Consensus

Volume 28
Issue 2 *Spirituality and Health*

Article 7

11-25-2002

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Case Scenario[1]

Mary and John have been married twenty-two years and are in their mid-forties. They have three children: Philip who is nineteen and attending first year university, Sandra who is seventeen and attending grade twelve; and John Jr. who is fifteen and attending grade ten. John Sr. works as an independent trucker and is away for most of the week. Mary works part time as a secretary and in the last five years has completed her B.A. in psychology. She is seriously thinking about applying to a MSW program. Mary is active in her congregation. Because of his work, John's involvement in church is only on Sunday. The pastor of the congregation receives a phone call from Mary who anxiously wants to have an immediate appointment. Mary tells the pastor that John Jr. has been having problems at school and home. He is missing school quite often. At home, he has become angry with his mother (Mary) when John Sr. is away and sometimes is verbally abusive. Mary has caught him stealing from the food money. John Sr. has threatened John Jr. with expulsion from the home if his behaviour does not improve. The most recent incident which prompted the phone call involved John Jr. pushing Mary when she tried to get him to school. This scared Mary. John Jr. respects the pastor and is involved in the youth group in the congregation. Mary asks: "Would the pastor talk to John Jr.?"

This case scenario raises questions about the role of spirituality and the congregation in the health of this family. What is spirituality in family therapy? What is a healthy family? How does the congregation help families in terms of spirituality and health? How might a pastor intervene to promote spirituality and health in this family?

Spirituality and Family Therapy

In the family therapy literature, spirituality has many definitions. The definitions focus on three areas. One area is transcendence. Family therapist Froma Walsh believes that spirituality is not just a special topic among many but one that flows through every experience.[2] She defines spirituality as the experience of the transcendent and the practices that emanate from that experience. Spirituality in family therapy is the experience and belief in a power greater than self (Higher Power or Divine). Religion, for Walsh, has many similarities to spirituality as well as some differences. Religion involves commitment to a particular organized faith group with its belief systems, rituals and ethics. According to Walsh, spirituality is more personal and interior while religion is more extrinsic.

The second area that family therapy utilizes in its understanding of spirituality is meaning making.[3] Spirituality as meaning making involves making sense of one's experience, history, events, relationships, the wider world, etc. Meaning making can involve the transcendent and religious experience and symbols. However, the notion of meaning making is also used by those who do not believe in God (atheists) and those who are uncertain about God (agnostics). Spirituality as meaning making assumes that everyone seeks to make sense of life and strives for some purpose in life. Life is not considered to be meaningless or without purpose. Everyone, then, is spiritual whether they recognize it or not.

The third area concerning spirituality involves core values.[4] In the case scenario, the core values of the family are obvious. For John Sr., core values are hard work and independence. For Mary, being connected to her family and congregation and having harmony are core values. Mary also values education. Both John Sr. and Mary value their religious faith, honesty and responsibility. With this family, their spirituality becomes evident in these core values. Certainly, John Jr. is rebelling against some of these core values of the family. He is missing school, not working hard and being irresponsible by stealing. His spirit is resisting

and reacting against the core values of this family. According to Erik Erikson, at the age of fifteen, he is developing his own identity, an identity different from the family identity. However, John Jr. is not resisting all the core values of the family. For example, he is connected to the pastor and values and respects the relationship with the pastor and the congregational youth group. Mary enlists the help of the pastor because her strategies have not proven successful. She is hoping that the pastor can have a "good talk" with John Jr. and keep him connected to the family and its values.

Health and the Family

What is a healthy family? There are a variety of answers to this question. Family therapists agree that physical abuse, disrespectful language and stealing are not values that promote healthy family interactions. A family therapist would intervene to stop the pushing, the abusive, disrespectful language and the stealing. In narrative family therapy, these misbehaviours are externalized as the problem.[5] The problem is "disrespect" and/or "stealing" and/or "temper" and these push members of the family around. John Jr. is not the problem.

From a family systems perspective, the problems are in the system, in the many interactions in the family and in the wider culture.[6] The problems affect everyone. To focus only on John Jr. as the problem would scapegoat him. Such an approach would not get at the many interactions that influence this behaviour. Family therapy would want to change the behaviour of John Jr. as well as the other family members. John Jr. is not the problem. The problem ought to be separated from the person. The problem is not the person but the problem is the problem. John Jr. manifests the problems in the system. A family therapist would invite family members to join together and fight "disrespect" and/or "stealing" and/or "temper."[7]

The goal of family therapy is to create a more healthy family system. Such a goal includes at least three items. First, there is a need for open and respectful communication.[8] Family members are free to share their thoughts, feelings and needs. They can speak without being interrupted and they can listen when others speak. They can differ from one another. What has happened to communication in this family? What is the communication between John Jr. and his mother? What is the communication between John Sr. and Mary? How does John Jr. communicate with his father and his siblings?

A second aspect of health in family includes appropriate boundaries between parents and children as well as in the couple relationship.[9] Boundaries vary depending on the relationship. A very open and permeable boundary exists between parents and an infant. Here the infant relies on parents for everything. The boundaries change over time so that as the child develops, parental boundaries become a little stronger enhancing the independence of the child. At birth, the parents need to take care of every need of the child and so the boundaries between parent and child are very transparent. At the teen years, the boundaries are stronger between parent and teen. Thus, Philip and Sandra have more independence and privacy and a growing sense of the independent self. John Jr. is moving into that phase of independence and privacy and struggling with it.

A third aspect of health in the family is an appreciation and fostering of differences and similarities amongst family members.[10] Family members need connection to each other through similar values, personalities and history - a shared spirituality. The family also needs to appreciate that each family member is unique and different. Possibly, John Jr.'s rebellion of some core values is a desire to be different. His older siblings have been no trouble. He is attempting to carve his own identity different from them. A family therapist investigates the role that John Jr.'s behaviour plays in the family. While John Jr. needs to be affirmed for being his own person, he needs help in choosing more appropriate means to achieve this necessary goal.

A healthy family must balance stability and change throughout its life cycle. Erik Erikson developed the notion that individuals go through eight stages in development beginning at birth and ending at death.[11] Family therapy also maintains that the family as a unit goes through various developmental stages.[12] The family in the case scenario is caught between two stages. One stage is the movement into the teen years. When a family is in this stage, there are many challenges. It is usually a time of change. The development of identity and a sense of uniqueness along with the physical and emotional roller coaster are the norm for most teenagers. This roller coaster also effects the rest of the family. Usually, family boundaries have to be re-negotiated and there is a need for more responsibility and independence. Here, John Jr. has entered this time and, as the case illustrates, the whole family system is affected by his behaviour. Sandra and Philip have been in this stage and are beginning to exit it. How did Sandra and Philip negotiate the teen years?

How did the family adjust to their growth? This family has already accumulated some wisdom about adjusting to teen years. Re-calling and reflecting on this wisdom is crucial for this family now.

The other stage is the launching time. Philip has entered this time and Sandra is not far behind. This can be a difficult time. When a family member physically leaves, there are holes in the family structure. The bedroom is empty and the place at table is empty. The house is quieter. Some families resist such leaving. One interpretation of John Jr.'s behaviour is that it attempts to stop Philip and Sandra from leaving. Misbehaviour often brings a family together to address the problems. Such behaviour makes it difficult for the family to launch one of its members. Possibly, John Jr. is anxious about his older siblings leaving and he wonders what it will feel like to come home daily to an empty house. This family needs to experience change in these two developmental stages. This family also needs a sense of stability and continuity during the time of change. Balancing stability and change as the family moves through its life cycle is the challenge. Such a journey requires grace, faith and lots of hard work.

Congregation and Family

How can the congregation help foster health in families? There is a large body of research evidence linking spirituality and health. A recent study measured the quantity and types of spirituality research between the years 1966 and 1999 in three health care databases: Medline, CINAHL and Healthstar.[13] Using the text word "spiritual*", the study searched for relevant citations and abstracts in the above three databases between 1966-1999, removed duplicates and quantified. There were 2306 citations discovered. Of the 2306 citations, 341 (14.4%) were quantitative; 383 (15.9%) were qualitative; 70(3.0%) were combined quantitative and qualitative; 937 (40.9%) were theoretical; and 575(25.8%) were uncertain or could not be categorized. This search indicates two emerging trends in the research on spirituality and health. First, spirituality is viewed as a determinant of health. This means that spirituality can influence one's physical, mental, emotional and relational health. This influence can be positive and/or negative. There are only a few studies to suggest that there is no relationship between spirituality and health. Second, spirituality can be a coping mechanism for challenging health conditions. In this trend, spirituality helps one make sense out of a terminal disease and/or challenging situation that cannot

be changed.[14] Spirituality helps one get through the day. In this family crisis, Mary's faith in God and commitment to her family helped her to cope. Persons with disabilities often use spirituality as a way to cope and make sense of their health condition.[15]

Within this vast body of research on spirituality and health, there is some evidence that suggests that regular attendance at church or synagogue extends the length of life and helps in mental well being.[16] While the association between church attendance and length of life and mental health is strong, there are many questions that arise from this research. A survey by the American Association of Family Therapists (AAMFT) indicates that persons involved in regular attendance at their congregation will most often turn first to their pastor when facing family difficulty.[17] Choosing a marriage and family therapist in the time of crisis is not primary for such persons. Our case scenario underscores that point as Mary turns first to her pastor in this crisis. What do families in crisis find in their congregation that is helpful?

Congregations have the tradition and potential to offer the resources of a supportive extended family for the nuclear family.[18] The presence of the youth group offered John Jr. and probably his older siblings a safe environment away from home. Mary's involvement in the church gave her support when John Sr. was away at work. The congregation also offered her a series of informal contacts that provided wisdom in her parenting and career. John Sr. found stability in the congregation and an ethical understanding that fit with his views. Most important, the family's spirituality was supported and nourished in the congregation. Each member of the family found something that was helpful. Also, the family as a unit could worship together even when it was difficult to talk together.

Pastoral Care and Counselling with the Family

What ought the pastor do in this case scenario? First, he/she ought to respond to Mary's telephone call and listen to her. Mary's suggestion "to have a talk" with John Jr. is not a bad one. The pastor needs to hear from John Jr. about what is going on. Then, there might be a meeting with Mary and John Jr. about the incidents. Also, at some point, there should be a meeting with John Sr. about his involvement. Finally, a meeting with the whole family (if they are open to it and the pastor feels comfortable about it) about how they can work together to defeat the problems and not see John Jr. as the problem. These various

interactions could be done in four to eight sessions. If the situation warrants more than these sessions, then the pastor ought to refer the family to a family therapist.

This approach is called brief therapy. Howard Stone has written extensively on Brief Therapy in the congregational context.[19] Stone utilized the theory and skills of solution focused brief therapy developed by Steven de Shazer. Solution focused therapy listens to the problems of the family and focuses on the solutions that they already possess in their experience. Mary and the family could easily be overcome by John Jr.'s problems and be saturated in the problems. However, the family has developed various solutions for dealing with these issues. Sometimes, the emphasis on the problems makes the family forget these solutions.

The pastor needs to understand how seriously family members see the problem. Here, brief therapy utilizes scaling questions.[20] For example, the pastor could ask: "Mary, on a scale of one to ten, with ten being the problem is very terrible and with one being the problem is non-existent, where would you scale the problem?" John Jr. as well as the other family members could be asked a similar question. Our experience in family therapy indicates that there are a variety of views on the problem. Often, family members disagree over the seriousness of the problems. Articulating these different views and different understandings of the seriousness of the problem is an important step. Discussing each person's perceptions builds communication and gives family members a chance to be heard.

Another way to address the problem is by asking questions of exception.[21] The pastor might ask: "Is there ever a time when John Jr. does not steal or use disrespectful language or push his mother? What happens in those times that these behaviours do not show?" Another exception question addresses the family's ability to deal with the stress of change. "Has there ever been a time when the family was going through change and the family was able to make the change? Tell me about it."

Another question that can be helpful is the miracle question.[22] This question helps the family think of the future without the problem. The miracle question can be used in a variety of ways depending on the identified problem. For example, "if there was a miracle tonight and God took away the pushing, disrespect and stealing, what would be different about this family in the morning?" Another miracle question

might be: "If there was a miracle tonight and this family was able to make all the changes, what would be different in the morning?" The miracle question helps the family imagine success in dealing with their problems. It is future oriented.

Theologically, this approach to family therapy utilizing scaling, exceptions and miracle questions emphasizes the grace already present in the family. It is incarnational[23] and assumes that God is already working in their midst. The task of the family and the pastor is to see and hear the grace present and respond to grace. Such a response requires faith. This faith leads to change, to conversion. Certainly, the change is not easy. It is not cheap grace. Sometimes, in hindsight, the identified patient, in this case John Jr., can be viewed as the initial call for change. While John Jr.'s behaviour is not acceptable, we do not know if there are others in the family who have similar behaviour. Certainly, his behaviour is a call for him to change and the whole family system to change. The role of the congregation and the pastor can be key in facilitating this change. The help and support from the congregation can further promote this family's growth in health and wholeness.

Notes

1 This case scenario is a composite case. Any similarities to any family are purely coincidental.

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3 Lorraine M. Wright "Spirituality, Suffering and Beliefs: The Soul of Healing in Family Therapy" *Spiritual Resources in Family Therapy* (ed.) Froma Walsh, 61-75.

4 William J. Doherty "Morality and Spirituality in Therapy" *Spiritual Resources in Family Therapy* (ed.) Froma Walsh, 179-192.

5 Michael White and David Epston *Narrative Means to Therapeutic Ends* (New York: W.W. Norton, 1991); Thomas O'Connor, Elizabeth Meakes, Ruth Pickering, and Martha Schuman, "On the Right Track: Client Experience of Narrative Therapy." *Contemporary Family Therapy* 19, 1997, 479-497; Thomas O'Connor, "Climbing Mount Purgatory: Dante's Cure of Souls and Narrative Family Therapy" *Pastoral Psychology* 47 (6),

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17 Andrew J. Weaver, Harold Koenig and David Larson "Marriage and Family Therapist and the Clergy: A Need for Clinical Collaboration, Training and Research" *Journal of Marital and Family Therapy* January 1997, 23(1) 12-26.

18. William Clebsch, and Christopher Jaeckle, *Pastoral Care in Historical Perspective* (New York: Harper. 1967); Charles Gerkin, C., (1997) *Introduction to Pastoral Care* (Nashville: Abingdon Press, 1997); Michael McCullough "Religious Involvement and Mortality: Answers and More Questions" *Faith and Health: Psychological Perspectives* (eds.) Thomas Plante and Allen Sherman (New York: Guilford Press, 2002), 53-74; Thomas O'Connor "Pastoral Counselling and Congregation: A Narrative Hermeneutical Approach" *Consensus* Spring 1999 25 (1) 17-28.

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20 Steven de Shazer *Putting Difference to Work* (New York: W.W. Norton, 1991).

21 Ibid.

22 Ibid.

23 Charles Gerkin "Incarnational Pastoral Care" *Dictionary of Pastoral Care and Counselling* (ed.) Rodney Hunter (Nashville, TN: Abingdon Press, 1990) 573.