol. 2, pp. 6, 8, 9, 11

At its heart, Gustafson's ethical system has developed in response to the thesis that "the dominant strand of Western ethics, whether religious or secular, argues that the material considerations for morality are to be derived from purely human points of reference."² This proposition means that questions of goodness and value usually get back to some form of the query, "What is good for human beings?"³ Gustafson sees this basic criterion as fatally flawed because it fails to recognize the existence of forces which are clearly more powerful and morally imperative than human experience.⁴

Gustafson identifies despair as the primary motivator in suicide. The emotion of despair, or the cognitive awareness that one is in a condition of despair, can arise from a number of factors which are primarily related to "not seeing the possibilities for life for oneself."⁵ This existential focus provides genuine grounding for his ethical system. While more traditional ethical and theological views seem to avoid facing such existential dilemmas, or brush them aside with the dictum that one simply "do one's duty," Gustafson's willingness to approach such questions offers a modicum of hopeful empathy to the person who actively contemplates murdering themselves.

Gustafson's first avenue of approach to suicide may be stated as follows. *Are there relationships which may be discerned that mitigate despair and toward which we may appeal*⁶ This consideration (which often forms the basis for the plethora of telephone crisis lines across the nation) is based upon an intuitive psychological understanding that suicide is often an impulsive action which can be circumvented through the formation of a positive, warm, and non-judgmental relationship with a helping person. Thus for all of Gustafson's insistence that the human being is not the primary focus of the universe, he nevertheless seems to posit a primary *human* role in the circumvention of suicide.

A critical reader may ask, however, whether one's connectedness to others is a sufficient reason to prolong life. The person contemplating suicide feels either absolutely unconnected *or* feels that they carry *too much* connection to others. The person who reaches this point typically feels he or she will "not be missed" or that the family, church, and society "will be better off" without them.

By assetting one's primary significance within the web of social context, such a line of thought seems to beg the question of one's importance in the world. While it takes seriously the context within which an individual lives, I

²*Ibid* , p 201

³*Ibid*

⁴*Ibid* , p 207

⁵*Ibid* , p 201 This restriction of self-vision can come from a number of avenues, all of them well known to those who work in the field of human service: isolation, moral scrupulosness, a sense of betrayal, an absence of forgiveness, an inability to accept "normal" limits or feeling overly responsible for everyone and everything, a general disruption of one's logic base known as "paralogic" which seems characteristic of suicide notes

⁶*Ibid* , p 207

cannot help wondering whether this appeal may not heighten the person's sense of anticipatory guilt and thus push them more toward the very behavior professional helpers are legally bound to prevent

Freddy's conflict over whether or not to remain alive comes in part from the conflict between two such affectional webs of meaning the "family" he joined at age 18 when he became a Green Beret, and the family he has helped create—a pair of twins and the wife who has been a steady companion for over a decade. He feels guilt for *not* fulfilling the death at Khe Sanh which he believed to be his destiny, as well as a deep awareness that this "family" indeed misses him and expresses their longing in psychically graphic dreams

Freddy also recognizes his value to his current family. He expresses this in negative terms—"I would die a thousand times for them"—since this is the most meaningful existential statement he knows how to make. Nevertheless, when speaking about suicide he simply states, "I could not abandon my babies I love them."

A second avenue of approach comes from Gustafson's theocentric question "*What is God enabling and requiring us/you to be and to do in these circumstances?*"⁷ Here we come much more to the heart of the matter. The human animal strives to find meaning even in the midst of suffering. We spend millions of dollars and thousands of hours annually with therapists of various sorts seeking a satisfying answer to this particular question "*Why is God doing this or intending for me in this suffering?*"⁸ My experience as a pastoral psychotherapist is that all too often the heavens are brass in spite of the earnestness of the query. Somehow the presence of intense physical and psychic pain stands at odds with the way most people both perceive God and desire to be related to God. There seems to be a nearly unquenchable desire to attribute to God some ultimately beneficent purpose in one's suffering. (I say "nearly unquenchable," for the successfully suicidal person can be seen as having ultimately given up on God and the possibility of somehow finding meaning in their suffering.)

Of a more potent concern, *what kind of god would not only bear down upon a creature in a way that usurps will and joy from that creature's life, but also seems to be in the business of actively promoting suffering?* How does one worship such a Being, except with sacrifices of eldest sons and virgins? In such a context, Gustafson's question about God once again seems tailor-made to push an already depressed person right to the rail of the bridge. In this regard, Freddy seems absolutely mystified by this god/God whom he cursed as he leapt from helicopters, but who in some mysterious way held Freddy in the palm of the hand in the depths of Hell.

And yet, Freddy can point to one area of piety which seems to be the thread of hopefulness for him—the small Baptist church which he attended in the mountains of West Virginia and which prayed weekly for him. When he returned home, his presence among the people was taken as simple confirmation that an

⁷*Ibid* p. 208

Almighty God had listened with graciousness to the prayers of faithful people. Such piety strains cognitive credulity and sidesteps the obvious questions about the men who *didn't* survive. But such piety evokes a deeply affectional response from Freddy—silent tears and then a voice which says brokenly, “I’m so glad to be among men who are alive.” At this moment there is no ambiguity, moral or otherwise, only the presence of Mystery.

Theocentric Ethics: Congruence and Dissonance

What strengths and liabilities in Gustafson’s system of ethics does this case illustrate? I can identify a number of areas of congruence between his ethics and individuals whose pain seems overwhelming. His system of ethics has an existential honesty which feels refreshing although frightening. The system provides a framework for understanding the intensity of trauma which compels a response.

In working with someone such as Freddy, *context* and *moral ambiguity*, the subjects of Gustafson’s second and sixth tenets, play significant roles. Unless one has experienced the bonding which results from Special Forces training, or from surviving combat, the intensity of feeling and the inability to “say good bye” to the dead experienced by veterans may seem unduly morbid. The drive to join the dead will seem downright disturbing *unless* one understands the *context* membership in a family whose goal was self-sacrifice in combat. Combat in any war is morally ambiguous, but Vietnam was ambiguous with a vengeance. The nation’s lack of moral clarity about the soldiers’ actions there continues to exacerbate the moral pain which men like Freddy feel.

Gustafson affirms self-sacrifice as a necessary part of ethics, and this affirmation emotionally addresses the core reason for ethical behavior in the face of overwhelming pain. Freddy certainly understands self-sacrifice and self-denial. It seems to me that Gustafson’s ethical system is deeply spiritual here, and not simply Christian. The willingness not only to sacrifice one’s self for friends but also to continue to live with pain for the benefit of significant others has deep roots in the spiritual history of many religions. It is such sacrifice which not only underlies the story of the crucifixion but also serves to validate the comparative valor of men in combat and the degree of risk to self they undertake when assisting comrades in the face of the enemy. As distasteful as it may be to some elements of the Church, the awe one feels in the presence of one who has won the Medal of Honor seems to parallel affectively what one feels toward the willingness of the Christ to endure death “for the sake of” those yet to come.⁸

However, it is precisely at the point of being universal rather than Christocentric where Gustafson’s ethical system also weakens. There seems to be less personal touch in the system than suicidal individuals may need. As I crouch in the bunker with Freddy or stand on the bridge rail with others who want to jump, Gustafson’s system seems to break down both cognitively and affectively.

⁸John 17:20 (*New English Bible*)

The doctrine of the Christ seems to assert a primary valuing of the human species by the Creator. Indeed there is a credal assertion that the Christ “descended into Hell” which provides a cognitive linkage between the genuine chaos one experiences in the universe and the more fundamental awareness of a redemptive force in the world. Such a cognitive connection may not be provable, but it is something which the community of faith has asserted throughout the centuries. Gustafson seems to be too ready to dismiss this cognitive link, and it weakens an otherwise very tight system.

A more basic affective lack results from the absence of a Christocentric focus. The prayer group in the Baptist church prayed *in the name of* a person, Jesus of Nazareth. In combat, the *person* of the chaplain is often the only hopeful one around. The chaplain is no more able to prevent the shelling than anyone else. However, his *presence* seems to carry with it an affective power which transcends his own identity, a power which one does not see but which one can experience very directly when under extreme duress. This affective experience we casually identify as the “presence of Christ” or refer to almost magically as “Jesus walking with us.” It doesn’t seem very sophisticated in the coolness of a library or sanctuary. But His hands can be very real when the world collapses around you. Gustafson’s willingness to accept ambiguity seems to blanch at embracing this particular ambiguity: the spiritual presence of a once-crucified Palestinian carpenter on a hillside in Vietnam . . . or in the dreams of a tortured combatant.

Responding to Freddy and Other Survivors of Life’s Shelling

Out of all of this theory there must come a response to the suicidal person: a cognitive appraisal of their ground of hope and an affective expression of their outrage and pain toward the context which seems intent upon crushing them.⁹

Freddy must address two cognitive issues which arise from his own context. First, he must find answers to the questions: “For what purpose was I spared? Why did I survive this awful experience?” This task arises from Gustafson’s tenets that humanity is not the ultimate center of value in the universe, and that human value (whatever it may be) must be interpreted contextually. What meaningful context can Freddy discover, and what interventions can be made either psychologically or ethically to assist in that discovery? Here the therapist needs to be comfortable allowing a client to explore ethically troubling inquiries about the meaning of life. To rush in too quickly, analyzing Freddy’s pain in terms of either his past history or his inner dynamics, will simply compound his sense of isolation. Thus the hasty therapist would break the very affectional web which Gustafson perceives as necessary for overcoming the core of despair which impedes a retreat from suicide. A veteran such as Freddy must address these “larger than life” issues because these are the areas where the core of despair resides. Sitting in at the rebirth of meaning in another’s life provides a therapist with the most satisfying moments in our discipline.

⁹Gustafson, *Ibid* , pp. 208ff.

Second, in keeping with Gustafson's tenets that moral thinking gives direction to natural impulses, and that moral action is in turn informed by piety, Freddy must determine what sort of piety or moral thinking can guide him now that combat has ceased. Freddy functioned with valor as long as there were clear threats to his family of Green Berets and there was a grand cause to which to belong. The sense of betrayal which underlies the psyche and moral sensibility of the Vietnam veteran may make this ethico-therapeutic task particularly difficult. An objective, hard-headed assessment of the very issues of piety which the prayer group in the local Baptist Church could avoid will be necessary. Freddy saw *his* prayers for victory and the survival of *his* friends answered with a resounding "No!" He has seen the cultural god to whom he pledged his life betray him both while in the heat of battle and upon his return home. For him to search in the culture, or in the traditional Sunday service, for ethical guidance may be an exercise in futility.

Freddy may need to re-experience some of the traditional cultic actions—baptism, communion, confession, absolution, prayer and proclamation of the Good News—in a context he would normally associate with war. Some strategies might include his becoming associated with a congregation where other veterans attend or where the pastor is a Vietnam veteran. Other strategies could include public services of worship at the memorials where Vietnam veterans gather. While such services as vigils need to be handled carefully, so that one does not again baptize warfare, to visually perceive clergy willing to worship among Vietnam veterans can in itself provide a healing context for providing a new moral context to guide future action.

Affectively Freddy must continue to work through successive stages of sadness, rage, and bewilderment through a variety of therapeutic modalities and other relationships. Here again there seem to be two components. First,¹⁰ Freddy must decathect from the trauma received during the war, expressing his grief over dead comrades as well as his guilt for remaining alive (and thus betraying the family calling to valor). This will be a deeply affective process, perhaps taking years of both individual and group therapy. Such a process may be accelerated through involvement in a religious process of confession and absolution, whether this piety is enacted individually or as a part of a group process.¹¹

What may be most helpful to his affirmation of life in the struggle with death is maintaining his connection with living veterans from Khe Sanh, introducing them to his children, and taking his children to the Vietnam Memorial in Washington, D.C. Even though these events may be emotionally painful, they can help him bridge the elements of life in these two "families" at cognitive and affective levels. The presence of "life amid the wish for death" surges to

¹⁰William E. Kelly (ed.), *Post-Traumatic Stress Disorder and the War Veteran Patient* (New York, NY: Brunner/Mazel, 1985), pp. 81ff.

¹¹Donald D. Denton, Jr., "Descended Into Hell: Consultation on the Vietnam Experience," *The Journal of Pastoral Care*, 1987, Vol. 41, No. 4, pp. 353-359.

the front for many who contemplate suicide. Indeed, Freddy may be one whose latent impulse for life can only become activated by the struggle with suicide.

Second, Freddy will also need to attend to the emerging feelings of tenderness and warmth for life which even now seem to be struggling to grow. To assist in this process, the therapist may assign Freddy the homework of playing with small children or attending to these feelings surfacing during the time of therapy. Here too the modelling of tenderness by the therapist helps create the relational bridge so necessary in therapy to make the transition to new behavior. Such self-revelation by the therapist during the “sacred hour” needs to be done with careful timing, so that the veteran is not overwhelmed by the therapist’s psyche or discouraged by the therapist’s greater facility at emotional expression. Nevertheless, Gustafson’s awareness of the affective side of ethics seems to be in keeping with an interpersonal understanding of the therapeutic process.

What is the prognosis for Freddy? This is a medical way of asking an ethical question: what responsibility does the therapist shoulder if Freddy should attempt suicide? Even though he is viewed by the Veterans Administration as “totally disabled,” I have hope for him. This means that both ethically and psychologically I have discerned that the forces choosing life are stronger in Freddy than the dynamics working toward suicide. This also means that I need to work very carefully with him during the first two or three years of therapy not only to strengthen his core ego, but also to encourage him to consider engaging a community of ethical dialogue which can assist him in reshaping a conscience traumatized by the loss of his friends and the devastation of the bombardment at Khe Sanh.

Freddy has a long distance to go, however. It would be ethically irresponsible for me or any other therapist to hold out the promise of a quick cure. To continue to be brutally honest with him about both the length of the healing process as well as *his* responsibility for maintaining health seems to me to be vital for Freddy’s healing. It is my deepest hope that the Church as a community of ethical dialogue has finally begun to be a place where such honesty about the trauma of life can offer healing to those torn by war. ✎

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