11

Pastoral Psychotherapy Across Cultures

Models of Pastoral Counseling and Theology

"Western psychotherapy has engaged in the self-illusion that we offer a culture-free, value-free, ideology-free cure under the universal rubric of mental health."

—Mansell Pattison, 1977

THE HEALING OF THE MIND
JEWISH FOLKTALE

In a distant land, a prince lost his mind and imagined himself a rooster. He sought refuge under the table and lived there, naked, refusing to partake of the royal delicacies served in golden dishes—all he wanted and accepted was the grain reserved for the roosters. The king was desperate. He sent for the best physicians, the most famous specialists; all admitted their incompetence. So did the magicians. And the monks, the ascetics, the miracle makers; all their interventions proved fruitless.

One day an unknown sage presented himself at court. "I think that I could heal the prince," he said shyly. "Will you allow me to try?"

The king consented, and to the surprise of all present, the sage removed his clothes and, joining the prince under the table, began to crow like a rooster.

Suspicious, the prince interrogated him. "Who are you and what are you doing here?"—"And you," replied the sage, "who are you and what are you doing here?"—"Can't you see? I am a rooster!"—"Hmm," said the sage, "how very strange to meet you here!"—"Why strange?"—"You mean, you don't see? Really not? You don't see that I'm a rooster just like you?"

The two men became friends and swore never to leave each other.

Then the sage undertook to cure the prince by using himself as example. He started by putting on a shirt. The prince couldn't

believe his eyes. "Are you crazy? Are you forgetting who you are? You really want to be a man?"—"You know," said the sage in a gentle voice, "you mustn't ever believe that a rooster who dresses like a man ceases to be a rooster." The prince had to agree. The next day both dressed in a normal way. The sage sent for some dishes from the palace kitchen. "Wretch! What are you doing?" protested the prince, frightened in the extreme. "Are you going to *eat* like them now?" His friend allayed his fears. "Don't ever think that by eating like man, with man, at his table, a rooster ceases to be what he is; you mustn't ever believe that it is enough for a rooster to behave like a man to become human; you can do anything with man, in his world and even for him, and yet remain the rooster you are."

And the prince was convinced; he resumed his life as a prince. (Wiesel 1972:170–171)

Counseling has many metaphors. The word pictures vary intriguingly from culture to culture.

A Samoan woman, innocent of medicine's specializations, was referred by her family doctor, who told her she was going to see a psychiatrist. In her first visit she asked the question that was puzzling her. " 'Doctor' I know, 'baby doctor' I understand, 'bone doctor' I once meet, but I never know a psychia—what do you call it?—yeah, psychiatrist. What kind of doctor are you?"

The therapist, understanding the Samoan preference for physical expression and human relationship rather than abstraction and intellectual discussion, answered, "I am a heart doctor. I help people with worry in the heart."

"Then I'm seeing the right kind of doctor, because my heart has lots of worry" (Tseng 1981:260).

At the end of a first session, a man asked the pastoral counselor, "Just what is a *pastoral* counselor, anyway?"

The counselor, knowing the man understood "pastor" as a person committed to leadership in the Christian community, reflected on how to answer. "All healing happens through acceptance from some human community," he said, "and the pastoral counselor is someone who identifies her or his community by name in the very first word, so you know where she is accountable, or where he draws his strength."

"It's like putting your values up front rather than keep me guessing?"

Our metaphors reveal the truth of our relationships, our understandings of ourself and others, and the values and beliefs that connect us.

Advisers, advocates, brothers or sisters, behavioral modifiers, carers, coaches, consultants, counselors, critics, defenders, dream interpreters, educators, elders, enablers, facilitators, family helpers, feelers, fellow travelers, friends, guides, gurus, headshrinkers, healers, helpers, hypnotists, interpreters, judges, listeners, meddlers, mediators, participant observers, pastors, peacemakers, problem solvers, referees, saviors, shamans, surrogate parents, therapists, trainers, troublemakers, under-

standing supporters, witch doctors, wounded healers—the list is much longer, the roles fulfilled much more broad, the relationships more varied and complex than any of these. In some cultures one may be many or almost all of the above in the course of a counseling relationship.

The metaphors we use shape both the theory and process of pastoral psychotherapy: they are the crucial elements forming the structure of our definitions. Cross-cultural definitions employ a rich variety of metaphors, and we shall examine these in constructing both our definition of and direction for cross-cultural psychotherapy. We will explore the metaphors of hide-and-seek, choice and change, sanctioned retreat, teacher and student, scientific technique and skill, therapeutic communication, healing relationship, human transformation, the healing community, host and guest, and the wounded healer.

Hide-and-Seek

"To provide a theoretical model that fits all kinds of psychotherapy, ancient and modern, East and West, one that is deceptively simple, I propose that the essence of psychotherapy is 'hide-and-seek,' " writes Takeo Doi, the University of Tokyo psychiatrist.

Hide-and-seek is virtually the most primitive and the most international children's game. Only one other precedes it: peek-a-boo, or *fort-da* in German, or *inai-inai-bah* in Japanese, which means "now gone, now gone, here now." This disappearing-reappearing play indicates that the infant is beginning object relations, differentiating self and other. Hide-and-seek requires a higher level of psychological development, including a capacity for duplicity, a kind of lying—an innocent lying—for the sake of preserving one's separate self, one's secrets and one's ability to be in secret.

> When I say that the essence of psychotherapy is hide-and-seek, it is because the patient is induced to look for the secret of his [her] illness by the therapist. But since the secret of the illness, which they work together to find out, lies hidden in the patient [her] himself, the psychotherapeutic hide-and-seek is really played within the patient. That is why it is so difficult and the therapist's help is needed. If the patient is within the neurotic range, he [she] can rather easily be made interested in discovering the secret of the illness. But if psychotic, it is hard to engage him [her] in the psychotherapeutic hide-and-seek. He is either in no mood to play the game or is feeling terrified because he is convinced that his "secrets" are out, that is, he feels exposed and defenseless. . . . There is also a subtle difference in the meaning of "secret," for what strikes the patient as well as the therapist as secret is not really one's inner secrets, but rather what makes us transcend them: in other words, the therapy itself becomes shrouded with the sense of secret, or perhaps mystery. A sense of mystery is, of course, pronounced . . . in all religiously inspired therapies or healing. (Doi 1976:274–275)

Western psychoanalytic therapies seek for the secret within the individual's past; rational therapies look for the enigma hiding in the faulty

thinking. Self therapies hunt for the secret in the self-system of the person. Family therapy, along with many non-Western therapies, looks more broadly for the secret: to the family system, the social network, or the community conflicts that place the person in a bind.

For Morita therapy, the secret is the patient's *toraware,* the state of being bound up with one's physical and mental conditions and driven by the instinct for self-preservation. For Naikan therapy, the secret is one's hidden guilt and the unacknowledged indebtedness to parents. In shamanistic therapies, the secret is revealed (or created) by what the shaman divines. In both Japanese and traditional African psychotherapies, the focus is less on seeking the hidden secret and more on finding the person entrapped in his or her hiding place and bringing the isolated back into community.

The Japanese, Doi notes, are more inclined to play the disappearing-reappearing game than to choose hide-and-seek; or, if playing the latter, they are likely to come out from hiding to be found or wait and grieve if no one comes to find them. Western people, who stress the worth and individuality of a human soul, may become too preoccupied with the search for secrets and the fascination with finding out the hidden elements of the self. They want to be "it" when it is time to get on with caring for others.

As a metaphor, hide-and-seek captures the process and the story of therapy in a provocative way. The parallel theological metaphors of a seeking God, the pastoral tasks of seeking the lonely and alienated, and the necessity for relationship and community for full humanness are all brought into connectedness.

Choice and Change

A second universal metaphor for counseling and psychotherapy has been suggested by Jerome Frank in *Persuasion and Healing.* Psychotherapy is one of many methods for getting people to change their minds or mend their ways. There is probably nothing more universal than attempts to achieve the goals of choice, change, and correction; thus this approach offers a useful starting point for intercultural comparison. The definition of evoking a change of mind or a change of behavior is broad enough in scope to incorporate various helping methods without destroying their unique distinctions, yet it is comprehensive enough to provide a common basis for examining universal features of counseling across cultures.

A succinct statement of this perspective on counseling theory from a Western perspective defines the purposes of counseling as threefold: (1) *choice,* such as whether to marry, divorce, change jobs, get more education; (2) *change,* such as the need to acquire new social skills, learn new ways of relating and resolving conflict, alter one's daily routine of activities, give up limiting dependencies, habits, addictions, or face a terminal illness; and (3) *clarity,* the need to reduce confusion by gaining a realistic

view of one's abilities and vocational possibilities, to reorient one's life while coming off drugs, or gain new perspectives on boundaries, responsibilities, and conflictual or entangled relationships (Gilmore 1973:44). Choice, change, and clarity are ends in most psychotherapy, although the choice may be located in the person or in the group (depending on the culture), the change may be internal to the person or external in the context, and the clarity may be more imposed than evoked. Yet these elements provide three dimensions of psychotherapeutic movement that do occur in all counseling.

Frank's cross-cultural comparisons involve several interactive sets of forces: (1) a sociocultural context that provides criteria, definition, value, healing capacity, and social recognition to (2) certain individuals possessed of healing powers, to whom all concerned believe it right and proper for (3) the sufferer to present himself or herself to obtain relief for certain classes of difficulties. So arrangements are made for (4) some regularized, even ritualistic, contacts between therapist and patient, which occur in an atmosphere heavy with hope, faith, and concern for change to occur in the patient's condition. These social forces are instrumental in stimulating change—whether by substantive alteration of internal or external components or by eliciting a placebo effect.

Originally, Frank considered the placebo effect as the manifestation of a suggestion reaction provoked by the personal influence (power, charisma, status, mystique) of the healer, with certain social characteristics of the patient (suggestibility, dependency) and of the social context in which the healing occurs (belief systems, trust in the persons and process, faith in transcendent powers at work). In later writing Frank calls this a nonspecific aspect of psychotherapeutic healing, which he sees anchored in the interpersonal relationship between the therapist and client. A special human relationship is necessary for effective counseling and psychotherapy, but it alone is not sufficient for healing. Change in both thought and behavior requires a conjunction of factors brought together by the relationship itself, including (1) a belief and thought system (2) shared by patient and therapist, which gives a basis for (3) comprehending disturbance and its therapy, (4) modifying the patient's knowledge, (5) enhancing the patient's expectations of being helped, (6) providing meaningful success experiences, and (7) facilitating the patient's capacity to experience emotions within and between self and others (Frank 1971: 360).

From this point of view, it matters less what technique or methodology the therapists may use. What is important is that they are endowed with culturally defined and socially empowered therapeutic qualities and conduct themselves as the counselee and the society expect they will in an enabling relationship.

For the pastoral counselor these metaphors are parallel to theological presuppositions that *being* is more essential to enabling growth than *doing,* that *presence* is more evocative of change than *strategy,* that calling persons to change (repentance), choice (responsibility), and clarity (integrity) are central to the counseling task.

Sanctioned Retreat

A third universal metaphor is that of the sanctioned retreat—a respite from life tasks, social accountability, communal expectations, and personal responsibility—to allow for reorganization of one's life process and a reintegration of values. This retreat-release-renewal process goes by many names, with positive and negative connotations. In some settings it is defined as a "sick role," which permits a period of recognized irresponsibility and flexibility in a context routinely rigid and prescribed.

Anthropologist Victor Turner, in his study of therapeutic rituals (1969:94–107), offers a language for illuminating the nature of this healing process of release from the prescribed to choose new patterns of being and becoming. Most primitive rituals of psychic healing can be divided into three phases—the phase of separation, the liminal phase, and the phase of reincorporation.

In the phase of separation, one divests the self of former roles and familiar processes of identification. In the liminal phase, the person enters a period of undifferentiated utopian equality. Former roles, commitments, and values are abandoned, and an aura of innocence and an atmosphere of rebirth provide a context for transformation. Liminality is a phase of transition, of being in movement from one state to another. As the person leaves the liminal state and moves back into responsible participation, there is a reincorporation into the life of the community, but with renewed health and vitality. The basic commitments, tasks, and responsibilities, suspended during the liminal period, now become operative again. The transitional stage was temporary. The goal was reincorporation, reintegration, renewed and strengthened participation in the life of the community.

These three stages—separation, liminality, reincorporation—are phases in all social rituals; they are in particular the sequence of periods in healing rituals of therapeutic change.

In most primitive societies, the period of liminality was always viewed as transitional and temporary and invariably led to reincorporation into the group's social, moral, and relational standards; but in more complex and individualistic societies, liminality has become an alternate life-style in psychological adjustment and a central goal in many forms of religion. The free, unrestricted, unobligated state of amoral values and uncommitted options that is necessary for the healing process is extended to offer an existential, here-and-now way of unstructured living typical of many of the humanistic therapies with an ethic of encounter, immediacy, and responsibility within the present moment. In religious liminality, the person practices an individual private piety without reference to the covenanted ethical structures and the responsible acceptance of and conformity to the norms of the religious community. Such private pietism may take the form of the I-Thou relationships of existential faith or the believer who participates in the faith community as a consumer and spectator but not as an integral member in social and moral solidarity with others.

In every society, suggests Turner (1969:139), there is a dialectical movement between the structured community and the free-floating community he calls "communitas." This twofold movement is absolutely necessary for the survival and health of any society.

> What is certain is that no society can function adequately without this dialectic. Exaggeration of structure may well lead to pathological manifestation of communitas outside or against "the law." Exaggeration of communitas, in certain religious or political movements of the leveling type, may be speedily followed by despotism, over-bureaucratization, or other moves of structural rigidification.

Talcott Parsons has written of a "sanctioned retreat" to describe this period of liminality. Therapy gives a time of release from the structural demands of the social-occupational-religious-moral institutions so the person can have the distance and leisure to reconstruct life, regather energies, and assimilate new learnings for a more effective reentry. When a person finds that he or she no longer has the emotional energy, capacity, and resilience to perform the previously chosen social role, then society, seeing this as "illness," recognizes the appropriateness of a "sanctioned retreat," with the expectation that the therapist or group offering support for this time of reconstruction will seek to bring the person back into the network of social responsibilities that comprise human existence in community. This sanctioned retreat is from the public world of the religiously sanctioned ethic, and the return is to the public world of the religiously defined ethic. So, in actuality, even secular psychotherapy is a morally defined interlude in the society's moral-religious process (Parsons 1964:319–320).

Browning's analysis of this sanctioned retreat (1976:33) is insightful in offering an understanding of Western psychotherapy.

> Parsons' thesis is also helpful for locating the sociological significance of certain features of most counseling and psychotherapy. Talk about the internal therapeutic process as being permissive, as exhibiting unconditional positive regard and acceptance, as not being moralistic and judgmental, as prizing all the feelings of the patient, and as accepting negative attitudes, would be understood from this perspective as having to do with transitional techniques and attitudes employed by the counselor to create the sanctioned retreat needed for the patient to analyze the self and reorganize the inner life. They were temporary expedients designed to get the patient to relax long enough to explore his [or her] unhappiness or incapacity.

Whether one thinks of the pause in the person's life project for reconstruction as a "sanctioned retreat" or as transitional liminality, the pastoral counselor is concerned about both the person needing released time from the normal social obligations and for the social, spiritual, and communal context to which the counselee must eventually return. If there is no moral context from which to distance oneself in times of personal transformation, and none to rejoin, then both counselor and counselee suffer from confusion, isolation, and a loss of healing power.

For the pastoral counselor, the metaphor of sanctioned retreat has many theological parallels. The rhythm of withdrawal and reengagement, of concern for both time in the wilderness and return to the world, of solitude in spirituality and healing as well as return to life in community, are concerns for those who see life as a balanced whole between personal integrity and communal solidarity.

Teacher and Student

A fourth universal metaphor is that of education. There are elements of learning, unlearning, and relearning in all therapy, so the particular commonalities of learning processes become useful meeting points for cross-cultural comparison, especially in drawing on the learning theories developed in various Western schools of thought and in the guru–chela relationship of the East.

The goals of treatment in most Western therapy range from symptomatic treatment of things such as tics and phobias to "massive personality overhauls" but it is, in a sense, specialized reeducation. The person is encouraged to develop a new self-image, with greater self-esteem, to be relieved of subjective feelings of pain, anxiety, and stress, perhaps to achieve greater independence, and to function more effectively in society. These are educational goals, a relearning of thought, feeling, and behavior (Kennedy 1973:1174).

But only in some therapies are learning models strongly espoused—behavioral learning, social learning, rational emotive therapy, and reality therapy, to name a few. Yet learning theory and therapeutic theory are different points on the same continuum—though with different ratios of responsibility assigned to the teacher (therapist) and the student (patient).

In the Indian culture, the guru–chela relationship has been held up as an appropriate therapeutic model. In contrast to the premium placed on personal independence in Western thought, Indian societies see maturity as a satisfying and continuous dependency relationship; in fact, independency longings can produce neurotic anxiety.

> The guru-chela relationship is *sui generis,* and ideally does not represent another, mundane, relationship (such as the parent-child relationship, which transference, for example, is believed to represent). The major paradox of psychotherapy is that, if the psychotherapist stands with society and works for the individual's adjustment to it by modifying and coaxing the latter's unconscious drives and tendencies into social respectabilities, then he/she can become the obedient instrument of rancid traditions, decaying systems, and disintegrating institutions. If, on the other hand, he/she stands with the individual, really interested in helping, he/she is forced into social criticism. The guru solves this paradox by becoming the paradox . . . in this world yet not of this world . . . emancipated from the bondage of social conditioning yet without discarding it, living not for self . . . but for others. The guru-chela paradigm appears particularly tenable where self-discipline rather than self-expression is the cherished goal. (Neki 1977:5–6)

The guru is the more active, responsible, directive, advisory, controlling party; the chela is the more passive, dependent, adaptive, teachable, and obedient person in the transaction. The psychotherapeutic tradition is to build a temporary ad hoc relationship; the guru–chela relationship is a permanent abiding commitment. Therapy is for the hour and the period of contract; the guru–chela relationship embraces all of life, inside and outside the therapeutic hour, and in open-ended commitment for life and beyond.

The Western therapist sees dependency as "a feeling of helplessness, over-valuation of the strengths of others, seeking restoration by dependence, blind faith, and desire for the constant presence and undivided attention and esteem of the person depended on" (Maslow and Mittelman 1943:151). The Eastern perspective accepts dependency, fosters it, and through this relationship works on the disciple's life pattern, awakens self-value, and leads to confident dependability and appropriate independence.

> Cultures are like jigsaw puzzles; any given culture's institutions fit each total cultural pattern as would pieces of a particular puzzle. One can't borrow a piece from one culture and fit it into another. The Western psychotherapist—with such weaponry as free association, dream interpretation, and working through—is a product of an overly expressive culture; while the guru—with his meditational, contemplative, and other "mind-quieting" procedures—is an evolute of a suppressive culture. The guru thus holds out an image that is emotionally acceptable to people in a predominantly suppressive culture, while a psychotherapist projects an alien image. (Neki 1973:764)

The educational model is useful in correlating Western, Japanese, Indian, and some African therapies, but many traditional healing processes in the two-thirds world deal little with reeducation, ego-strengthening, and personality modification. Rather, they are pragmatic perspectives, with immediate goals of tension reduction or the alleviation of symptoms that are troubling persons or getting them in trouble with others. Even though patients may spend weeks or even months with a curer, the process does not depend on verbal exchanges for the achievement of insight in the patient. Instead, the verbal exchanges may be with the spirits that are thought to be affecting the person, and the questions asked do not anticipate a direct, conscious reply. The common element may be in ventilation, confession, or catharsis—a discharge process—rather than in learning and integration of insight.

Pastoral counseling across cultures shares a great deal with educational models and learning theories. The recognition that values, worldviews, belief systems, life goals, and a sense of meaning are integral parts of each person's quest for health and wholeness makes the pastoral counselor less willing to settle for symptom reduction without asking what place and function the particular symptom serves in the person's orientation in living.

Scientific Technique and Skill

A fifth metaphor for cross-cultural counseling is the experimental "scientific" model of technique and skill. Counseling approaches vary in their emphasis on technical skill and specific therapeutic techniques as over against the focus on the importance of "the human relationship" in psychotherapy. Until quite recently, behavioral and psychoanalytic approaches have been seen as stressing technique and methodology and minimizing the human side of the counselor-counselee process. However, research on effective vs. ineffective therapy has consistently demonstrated that personal, relational, affiliational factors have always been central, whether recognized as such or taken for granted in the theoretical statements (Truax and Carkhuff 1967; Combs and Syngg 1949).

The high importance given to scientific methodologies as a universal common denominator is consistent with the spirit of the age. In the twentieth century, the only truly universal ideology with global legitimacy is science. If there is any believable cross-cultural faith, it is science. Yet in spite of its universality and the nearly unanimous support it receives from ruling elites, military powers, and recognized officialdoms of each society, science is only cautiously trusted, frequently suspected, largely feared as well as praised. In other words, the attachment to science of every society—East, West, or third world—is ambivalent (Cohen in Rouner 1983:223–224).

This universal love-hate relationship with science becomes a deep commitment in developing countries, which place a high premium on technological development. With science embraced as the one transcultural language and ideology, the older values—cultural, religious, economic—can be discarded as outdated.

Chinese communists, for example, became strongly anti-Confucian and anti-Christian because both religions were viewed as passé cultural relics that must necessarily be eliminated as anachronisms in a scientific age. If Christianity can be exposed as medieval, then "one can wave goodby to Confucian China without deserting China" (Levenson 1965: 21).

The universal faith in the efficacy of the scientific method has supported the conviction that technique may be the common link, that skill may provide an empirical, measurable, replicable process for the treatment of discomforts, disorder, or disease.

Strupp, in seeking to identify the specific features of therapeutic influence, originally hoped to devise specific techniques for individual persons and their unique symptoms. He discards this mechanical conception, noting, "We are beginning to recognize and take seriously the extraordinary complexity of the therapeutic influence." Later he states that "the search for highly specific techniques . . . is probably futile" (Strupp 1973:275,313).

Strupp concludes (1973:283) that therapeutic influence is composed of two fundamental factors: one consists of the nonspecific, basic, general

effect that is present in the interpersonal relationship; the second consists of specific techniques employed by the therapist. But these techniques are operative only through the medium of relationship, and all effects can be attributed, to a large part, to such human qualities of the therapist as "interest, understanding, respect, dedication, empathy . . . which instill trust. . . . Therapeutic techniques are anchored in and potentiated by . . . the establishment and maintenance of a proper healing relationship."

For pastoral counselors, effective technique and facilitative skills are secondary. The primary pastoral concern is for uniting doing and being. Clarity in process must be united with authenticity in presence. In any forced choice between technique and relationship, it is in relationship that the power of the pastoral resides.

Therapeutic Communication

A sixth metaphor for counseling is that of communication. This universal process of exchanging and correlating meanings is a common thread uniting all visions of cross-cultural therapy.

Communication is a meeting of meanings that occurs in a dynamic ever-widening spiral of interchanges between parties. It combines facial, postural, gestural, verbal, tonal, situational, positional, and indefinable relational elements. It involves co-perception, co-confusion, co-interpretation, communication, and co-experiencing as its goal, but each of these is possible only in part.

Psychotherapy is primarily interaction through conversation, and the effectiveness of the communication is the major variable in determining its productivity. In effective communication, both persons move toward each other in adjustment and adaptation. The client may change expectations, alter ways of perceiving, learn new cognitive and affective language, and even dream clinically appropriate dreams to match the therapist's theoretical bent, but the primary communicative obligation is for the therapist to move toward the client in communication style, cultural images, and therapeutic agenda. The conceptual differences must be reduced, the communication disparity dealt with clearly and openly.

The psychotherapeutic process is, in essence, conversation and other communication about communication. Much of the conversation focuses on clarifying meanings and making conscious and explicit what is indirect, subtle, covert, and unaware in the counselee's communication. These multilevel meanings reveal the conflicts within the self and the conflicts with the culture that are binding to this particular person. In meta-communication (communication about communication), awareness of what is repressed and insight into what has been denied or concealed are brought into the open for exploration and experiencing.

In any conversation, participants must possess a common set of symbols, come to agreement on their meanings, choose a mutually agreeable subject, and explore it in continuing interchange. When the focus of the conversation is on the conflicts that trouble the personality or soul, that person's uniquely personal symbol system, metaphors, and the feelings

that accompany them must be explored by both. It happens in a language known, in essence, only by one person yet fully understandable only when two—the perceiver and a participant observer—tease out its entangled strands together.

If communication is to flow between persons within a tolerable range of error, the basic frame of reference of each party must overlap sufficiently to provide awareness of each other's view of human beings and their nature, of the world and its working, of the boundaries of natural events and the supernatural, and of the social context in which all these come together. This frame of reference, or worldview, should be shared, but it need not be identical. Some disparity always exists and is not only tolerable but desirable. The recognition of communication gaps, the clarification of differences, and the negotiation of disagreements provide the stuff of testing out relationship and building skills for understanding oneself in the presence of another and understanding the other in depth comparison with one's own values. "The typical psychology of a given nation can be learned only through familiarity with its native language. The language comprises everything which is intrinsic to the soul of a nation and therefore provides the best projective test there is for each nation" (Doi 1973:15).

The pastoral counselor, grounded in a theology of incarnation, values communication as central to the task of promoting healing relationships. Incarnation includes (1) presence, (2) self-disclosure, (3) openness to the other, (4) sharing in suffering, (5) reconciliation of alienated relationships, and (6) mutuality as a goal of human community. These are the central issues of communication theory and practice as well. The pastoral task of embodying such graciousness seeks to elevate communication to communion.

Healing Relationship

The seventh and most frequently utilized metaphor for cross-cultural counseling and therapy is the healing relationship. Since all psychotherapy involves at minimum a therapist and a client interacting in a special way, many have identified the common factors in this relationship as the essential universal ingredients. The emphasis on the curative power of the relationship has been strong in existential and humanistic approaches, but it is also present in differing degrees and diverse forms in virtually all healing transactions.

In the oft-quoted study of effectiveness in Western psychotherapy, the evidence indicated that a person may be made better or worse depending greatly on the therapist's capacity to provide central therapeutic elements of "empathy, nonpossessive warmth, and genuineness." These characteristics are positive reinforcers, as Truax hypothesizes (Truax and Carkhuff 1967:150).

> These three "therapeutic conditions" have their . . . effects in the following four modalities: (1) They serve to reinforce positive aspects of the patient's

> self concept, modifying the existing self concept and thus leading to changes in the patient's own self reinforcement system; (2) they serve to reinforce self-exploratory behavior, thus eliciting self concepts and anxiety-laden material which can potentially be modified; (3) they serve to extinguish anxiety or fear responses associated with specific cues, both those elicited by the relationship with the therapist and those elicited by patient self-exploration; and (4) they serve to reinforce human relating, encountering, or interacting, and to extinguish fear or avoidance learning associated with human relating.

The much-researched trinity of warmth, empathy, and genuineness, which appear to the Western patient as authentic caring, are evidence of weakness and incompetence to the Burmese. The openness, mutuality, and egalitarianism of a client-centered approach that fosters trust in the West may be misinterpreted as lack of interest in a hierarchically structured setting such as Thailand or China, where the therapist is expected to demonstrate involvement by taking clear, firm, concerned positions.

> One universal fundamental feature of psychotherapy is an emotionally special interpersonal relationship created and managed to foster personal change in the client. Despite this universality, it is possible, and even probable, that the constituent elements of "the good relationship" are different in one culture than they are in another. (Wohl 1981:146)

We can say with certainty that while a special kind of human relationship is necessary for psychotherapy, the specialness that will create the desired hope and trust in the counselee is significantly different, and the time required for the therapist to be perceived as "caring" is smaller in the West than in other settings.

Our general Western concept of a good therapeutic relationship includes acceptance, unconditional positive regard, emotional warmth, congruence and authenticity, concern for the other's integrity, respect for boundaries on the part of the therapist, respect for the other's status and ability, trust in the therapist's reliability, and attraction to the other as a significant person. Even if, in most cultures, these qualities are desirable in general human relationships, they may not always characterize what is wanted from an "expert," "healer," or "adviser."

> The contrast in behavior of Western and traditional therapists also is striking. Whereas the former should not become involved personally with the patient, he (or she) is expected to be empathetic, nonjudgmental, warm, and human, exhibiting behavior that leads to the patient's involvement with the therapist through the phenomenon of transference. The Western therapist is, obviously, quite different in approach to the patient from the ordinary physician. In contrast, a non-Western mental therapist involved in major curing rites behaves very much as when treating physical illness. He "cloaks himself in a powerful impersonal role," exercising authority, charisma, and often feats of legerdemain. "Though he may know the patient well, during treatment he moves into an impersonal role dimension," rarely if ever encountering the "transference" phenomenon. (Kennedy 1973:1173–1174)

Western therapists place a high premium on the quality of unconditional regard offered the client—for an hour of undivided attention. Outside the therapeutic setting, the high valuation assumedly continues, but the availability of the counselor is normally limited to emergency situations, and these contacts are not encouraged. In some cultures, the therapist becomes available for continuous care and support. Such shared living arrangements offer maximum availability for intervention in the patient's distress. Prince has described treatment among the Yoruba of Nigeria (1974:143). Psychotic patients "live in" with the healer, for an average of three or four months, cared for by a family member who remains with them. Generally they are shackled for the first few weeks of their stay, until they can be trusted not to run away. Various herbal medicines are used, and animal sacrifices may be carried out upon admission. When the patient is deemed ready for release, a "discharge ceremony" may be held on the banks of a river, involving blood sacrifice, symbolic cleansing of the patient of his illness, and perhaps symbolic death and rebirth into a new life.

In Vellore, India, pastoral counselor Carlos Welch utilizes the "therapeutic family" approach in the treatment of dysfunctional persons. Up to five persons are accepted into the therapist's home for periods of one month to six months. The spontaneous regression that occurs in the structured environment may require total care until the person grows through the early developmental stages into adolescence. As soon as they are capable, persons are assigned a daily schedule of work. The secure structure and clear contractual agreements invite responsible participation.

> The therapeutic family system requires a very high degree of commitment on the part of the therapists. Also required is a support group who are trained in restraining methods and willing to provide supervision of highly disturbed persons until they develop social control. . . . Psychological counseling is not advising or advice giving, which is the usually understood meaning of the word "counseling" in India. Rather the process is a facilitative and supportive experience for working through the trauma and utilizing personality resources for resolving the crisis. (Welch 1979:73–74)

The high demands on relationship in many traditional cultures require a commitment of the therapist of greater amounts of time and emotional energy. The concrete evidence of caring in open availability is the crucial factor in trust and responsivity.

> As compared to his Western counterpart, the Indian patient is more ready to accept overt situational support, less ready to seek intrapsychic explanations; more insistent and importunate with regards to personal needs and time; more ready to discard ego-bounds and involve the therapist in direct role-relationships; and finally to receive guidance and support as from the joint-family elder. (Surya and Jayaram 1964:3)

In attempting to isolate four universals in psychotherapy, Torrey (1972) listed as essential (1) a worldview shared by therapist and patient, (2) a close interpersonal relationship, (3) the patient's expectation of

being helped, and (4) specific techniques. Torrey's confidence that these four factors are universally present and essential is matched by an equally strong conviction that overcoming cultural barriers between therapists and patients is extremely difficult. He argues that cultural commonality within all four of these aspects is so critical that a cultural gap of any significant distance between partners in therapy provides almost insurmountable barriers to the therapeutic work. The cruciality of the common worldview, the delicacy of sustaining a close trusting personal relationship when cues and expectations become so easily confused, the wide variation in expectations, and the variety of appropriate techniques contain so many variables that the delicacy of therapeutic work is rendered impossible.

The more sensitive the counselor is to the expectations of the client, and the more aware of the cultural expectations that support and surround the individual's expectations, the more capable he or she will be of utilizing these expectations for the advancement of the therapeutic process. The less aware the counselor is of these expectations, the more dysfunctional will be the communication, the interpersonal transactions, and the emerging relationship. The expectations of the client have powerful effects on every aspect of the therapeutic relationship. Personal, familial, and cultural expectations must be assessed early in the process of any work across a cultural gap. An early attempt to reduce the disparity between what the counselee expects and the actual therapeutic procedures that are likely to be used can free both parties to work more effectively.

Expectations of persons, as well as cultures, can be usefully conceived as influencing or determining the "frame of mind" or "set" of the counselee. The set describes both cognitive and affective expectancies that define agenda, focus interest, direct motivation, and inhibit or activate various behaviors.

B. E. Collins (1970) has summarized five sets common to clients in many cultures (see Table 11-1): complex units of thinking-feeling-acting that direct the person toward (1) data gathering, (2) seeking affiliation, (3) orienting by status authority and legitimacy, (4) placing the self on trial for rewards or punishments, and (5) striving for consistency and perfection. These sets are described in Western language, but they are familiar to counselors in many cultures.

The aware counselor recognizes the expectational set and establishes contact within its constructs before exploring the discrepancy between the anticipated and the actual. The discovery of one's attitudinal set is best facilitated by the evoking of awareness (affective discovery), not the offering of insight or analysis (cognitive discoveries). Meeting the client within the initial set and working through rather than contradicting expectations invites the greatest growth. In cross-cultural counseling, the interpathic counselor may choose to work within a set for an extended period of time, because it may be contextually congruent with the life situation of the person and its maintenance may serve a significant function in the person's surrounding community.

Table 11-1. Psychological Sets of Counselees

The Problem-Solving Set: Information orientation
The client is concerned with obtaining correct information (solutions, outlooks, skills) that has adaptive value in the real world. Information is accepted or rejected on the basis of perceived truth or falsity; Is it an accurate representation of reality? The processes tend to be rational, logical, analytic, problem-oriented. The counselor must be truthful and credible to reach this set.

The Consistency Set: Integrative orientation
The client is concerned with resolving cognitive dissonance by changing an opinion, belief, or behavior to make it consistent with other opinions, beliefs, or behaviors. The basic assumption is that the world is consistent and inner tensions must be resolved to produce inner consonance with what is without. People are not necessarily rational beings but rationalizing ones. The conviction is that "good people do good things and bad people do bad things," consistent with their character of nature. The counselor must be consistent with perceived reality to reach this set.

The Economic Set: Reward or Punishment orientation
The person is influenced by the perceived rewards or punishments the source is able to deliver, so may change in deference to the other's greater power. This may ensure behavioral compliance but does not guarantee private acceptance. It requires constant surveillance, because the person is likely to revert to old methods or modes of behavior when it is removed. The counselor must be powerful to reach this set.

The Identity Set: Identification orientation
The individual desires identification and solidarity with a reference group or an influential person held in high esteem. Since much of one's identity is drawn from the reference group admired, to which the person aspires, their characteristics, beliefs, values, and behaviors are adopted and assimilated. So the person, through identification, accepts beliefs and conforms to the group's standards or norms. The counselor must be attractive to reach this set.

The Authority Set: Legitimacy orientation
The person views those with status or position as possessing legitimate right to prescribe attitudes or behaviors. Certain authorities are seen as having the right to demand compliance or to recommend the expected or accepted norms of behavior for the person or the group. The counselor must be authoritative or have the power of status or position to reach this set.

These sets frequently interact, and any number of them can be operating at the same time.

(Collins 1970:26–33)

Expectations may also be viewed as sequential stages of development in therapeutic relationship. There are three familiar stages in the therapist–client relationship during much psychotherapeutic process. They are the initial magical relationship, the parental relationship, and the realistic relationship. The length of time spent in each of these periods is both an individual and a cultural variable.

> Indian patients bestow omnipotence on the [therapist]. The cultural norm of respect for the elderly and the authoritarianism of the hierarchically oriented society produce consequent dependence on elders, or those with higher social status. This can prolong the parental stage of relationship for a long time. In some, this stage may be continued without any disadvantage. A realistic relationship should foster interdependence and balance individual growth within the bounds of family welfare. (Ananth 1981:124)

The central element, from the perspective of the relational metaphor, is the contact achieved, the interpathic feeling and understanding experienced, the genuine caring communicated. For the pastoral counselor, such presence, acceptance, and love is the core quality of grace that makes counseling authentically pastoral. As Indian pastoral counselor Dayanand Pitamber writes (1979:24):

> Pastoral counseling tries to communicate love through interpersonal relationship. It does not mean that interpersonal relationship is used as a mere technique to communicate love, but rather it is an expression of love in itself . . . a genuine encounter in which the person is able to experience love . . . not only human love but also divine love.

Human Transformation

An eighth universal metaphor for cross-cultural counseling is human transformation. In both Eastern and Western cultures such deep change proceeds in a series of polar steps. In one culture we may identify more strongly with one role almost to the elimination of—and impoverishment of—the other. But human wholeness occurs as there is creative assimilation of each, or in some cultures an integration of both into a synthetic unity. Naranjo (1972:122) calls this process one of healing—enlightenment—development in his description of parts of this integration. The process is an alternation within, a creative tension of, a unifying assimilation of, and an integration between the following experiential poles. It calls for the simultaneous increase in both.

1. Identity of self as a distinct center *and* identification with other selves.
2. Awareness of objective reality *and* appreciation of subjective vision.
3. Detachment from group mind and ethos *and* participation in community.
4. Personal freedom to choose *and* capacity and willingness to surrender.
5. Differentiation within and between *and* unification within and be-

tween (intrapersonal/interpersonal, body/mind, thought/feeling, subject/object, human/divine).

6. Self-acceptance *and* self-denial.

7. Consciousness, insight, knowledge *and* intuition, awareness, understanding.

Western psychotherapy is skewed toward the left column of polarities; Eastern therapies tend toward the right. Both are essential to humanness, but the basic assumptions of the particular heritage biases the development of both person and culture. Western psychology has tended to see the right column as immature—childhood identification, subjectivity, surrender, unification, self-denial, intuitive hunches. The left column was seen as evidence of maturation—distinct identity, objectivity, freedom of choice, differentiation, self-acceptance, rational consciousness. Western male development, with its exaggeration of left-column values and impoverishment of the right, was frequently and erroneously used to project a normative model of humanness. Not only are the full ranges of human experience as both female *and* male necessary to understanding of existence, both Eastern and Western visions, both traditional and technologically developed perspectives, are indispensable for human transformation and growth.

Philemon Choi, the outstanding pastoral counselor in Hong Kong, writes (1980:13) of the need for therapists who belong to the culture served:

> Because of the complexity of each individual culture, it would be more feasible for any counselor from a different culture to make significant contributions at the level of research, training, and consultation rather than direct service. With efforts from both sides, the task of crossing the cultural gap would be made much easier. This would help to promote the development of counseling in non-Western cultures, at the same time stimulating growth in the field of cross-cultural counseling.

The pastoral counselor working in multicultural settings will most frequently do therapy with persons of his or her own culture or with those who are bicultural. "Bicultural" refers here to persons who live in a third culture that develops between or on the boundary of two adjoining cultures. These bicultural citizens may feel equally at home in either world or alienated from either or both. The development of interpathic cross-cultural insight and awareness is highly necessary to work on this boundary, to consult with and refer to therapists within the adjacent cultures, and to assist clients whose positions in bicultural experience, intercultural marriage, or multicultural relationships create tensions both intrapersonal and interpersonal. At the end of his study on theory and practice of intercultural therapy, Julian Wohl concludes (1976:205): "The occasional Western engaging in intercultural therapy is at best doing therapy to learn the culture so that he [or she] can better do research or perform training and consultative functions for the direct delivery of service."

The perspective on the nature of humans that underlies Western psy-

chology emphasizes individuality, the self-contained encapsulated psyche or subjective world. This post-Enlightenment view is continuous with the political-social philosophy which assumed that human satisfactions and goals are fundamentally personal and individual.

Each individual has a unique, idiosyncratic experience of life. Each lives in a unique subjective world, pursuing personal pleasures and private goals, dreams and fantasies. Each person constructs a lifeline which, when the allotted time is over, will vanish. The function of the family of origin is to launch the developing individual; of the family of marriage to provide individual need fulfillment without limiting the autonomy of the person; of the community to provide a secure, open social context for individual achievement and self-realization; of the state to preserve and provide for the possibility of individual fulfillment.

Asian psychologies begin not from an individual model but from a relational one (Table 11-2). The person is not a monad but at least dyadic, triadic, or more. (The personal nature is derived interpersonally, the personality is constituted of relationships, the affects are multipersonal emotional fields that connect with positive or negative energies, and one is emotionally troubled when in trouble in relationships with family, community, ancestry, nature, or cosmic orders.)

Table 11-2. Comparison of Psychotherapy, West and East

Western Psychotherapy	*Asian Psychotherapy*
The individual model concentrates on the *text* of psychic disturbance—the decoding of symptoms, the awareness of the person's history, the analysis of the intrapsychic dynamics —from which the disorder springs.	The relational model concentrates on the *context* of the disturbance—the disordered relationships symbolized in the feelings of despair, shame, guilt, confusion, and isolation—in which the disorder is embedded.
The sources of strength lie in the individual's capacity to be self-directing, to claim autonomy and responsibility, and to use a scientific theory of the self to regain inner direction and control.	The sources of strength lie in the integration of the person in the social and cosmic order, a polyphonic social drama that triggers a ritual restoration of the dialogue with family, community, and tradition.
The individual approach is based on the self-regulating wisdom of the organism of the counselee. The empathy, warmth, and genuineness of the counselor are intense, authentic, but intended to be temporary and, as soon as possible, unnecessary for individual self-determination, definition, and direction.	The relational approach is based on the quality of the relationship the counselor and counselee create: the empathy, support, compassion, nonverbal acceptance, recognition, presence, seeing and being seen, dependency and dependability in an ongoing inclusion in the network of relationships.

(Adapted from Kakar 1984:10–13)

In the relational model, the needs for affiliation, attachment, connectedness, and interdependence are the primary and predominant motivational push and pull in the person rather than the press of sexual and biological drives. Thus the person is not an individual but is dividual; that is, a divisible part of the primary social unit of which the self is created.

The body image is not clearly etched, with impermeable boundaries, but lives in a constant interchange with the physical, social, and spiritual environment. The self is not a distinctly bounded, relatively constant, stable entity, an internal agent who is an object among other objects in the social universe, but a dynamic, fluid, enlarging, or contracting experience of human-being-with-others.

The Healing Community

The ninth metaphor, the healing community, is both metaphor and reality. As metaphor, it is a phrase used to describe those family systems, neighborhood groups, health care systems, committed support groups, and creative churches that surround persons with care. As a reality, healing community is any positive network of persons that enables health, growth, or human transformation.

Negative community provides only maintenance needs or, worse, allows its people to live in deprivation, oppression, or exploitation. Positive community creates an atmosphere of security and safety for its members, which allows growth, maturation, and fulfillment. Such community is concerned about physical, emotional, and spiritual needs among its members.

In outer-directed cultures, community plays a more obvious role in the person's development and personality adjustment. In inner-directed settings, community is internalized, and although it is just as crucial to the person's development, it is less visible. The significant people of one's life are internalized to form an internal community of reference that remains central all life long. In every culture, the significant persons without as well as the significant relationships that are sustained within form the two poles of healing community (or malevolent community) that nurture humanness.

The power of healing is owned by community. It is community which can guarantee justice where one has been oppressed or exploited. It is community which goes beyond the mistreatment or misuse of its member families or persons to affirm the worth and dignity of every member. It is community which recognizes those who have the gift of evoking healing, which confers authority to intervene in the pain of those who suffer. It is community which must receive, support, and integrate the ill back into healthful roles and relationships. Healing and health are rooted in the networks of persons that validate and invigorate personhood. Every person needs a network of from twenty to thirty persons to create a healthful community of support, nurturance, and fulfillment. This is composed of subgroups of persons—family, fellow workers, club

or team members, neighbors, congregation, and so on. These groups are significantly interrelated and mutually interdependent to some degree. A troubled network has only ten to twelve people, and these are only superficially related. A deeply troubled person has a four- or five-person system of significant people. The numbers of persons in personal networks vary from tribal to industrial societies, from individualist to sociocentric groups. But the need for a supportive community is constant across all human boundaries.

The attitudes toward community are strikingly opposite in East and West. The loose communities of Western life are a sharp contrast to the traditional, intentional, or communal networks of the East.

In the West, privacy is guarded as a treasure; in China there is no word for privacy. In the West, loneliness is epidemic, mental stress is hidden, distress is covered in silent desperation and anxiety, depression and despair are fought clandestinely. In China, it is difficult to be lonely in the tiny apartment, or the four-to-a-room sleeping quarters of the commune. For each apartment block there is a courtyard committee, for each street a neighborhood committee. They are not there to see that the lights are off or the water available; they do their special form of pastoral care. If a couple is in conflict, they offer immediate help. If children are anxious about family tensions, they may confide in the committee. Friends will intervene by talking with each parent, then the couple, then the family, then the extended or three-tiered family of multiple generations. This family therapy—new, expensive, hard to find in the West—is immediate, ordinary, and free in China.

In contrast, Western individualism leaves the task of creating a supportive community to each person's initiative or to his or her good or bad fortune.

Most Western psychotherapy is grounded in the basic premise of the autonomy of the individual. From this the following assumptions emerge:

The individual can create personal meaning independent of social entanglements

The personality can separate itself from its binding family emotional heritage

The individual has the power to look unafraid at the insecurities of a helpless childhood

The individual has the transcendence to review the crises of life objectively and dispassionately

The individual has the capacity to channel sexuality, aggression, rage, egotism, and greed toward creative goals

Freedom and growth come from cutting loose from imperfect parents, siblings, and family roles

The individual can face suffering without avoidance, death without denial

And all this rises from the individual powers of the fully realized autonomous self

Yet the greatest need of persons, in the West as well as in the East, is to belong to a network that can support where they are weak, include when they are lonely, and accept where they feel unacceptable.

The pastoral counselor possesses what every therapist longs for—a community that surrounds the counselor and reaches to support and include the counselee. The pastoral person is a representative of the community of the spirit that offers a multidimensional network of caring, of moral discernment, of meaningful life direction, of significance through service to others. To be included in such community is to be in the healing context of true humanness.

Host and Guest

The tenth and most intriguing metaphor for pastoral counseling across cultures is that of host and guest.

In all counseling and psychotherapy, it is the counselee who is the host and the counselor who is the guest.

It is the host, not the guest, who owns the life story and human experience that are shared in the counseling situation. The boundaries, the center, the possibilities, the pain are all possessions of the host, not the guest. Counseling theories that see the counselor as definitive in the counseling situation—the person who sets the boundaries, defines the goals, creates the atmosphere, induces change—are missing the most basic element of the process. All therapy takes place on the turf of the recipient, in the life, the emotional world, and the opening future of the person desiring healing or growth.

The counselee host may hold single title to his or her life process (Western individualism), or the life experience may be held in joint ownership with the family (familiocentric personality) or with the tribe or caste (sociocentric personality). The entering guest is being welcomed not only into the story of the one person being encountered but into the story of the group, confronting not just the individual's role but the whole cast in the familial, communal drama.

The guest is present by invitation, not intrusion, so honoring the rules of the house (cultural values) and the rules of the community (moral values) are necessary. The guest is not an intruder, invader, or spy but an honorary though temporary member of the family. The house etiquette, rituals, secrets, and privacy will all receive respect.

The guest, as visitor, remains within the turf assigned by the host. He or she owns only what has been brought along as necessities or received as gifts.

The guest does not claim ownership of the other's story, so confidentiality is respected; the responsibility of persons for their own choices and their consequences are guarded. The guest never forgets whose turf, whose house, it is.

The guest does not overstay his or her welcome; the privilege of being in another person's world is not taken lightly.

Henri Nouwen has described this host-guest relationship using the

biblical metaphor of hospitality (1975:51). Hospitality means receiving each other and respecting each person's difficulties and struggles, weaknesses and strengths.

> Hospitality, therefore, means primarily the creation of a free space where the stranger can enter and become a friend instead of an enemy. Hospitality is not to change people, but to offer them space where change can take place. It is not to bring men and women over to our side, but to offer freedom not disturbed by dividing lines. It is not to lead our neighbor into a corner where there are no alternatives left, but to open a wide spectrum of options for choice and commitment. It is not an educated intimidation with good books, good stories, and good works, but the liberation of fearful hearts so that words can find roots and bear ample fruit. It is not a method of making our God and our way into the criteria of happiness, but the opening of an opportunity to others to find their God and their way.

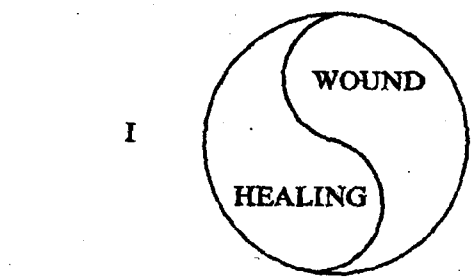
When counseling in a second culture, one dare never forget who is host and who guest. The imperialism of the counseling room, the couch, and the chair is unacceptable. The appropriate metaphors are those of an open door, an open self, an attitude of hospitality, and a mutual willingness to receive as well as give, to learn as well as teach, to be served as well as to serve.

For the pastoral counselor, the images of incarnation as dwelling with others in vulnerability and openness to hear, receive, and share in suffering are as central as the person of Christ. The way of Christ is the way of enfleshment, of embodying the realities shared, of truly being there *for* others and *with* others.

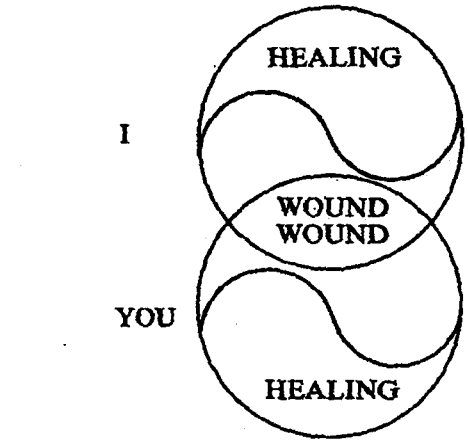
The Wounded Healer

The eleventh metaphor for pastoral counseling across cultures is the wounded healer. "The fundamental archetype of all life is wound and healing," wrote C. G. Jung. Woundedness is the inevitable price of life in a vulnerable environment (Table 11-3), healing is the necessary process of life in renewing itself in the ongoing cycles of daily metabolism and periodic transformation. Both wound and healing are implicitly present in both persons in any human transaction, but they become explicit as central elements in the counseling relationship (Guggenbühl-Craig 1976:92).

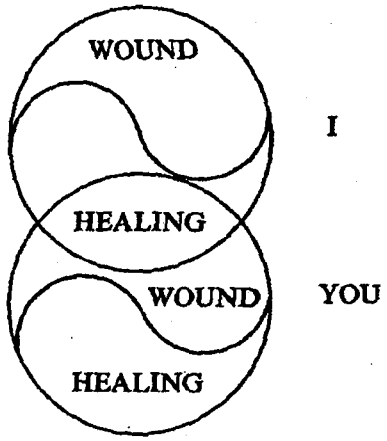
If the counselor denies the woundedness and takes on the persona of the healer, the relationship is incomplete. Any attempt to meet a need or resolve the pain of another by supplying their lack from the counselor's resources of insight or power is ultimately useless and powerless. As the "healer persona" acts as helper and rescuer in claiming responsibility for the other's healing and change, the intervention only decreases the other's ability to respond. Moving too easily and too casually into another's pain will inadvertently and unknowingly confuse the counselor's life with theirs, substitute the counselor's healer for theirs, and so hinder the other's inner healer.



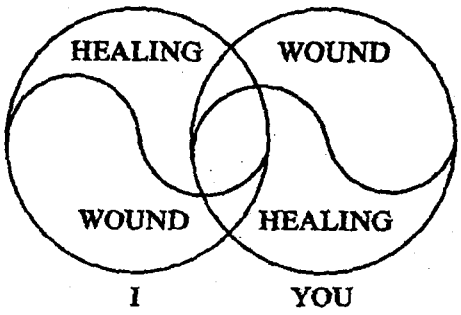
In every person there is both wound and healing. My woundedness will respond only to my inner healer; your healer cannot restore my woundedness nor mine yours.



If we meet wound to wound, I reliving and sharing my woundedness as I respond to your hurt, our identification may only intensify the pain and the problem as I pour my woundedness into your wound.



If we meet healer to wound, I becoming a helper rescuer, taking full responsibility for you, my intervention may decrease your ability to respond. I may block your inner healer.



When we meet wound to wound *and* healer to healer, my woundedness will not infect yours but will stand with you in presence and understanding; my healer will not rush to rescue your present sense of powerlessness but will call out the healing forces within you.

Figure 11-1. The wounded healer.

When wound meets wound there is empathy and compassion; when healing calls to healing, there is awareness, repentance, and growth.

Table 11-3. Wounds

Loneliness. Loneliness is a deep wound, cutting to the core of the self. Maturity is making peace with my aloneness so that I can be alone even in the presence of other people. As aloneness becomes affirmed as solitude, the need to escape or avoid loneliness diminishes. Religious faith does not take away our loneliness, it guards and values it as a gift.

Individuation. Becoming one's self is an experience of sadness. Maturing is taking the dependent attachment feelings for the most important people in your life, separating these feelings from them, integrating the ideals and values into the core of one's self, then reaching out with them to make contact with others in community.

Losses. Growth is a sequence of union and separation followed by union and separation. The pain of loss, the grief of the tragic, the sadness of the many deaths that fill and end our lives is ours to accept, appreciate, and integrate into our whole self.

Angers. The energies of my arousal in response to the invasions, violations, and irritations of living with others can be used in self-destructive pain or annihilating rage, or it can be affirmed as arousal to life's tensions and frustrations and directed toward contact, clarification, and re-creation of relationships.

Powerlessness. Impotence in the face of injustice and oppression and subjection to violence, coercion, and systematic inhumanity wound one deeply. Faith does not offer a magic cure or an escape into future promises, but the strength to be here, now, struggling for justice.

Unlived life. Unchosen options, unexperienced passion, undiscovered relationships leave the pain of incompleteness. Faith is the ability to cancel demands on what cannot be, to take action toward what can be, and to be at peace with what is here and now.

If the counselor is in touch with or flooded with his or her own woundedness in response to the other's wound, the suffering of one may compound the other. Simple identification—"my wound is just like your wound"—only increases the suffering. Sympathy as an involuntary joint pathos may confirm the hopelessness and helplessness; empathy as a voluntary shared pathos can direct the wound toward healing; interpathy as a parallel and yet interacting pathos can call out the healer in another who is truly other from another cultural world.

When we meet wound to wound *and* healer to healer, the counselor's woundedness will not infect or contaminate the other's wound. Rather it will enable the two truly to stand with each other in mutual awareness of their hurting humanness. In such presence, the counselor's healer will not rush to rescue the counselee's temporarily powerless inner healing, but will call out and nourish those healing forces within the soul. When wound meets wound, there is interpathy and compassion; when healing

calls to healing, there is awareness, insight, repentance, change, and growth.

Meeting wound to wound is the basis of truly human encounter. It is not a kind of spiritual exhibitionism, a social flashing of going public with one's own pain to affirm solidarity with another who is suffering. The attitude of "Don't feel so bad about your 'problem'; I have felt the same confusion, depression, hopelessness as you feel" only adds despair to despair, little faith upon little faith. Meeting wound to wound while in balance with one's inner healer means being at peace with one's own woundedness, at home with one's own human condition, at one with suffering humanity. Such open vulnerability and authenticity is not without risk, as Nouwen writes (1972:92): "No one can help anyone without being involved, without entering with his [her] whole person into the painful situation, without taking the risk of becoming hurt, wounded, or even destroyed in the process."

As counselor, one becomes open to explore, experience, and accept one's own wounds as one is willing to enter one's own pain and know it fully, one's own fear and feel it deeply, one's own aloneness and claim it authentically. As the woundedness is uncovered, the hurt and the healing within it can be recovered, the suffering and the celebration reclaimed, the folly and the wisdom discovered. When one is at peace with one's own pain, at home with failing, finitude, suffering, and limitations, then truly standing with another in pain becomes possible. One can be touched deeply by another's tragedy, and be in touch with surprising tenderness.

When meeting healing to healing (as well as wound to wound) the illusion that wholeness can be given by one person to another is dispelled. Healing is not a gift to be given, it is life awakened, strengthened, nourished. When one suffers a physical injury, the best medications can protect from infection, reduce invasion, or support reconstruction, but they are finally powerless to heal unless the inner healer responds and cell reunites with cell.

Participating in another's healing does not take the pain away, it makes peace with it and directs it toward wholeness. "Pain that is shared is no longer paralyzing but mobilizing, when understood as a way to liberation. When we become aware that we do not have to escape our pains, but that we can mobilize them into a common search for life, those very pains are transformed from expressions of despair into signs of hope" (Nouwen 1972:93).

For the work of the pastoral counselor, the central model is the seer and the suffering servant for the Jewish tradition, and Jesus the wise yet wounded healer for the Christian. When God came among us, God came as a wounded healer. As the servant was wounded for us and by his wounds we are healed (Isaiah 53), so it is in the suffering, dying, rising, and transforming presence of the Christ that God's woundedness and healing became fully accessible to us. "This is the central archetype of all creation and recreation," said Jung, as he recognized that the essential biblical metaphor is rooted in biological reality, enacted in all so-

cial reality, and central to all spiritual reality in culture after culture.

The wounded healer, in the Christian path, sees the other as irreducibly valuable, as one to be prized and served as an embodiment of Jesus Christ. "Whatever you do in service to the least esteemed person, you do it to me," said Jesus. This willingness to care for another as the human face of God is the central metaphor of Christian service.

Indian Sikh journalist Khushwant Singh reported (1975:119) on his questioning of Mother Teresa, " 'Mother, tell me how have you trained yourself to touch people with loathesome diseases like leprosy and gangrene? Aren't you revolted by people filthy with dysentery and cholera vomit?'

"She looked me squarely in the eye and replied, 'I see Jesus in every human being. I say to myself, "This is hungry Jesus, I must feed him. This is sick Jesus, this one has gangrene, dysentery, or cholera. I must wash him and tend to him." I serve them because I love Jesus.' "

Summary

The intercultural pastoral counselor recognizes that many metaphors of psychotherapy exist in various cultures. No one image of healing, change, or growth satisfactorily defines or describes these processes as they occur in all cultural settings.

The metaphors of hide-and-seek, choice and change, sanctioned retreat, teacher and student, scientific technique and skill, therapeutic communication, healing relationship, human transformation, the healing community, host and guest, and the wounded healer offer aspective windows into the complex process of therapy and growth. The pastoral theologian sees each of these as an expression of grace, as an experience of integrity, as an encounter that invites wholeness.

In summary of the trajectory of the total argument of this book, we can affirm that the intercultural pastoral counselor is:

1. Culturally aware, interpathically skilled, and authentically present in dialogue with persons of other cultures, values, and faiths.
2. Culturally sensitive to what is universal, cultural, or individual, and valuing humans as essentially, culturally, and individually of ultimate worth.
3. Conscious of both individuality and solidarity with others in his or her self-identity, in its infinite variety in other cultural, familial, and personal identities, and seeing the individual-in-community as the basic unit of humanness.
4. Sensitive to the wide variation of human controls in the different human contexts, respecting the positive as well as negative functions of each emotion and its moral as well as functional content.
5. Aware of values—their nature, universality, uniqueness, variety, and power in directing life—and sensitive to the core values of culture, group, and person.
6. Concerned with essential human groups—family, marriage, and

kinship groups—as well as individuals, and sees relationships of integrity as essential to personal integration and health.

7. Aware of the inequities of gender roles, sensitive to the exploitation and abuse of women, and committed to work for justice and the liberation of all who suffer oppression.

8. Aware of the moral character of human choice, reasoning, and behavior, of the constancy of form and contrasts in content in ethical stories and storytellers.

9. Sensitive to worldviews which accept middle-zone experience, utilize metaphorical, mythical, and supernatural explanations for human pain, tragedy, and disorder, and demand power confrontations with evil and the demonic.

10. Aware of the cultural shaping and labeling of mental illness, recognizing the wide variation in what is normative and normal in each culture and seeing human frailty and suffering with insight and compassion.

11. Recognizes that many metaphors for psychotherapy exist in various cultures, seeing each as an expression of grace, an experience of encounter inviting integrity and wholeness.

These key elements are integral to the effective work of the intercultural pastoral counselor and caregiver. The counseling and giving of care will take many forms with richly varied content. We end this study not with the construction of a single integrative model but with the recognition of the need for as many models as there are cultural contexts, and the call for pastoral counselors to work creatively, flexibly, humbly, and redemptively on the boundaries, where crossing over and returning enrich and transform our vision of human life and destiny.