

Negotiating a Presence-Centred Christian Counselling

Negotiating a Presence-Centred Christian Counselling:

*Towards a Theologically
Informed and Culturally
Sensitive Approach*

By

Simon Shui-Man Kwan

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TABLE OF CONTENTS

Preface	viii
Chapter One.....	1
What Christian Counselling Is Not	
Christian counselling as moral guidance	
Christian counselling as spiritual intervention	
Christian counselling as a pastoral ministry	
Conclusion	
Chapter Two	10
Source of Healing and the Role of Counsellor	
Change-oriented Christian counselling and its problem	
Who causes change?	
Magic or religion?	
A proposed model of self-understanding—Analogical thinking	
Christian counsellor—Reminding clients of God the healer	
Back to Mary	
Chapter Three	28
From Therapeutic Presence to Divine Presence	
Presence in nursing care	
Presence in psychotherapy	
Presence in spiritual direction	
Presence in pastoral counselling	
A proposed practice model—From counsellor’s presence to Divine Presence	
Chapter Four.....	46
Revisiting Empathy	
From the traditional self-centric approach to a relational approach to empathy	
Mutual empathy, meta-empathy, mimetic presence, and the Christianness of mutual empathy	

Chapter Five	64
Hope, Christian Hope, and Mimetic Presence	
Pastoral literature of hope: A brief review	
Solution-focused approach to counselling	
Donald Capps' pastoral theology of hope ⁷	
Everett L. Worthington's pastoral theology of hope	
Hope shaped by positive psychology	
Interrogating "hope"	
Mimetic presence through Christian hope	
Excursus	100
Hope and an Element of Cross-Cultural Precaution	
Method	
Results	
Discussion	
Chapter Six	117
Ritual, Placebo, and Mimesis of the Healing Power	
Ritual, religion, spirituality, and health	
Ritual healing as a Christian tradition	
How does ritual work to heal? Placebo and hope	
Ritual—More than curative responses	
Ritual—Discursive or performative	
Concluding remarks	
Chapter Seven.....	137
Sin, Sinned Against, and Mimesis of the Creative God	
Sinned-against	
System approach to family problems	
Systems thinking in family therapy	
Systemic understanding of problems	
Systemic intervention and its theology	
Chapter Eight.....	163
Ritual Again: Bereavement Care and an Interrogation of Protestant Death	
Rituals with a Chinese Cultural Concern	
Death rituals—Do they heal?	
Psychology of the continuing bond and death rituals	
The continuing bond and Chinese death rituals	
Protestant death rituals and the cessation of the bond	
Conclusion	

Bibliography 181

Index of Authors 210

PREFACE

The work described herein is fully supported by a grant from the Research Grants Council of the Hong Kong Special Administrative Region (Project No. CUHK 444513). Here is a place where East meets West, providing an interesting space for studying cross-cultural counselling.

I have been teaching a course entitled “Christian Counselling” for 15 years, and another entitled “Theology and Counselling Theories” for 10 years. The former poses the following major questions. How Christian is Christian counselling? In what ways should one’s counselling practice be conducted to fulfil one’s role as a Christian counsellor? Is there a counselling practice that truly penetrates into the secular approaches while remaining faithful to the Christian traditions of healing? The latter inquires into the possible theological roots of secular counselling and how secular counselling may reinforce and challenge the Christian faith. Both courses engage students to navigate between two frames of reference: one local, Eastern, secular, social scientific, and modern; the other foreign, Western, Christian, theological, and traditional. At levels of both theory and practice, we undertake to integrate, synthesize, hybridize, revise, dichotomize and antagonize the two. We come to the idea that a revised presence-centred counselling approach may serve as a good perspective that helps us to see things in more depth as we shuttle back and forth between the two frames. This book thus aims to negotiate a revised presence-centred form of counselling that is theologically grounded, social scientifically informed, and cross-culturally sensitive. As my counselling practice proceeds in societies where Chinese is the majority, the cross-cultural examinations and proposals offered in this book have been bred in a space where Chinese culture meets the Christian (Protestantism in particular) West.

The first three chapters of this book provide a discourse on the Christianness of Christian counselling, arguing for an approach that gives due attention to the essence of Christian counselling, that is, God’s healing presence. The chapters also contend that God’s healing presence is not something a human counsellor can wield, for God is essentially sovereign and free. The role of a counsellor, the chapters argue, is thus to create therapeutic conditions that are mimetic of God’s healing presence, and the efficacy of a counselling effort depends very much on whether this

mimesis has been accomplished appropriately. The next four chapters suggest ways to practically work out the mimetic presence. Due to space limitations, they touch on only four ways: relational empathy, hope, ritual healing, and a counselling approach premised on the sinned-against concept. Cross-cultural considerations are intertwined into these chapters. One excursus and the final chapter specifically address the issue of cross-cultural sensitivity in Christian counselling. The former focuses on the concept of hope, and the latter explores Protestant death rituals in bereavement counselling as a case study to examine the cross-cultural sensitivity of bereavement ministry.

Chapter five and the excursus of this book are outgrowths of a project fully supported by another grant from the Research Grants Council of the Hong Kong Special Administrative Region of China (Project no. CUHK 445108). Some chapters of this book appeared earlier in article form and have been included here with revisions or expansions. I thank the publishers for their permission to reproduce these materials:

2010. "Hope for the Dead: Protestant Death Rituals and the Psychology of the Continuing Bond." *The International Journal of the Humanities* (Victoria, Australia: Common Ground) 8 (9): 1-13.

2010. "Interrogating 'Hope'--the Pastoral Theology of Hope and Positive Psychology." *International Journal of Practical Theology* (Berlin; New York: Walter de Gruyter) 14: 46-66.

2007. "Clinical Efficacy of Ritual Healing and Pastoral Ministry." *Pastoral Psychology* (New York: Springer) 55 (6): 741-749.

2007. "Magic or Not? Towards an Analogical Approach to Understanding Change-Oriented Pastoral Counselling." *International Journal of Practical Theology* (Berlin; New York: Walter de Gruyter) 10 (2): 178-194.

CHAPTER ONE

WHAT CHRISTIAN COUNSELLING IS NOT

Some years ago, a young man suffering from depression came to my office at the Divinity School where I teach to receive counselling service. Fixing his gaze on the cross placed at the left top corner of my desk, he stated in an ambiguous tone of voice somewhere between hopefulness and hopelessness, “I have seen many counsellors over the years.” After a pause, he continued, “This is the first time I have seen you, a Christian counsellor. My sister said you can make a difference. Can you?”

Can I? Can Christian counselling make a difference? This is a crucial and perennial question that plagues many clients and counsellors, particularly Christian counsellors. What differentiates Christian counselling from general or psychological counselling, if they are different at all? Is there a quantum difference between the two? What is “Christian” about Christian counselling? I begin this book by looking at these questions in an attempt to argue that the difference lies in a revised notion of Divine Presence in Christian counselling.

I begin with an examination of some of the common ways to consider the matter.

Christian counselling as moral guidance

One idea upheld by many is that Christian counselling uniquely places great emphasis on moral guidance. Ethical instruction is considered almost indispensable in the fight against counselling problems. These problems are said to have their root in human sin, which is understood morally. Although this view is commonly relied upon, it is not merely commonsensical. Some noted Christian counselling approaches clearly teach such a view. Jay E. Adams’ nouthetic counselling (1970) and the biblical counselling movement discussed in David Powlison’s book (2010) exemplify the approach. People holding this view surely find a familiar echo in a statement made by the International Association of Biblical Counselors:

In contrast to psychologically-integrated systems, Biblical counselling seeks to carefully discover those areas in which a Christian may be disobedient to the principles and commands of Scripture and to help him [*sic*] learn how to lovingly submit to God's will. (International Association of Biblical Counselors 2010)

It is indeed true that when a Christian seeks counselling from a pastor, he or she is sometimes taught that the solution to his or her problems is to root out sin from his or her life and return to the divine will. Still, the question as to whether moral guidance differentiates Christian from general counselling remains a hotly debated topic. We will return to this question shortly. Self-determination is often thought of as a supreme value firmly embedded in general counselling. Psychological counsellors are therefore often imagined to be morally neutral and non-judgmental, accepting their clients as they are, helping them to sort out their own accounts of the good life and to act accordingly so that they may achieve self-actualization.

Is moral emphasis unique to Christian counselling? Can the theory and practice of "rooting out sin as understood morally" adequately define Christian counselling and its uniqueness? Speaking properly and strictly, my answer is no. Some have argued that even the biblical counselling movement is not primarily about sin, but anthropology and ecclesiology (McMinn 2008, 16-18). Don Browning's analysis is helpful here. According to Browning, Christian counselling¹ certainly takes place within the moral assumptive world associated with the Christian tradition. Yet, we must differentiate between three forms of pastoral helping "by the extent to which the pastor distances himself or herself from an explicitly moral stance in working with people and focuses instead on the psychological dynamics involved" (Browning 1985, 5). The three forms are pastoral care, pastoral counselling and pastoral psychotherapy. Pastoral care focuses more on the moral perspective of the Christian tradition, and pastoral psychotherapy tends to concentrate on the psychological and developmental obstacles in a client's life. Pastoral or Christian counselling is less morally focused than pastoral care and less specialized than pastoral psychotherapy (Browning 1985, 6). In some instances, the problem that the client is facing

¹ In pastoral literature, the terms "Christian counselling" and "pastoral counselling" are often used interchangeably. Yet, there are some nuances between the two that sometimes result in noteworthy differences (Kim 2003, 37-56). This book considers the two terms as synonyms.

entails some conflict, ambivalence, or depression in the person's capacity to act freely and confidently... it is often thought that the pastor or religious counsellor should bracket or temporarily set aside moral or normative concerns and concentrate instead on the psychological blocks and developmental impediments which seem to be stifling personal growth. (Browning 1985, 5)

That said, we must note that there are roughly two camps of Christian counselling, at least in the United States. One is represented by the American Association of Pastoral Counselors (AAPC) and the other by the American Association of Christian Counselors (AACC). From a theological standpoint, the AAPC is more ecumenical, progressive, and liberal, and the AACC is more unapologetically conservative and exclusive (Poling 2003). Counsellors from the different camps agree or disagree on Browning's description of Christian counsellors' readiness to occasionally suspend their moral or normative concerns. Yet, it remains highly debatable whether moral guidance can be taken as a unique feature of Christian counselling.

What about general counselling? Is it true that general counselling necessarily approaches moral issues with a neutral stance? Is non-judgmentality invariably normative in the world of general counselling? The answers to these questions obviously depend on the counselling approach. It may be true to say that a Rogerian tends to be non-judgmental. What about a counsellor who is practicing reality therapy? Recognizing the need to love and be loved and the need to feel that we are worthwhile to ourselves and to others, originator of reality therapy William Glasser stresses the following:

But, whether we are loved or not, *to be worthwhile we must maintain a satisfactory standard of behaviour*. To do so we must learn to correct ourselves when we do wrong and to credit ourselves when we do right. If we do not evaluate our own behaviour, or having evaluated it, we do not act to improve our conduct where it is below our standards, we will not fulfil our need to be worthwhile and we will suffer as acutely as when we fail to love or be loved. Morals, standards, values, or right and wrong behaviour are all intimately related to the fulfilment of our need for self-worth and, as will be explained later, a necessary part of Reality Therapy. (Glasser 2010)

If there is one feature that defines the uniqueness of reality therapy in contrast to other conventional approaches, it is its emphasis on the morality of behaviour and its strong tendency to distinguish between right and wrong. Some may say that Christian counselling is unique in its ethical emphasis because it believes in a universal moral standard that is

constituted in God's commands to us. Glasser indeed does not claim that he has discovered the key to universal right or that reality therapists are experts in ethics. Yet, he attempts to offer a definition of morally right behaviour: "when a man [*sic*] acts in such a way that he [*sic*] gives and receives love, and feels worthwhile to himself [*sic*] and others, his [*sic*] behaviour is right or moral" (Glasser 2010). At first glance, this definition may sound quite individualistic. Christians from a more theologically conservative camp may accuse reality therapy of advocating the moral autonomy of the human being, taking the client as the judge of right and wrong. Yet, we must note that Glasser sees need fulfilment—to love and be loved and to feel that we are worthwhile to ourselves and others—as constituting the universal standard of morality. Furthermore, in his book *Choice Theory*, he argues that those needs are genetically programmed (1998, 28). Glasser believes that the ground of morality is given to the human being before he or she can desire, feel and want. It is universally shared in human nature, and it is given to the human being at the genetic level. In this sense, we may say that the goal of reality therapy is to restore the human being to his or her given nature. At this level, the moral intention of reality therapy is not much different from that of many Christian counselling approaches. However, one may still want to contend that the moral emphasis of Christian counselling is unique because it is biblically based and reality therapy is not. This judgment is certainly not wrong. Although Glasser references the biblical story of Adam and Eve in his book (2010) to illustrate the universal appeal of the test of responsibility in the path of temptation, we may reasonably say that his moral emphasis is non-biblical. The question remains as to why his emphasis should be biblical to be unique. It is conceivable that different systems of therapeutic approach ground their ethics in different systems of thought. If grounding its ethics biblically is what defines the uniqueness of Christian counselling, then by the same token all other approaches are unique. In this case, it would be meaningless to say that Christian counselling is unique.

Is moral emphasis unique to Christian counselling? Can this feature explain the Christianness of Christian counselling? I do not think so, as not all Christian counselling approaches are unanimously morally focused and not all general counselling approaches are amoral.

Christian counselling as spiritual intervention

Another common way to mark the uniqueness of Christian counselling is to see it as a principally spiritual intervention. Spiritual maturity is its

goal, and spiritual resources such as prayer, religious rituals, Bible reading, and church fellowship are the counselling resources. In the *Baker Encyclopedia of Psychology and Counselling*, Christian counselling is said to be an activity of spiritual guidance for personal or familial problems. In a similar vein, Gary Collins observes that the

Christian counsellor is a deeply committed, spirit-guided (and Spirit-filled) servant of Jesus Christ who applies his or her God-given abilities, skills, training, knowledge, and insights to the task of helping others move to personal wholeness, interpersonal competence, mental stability, and spiritual maturity. (Collins 1993, 21)

There are good reasons to believe that spirituality at the very least demarcates the territory of religious counselling. Many presume that non-religious counsellors do not, for example, pray and read the Bible with their clients during the counselling process.

Is Christian counselling unique in its insistence on the primacy of spirituality? It is, but again only at first glance. Spirituality traditionally did not have a place in psychology and psychotherapy. As late as the 1990s, von Gutschke observed that spirituality was one of the largest unexamined topics in the field of mental health (1994, 3-5). For some psychologists, spirituality or religion is at the root of many psychological problems, including but not limited to depression, anxiety disorder and sexual disorders. According to Layne A. Prest and James F. Kelly, some marriage and family therapies see spirituality as even more taboo than sex and death (1993, 138). Looking at the history of modern psychology, one surely encounters many giant figures who have offered a hermeneutics of suspicion directed against religion and spirituality along the way. Sigmund Freud is famous for his view that religion is a system of illusions and that religiosity is no more than a sign of developmental immaturity and a pathological flight from reality. Albert Ellis, another great figure who originated rational emotive behavioural therapy and is considered the father of cognitive psychology, sees religion as childish dependency and fiercely attacks it by saying that “spirit and soul is horseshit of the worst sort. Obviously there are no fairies, no Santa Clauses, no spirits. What there is, is human goals and purposes as noted by sane existentialists. But a lot of transcendentalists are utter screwballs.”² He also observes that “[t]he elegant therapeutic solution to emotional problems... is to be quite unreligious and have no degree of dogmatic faith that is unfounded or unfindable in fact.” The less religious a person is, he maintains, the more

² Quoted from Miller (2012, 12), Ellis made this statement in an interview conducted in 2001.

emotionally healthy he or she will tend to be (Ellis 1980, 637). Behaviourists also join him in criticizing religion and spirituality. For example, John Watson argues that religion must be outlawed because it is the antithesis of science. Religion encourages resignation, laziness, and inefficiency and excuses failure and weakness (Buckley 1989, 165). Carl Rogers, the originator of person-centred therapy who received a theological education in his youth, was a close friend of the great theologian Paul Tillich. In his later years, he devoted much effort to discourse on the notion of presence, to which I will return later, which has had a huge influence on the field of spirituality and counselling. However, even Rogers, in his final days, admitted that he was “compelled to believe that I, like many others, have underestimated the importance of this mystical, spiritual dimension [of human experiences]” (Rogers 1986, 200). Among the giant figures in psychology and psychological counselling, Carl Jung, whose father was a pastor of the Swiss Reformed Church, is an exception. His works such as *Modern Man in Search of a Soul* (1933) clearly reveal a central place for spirituality and religiosity in his understanding of human nature and his approach to psychotherapy. He argues that “everything to do with religion, everything it is and asserts, touches the human soul so closely that psychology least of all can afford to overlook it” (Jung 1978, 337). He takes spirituality as a crucial component to the healing of the individual ego in the process of its individuation.

At first glance, the history of modern psychology and psychological counselling reveals that spirituality belongs only to the domain of Christian or religious counselling, or is at least not a serious concern of general counselling. However, this is not the whole story, and there has been a sea change in the area in recent years. Indeed, there has been an eruption of spirituality in various fields of helping. Kees Waaijman (2007) finds that spirituality is under rigorous study in no fewer than 12 disciplines, including theology, religious studies, philosophy, literary sciences, history, anthropology, psychology, sociology, education, management studies, medicine, and natural sciences. These studies are being conducted from interdisciplinary and, I would add, cross-cultural approaches to deepen theory and practice. The spirituality and helping research has become thick, and much of the good work in this area has not come from the church. In the field of counselling and psychotherapy, *Incorporating Spirituality in Counselling and Psychotherapy* (Miller 2003), *Handbook of Spirituality and Worldview in Clinical Practice* (Josephson and Peteet 2004), *Religious and Spiritual Issues in Counselling* (Burke, Chauvin, and Miranti 2005), *A Spiritual Strategy for Counselling and Psychotherapy* (Richards and Bergin 2005), and *Spiritually Integrated*

psychotherapy: Understanding and Addressing the Sacred (Pargament 2007) have been produced over the last decade alone. Today, it is no surprise to find these works in the reference list of Christian counselling course outlines. That said, we must not jump to the conclusion that the levels of emphasis placed on spirituality and how it is understood are the same across different fields. A survey (Howard et al. 2000) was conducted with a total of 315 spiritual directors, psychologist members of the Christian Association for Psychological Studies (CAPS), and psychologist members of the American Psychological Association (APA) as its informants. The two groups of psychologists were asked which therapeutic approaches they endorsed. The results stated that 89% endorsed cognitive-behavioural approaches, 66% endorsed psychodynamic approaches, 76% endorsed family system approaches and 70% endorsed humanistic approaches. The results also revealed that the reception of spiritual values differed across different groups of professionals. The CAPS psychologists and spiritual directors endorsed the values of spirituality more than the APA psychologists did.

In sum, both Christian and general counselling may emphasize the spiritual growth of clients and wholeheartedly endorse the usefulness of spiritual resources in counselling. The centrality of the role of spirituality in counselling seems an ineffective marker for marking out the uniqueness of Christian counselling. The core issue lies not in the recognition of the centrality, but probably in how spirituality is being imagined, which must be examined in the domain of theology. I return to this point later in the chapter.

Christian counselling as a pastoral ministry

Some may believe that Christian counselling is unique in that it is a ministry that can only be properly offered by ordained pastors, or at least ministers endorsed by churches. However, actually it is also offered by laypersons who have good training in counselling and theology. The AAPC defines Christian counselling as “a unique form of counselling which uses spiritual resources as well as psychological understanding for healing and growth” (American Association of Pastoral Counselors n.d.), and for a long time after its establishment in 1963 its full membership was confined to ordained ministers with many years of clinical training. By this token, even a university professor who taught Christian counselling courses for many years but was not an ordained minister was eligible only for the membership category of pastoral counselling educator. Although the AAPC plays a significant role in the field of pastoral counselling, its

understanding of what qualifies a Christian counsellor is not shared universally. Another equally significant Christian counselling organization in the United States differs in its stance on the issue. The AACC “is committed to assisting Christian counsellors,” which accordingly means “the entire ‘community of care,’ licensed professionals, pastors, and lay church members with little or no formal training.” It “proudly recognizes the diversity within the helping relationship and provides membership opportunities in three separate categories,” including professionals such as psychiatrists, psychologists, social workers, and licensed counsellors; religious leaders such as pastors, youth leaders, missionaries, pastoral counsellors, and Christian educators; and lay counsellors including the spouses of religious leaders and “others who are interested in Christian counselling, but who have little or no professional training” (American Association of Christian Counselors n.d.). In fact, in many Asian regions such as Hong Kong, Christian counselling as a ministry is never monopolized by ordained ministers. Thus, we have no good reason to believe that Christian counselling is exclusively a pastoral ministry.

Conclusion

We have so far examined several common ways of defining the uniqueness of Christian counselling, which I argue are open to disagreement. This book proposes that the issue must be examined beyond current approaches. After examining several mostly accepted definitions of pastoral practice, Gordon Lynch rightly says that they all beg a common set of questions. What do we mean by healing, growth and a healthy life? How do we know that someone is growing constructively? What does it mean for a person to live a full human existence (Lynch 2002, 31-32)? To this list I would add the following questions. What is the ultimate source of healing? What resources do we need to mobilize to help people connect with this source of healing? In short, each of the questions asks about what the good life is, which reveals that they are moral in nature. This is not to say that only pastoral practice concerns itself with such moral questions of the good life. If this were true, we would return to one of the preceding approaches. All practices whether Christian or general and especially counselling practices must address these moral questions, for all counselling practices aim to engage people in at least a problem-solving process if not also growth. Before saying that one is really solving a problem, we must know what sufficiently defines a problem and constitutes a solution. Without a vision of the good life, all of these questions are unanswerable. In this book, I show that this set of questions

also involves the pursuit of the ontological position (the question of what reality is) that underpins Christian counselling. I deal with these questions in the following chapters.

CHAPTER TWO

SOURCE OF HEALING AND THE ROLE OF COUNSELLOR

In the early 1990s, I taught social work at a local polytechnic institute, where I joined a team of counsellors to conduct practice research on short-term therapies. Mary came to receive counselling with a referral letter written by her church pastor.¹ She was in her early thirties and looked sad and drained of energy. Her eyes were sore from weeping, and anyone could tell from her pale face that her heart was hurting inside. We adopted a team approach that involved one counsellor working with the client inside a room equipped with a one-way mirror. The rest, who assumed the role of the “real and objective knowers,” formed a reflecting team sitting behind the one-way mirror. It was my turn to sit inside the room. We opted for solution-focused therapy to deal with Mary’s wants and needs. The referral letter revealed that Mary was suffering from obsessive-compulsive disorder (OCD) after being abandoned by her boyfriend. They had been together for five years. The letter reported that she could not stop herself from thinking about every single detail of their past and could not stop ringing her ex-boyfriend up daily, as she had done when they were together, even when she knew very well she was annoying him. Mary admitted that she was pathological, for she was pretty certain she no longer felt love for the man; neither did she hate him. She was trapped and helpless. As we were adopting the solution-focused approach, we tried to follow the rules and collaborate with her to reach a solution without having to use the “OCD” psychiatric label. We promised to offer her 10 sessions of counselling, as, we confidently told her, they should suffice for generating initial and small but significant and positive changes. At the initial phase, we started to formulate well-formed goals with Mary and tried to collaborate with her to focus on the exceptions to the problem. We unfortunately repeatedly failed to achieve what we wanted to achieve and

¹ The example given here is based on a true case, although some of the details have been changed for confidentiality and illustrative purposes.

avoid what we wanted to avoid. Mary cried a lot, sometimes for the whole one-hour session. Collapsing into tears, she often could not even finish a sentence. Until the eighth session, the counselling room became merely a site for emotional release. The eighth session came with an irregular but interesting occurrence—due to various reasons, all of the reflecting team members were absent. Without them, I was free to do anything I wished. Out of hopelessness, I gave up the session as a counselling session, and we chatted for an hour without talking about her pains. In the midst of the conversation, we shared a lot of our religious experiences, and we were certainly in agreement about God’s presence in every moment of our lives, especially in suffering. The ninth session went back to normal—she cried heavily, and again we were unable to engage her in any solution talk. Two weeks later, we held the termination session with Mary. She brought us a box of chocolates and an oil painting. The chocolates were for the reflecting team, and the painting was for me. What a gift she had brought me! The painting included *Footprints in the Sand*, one of the world’s most famous inspirational poems:

One night I dreamed I was walking along the beach with the Lord.
Many scenes from my life flashed across the sky.
In each scene I noticed footprints in the sand.
Sometimes there were two sets of footprints,
other times there were one set of footprints.

This bothered me because I noticed
that during the low periods of my life,
when I was suffering from
anguish, sorrow or defeat,
I could see only one set of footprints.

So I said to the Lord,
“You promised me Lord,
that if I followed you,
you would walk with me always.
But I have noticed that during the most trying periods of my life
there have only been one set of footprints in the sand.
Why, when I needed you most, have you not been there for me?”

The Lord replied,
“The times when you have seen only one set of footprints in the sand,
is when I carried you.”

When Mary passed the painting to me, she cried again, but very differently this time—her tears were filled with deep gratitude. She gently

said, “You are my angels. It is the blessing of God that I got this wonderful chance to meet you. I now realize that I am not lonely. The times when I have seen only one set of footprints in the sand, is when God carried me.” With a hearty thanks, she continued, “No longer will I fear walking through the storm, because God comforts and saves.” Her last words still linger in my ears, “I feel so sorry to have brought to you problems that really only God could solve.” The session ended and she left. Was she still in stormy seas after the 10 sessions? Yes, certainly. There was no sign of removal of the OCD symptoms. She continued to live a life of abject misery. The counselling team concluded, “We tried hard, but failed nevertheless.” The subsequent discussion focused on what we had done wrong to cause the failure. Was it a failure? From a general counselling viewpoint, it was. Yet, I pondered over the whole process and the end result for some time. Was it a failure? How do we define success and failure? What constitutes “being healed,” or “being embraced by the healing source”? It was not until I started to receive my theological education that I truly understood my own perplexity. Being healed actually involves basic assumptions about the real or ultimate source of healing, the meaning of the good life, the nature of Christian counselling, and the role of a Christian counsellor in the healing process. In short, it involves an ontological position of clinical efficacy that explains the Christianness of Christian counselling. To examine such a position, it seems best to concentrate on an in-depth discussion of change-oriented Christian counselling as a case study. I expect some readers may find this chapter a bit too theoretical for their liking. Still, I contend that such a discussion is necessary if we are to demarcate the uniqueness of Christian counselling.

Change-oriented Christian counselling and its problem

Focusing on the seminal work on change written by Paul Watzlawick and colleagues, Donald Capps has convincingly contended for the usefulness of reframing methods for Christian counselling (Capps 1990, 3-6).² Capps discloses that he is attracted to Watzlawick’s approach because he considers “change and how it is effected to be the fundamental issue of pastoral care and counselling” (Capps 1990, 3).³ This amounts to saying that Christian counselling is essentially a change-oriented effort.

² Cf. Watzlawick, Weakland, and Fisch (1974).

³ In another interesting article, Capps articulates an intellectual connective link, showing how the works of Christian counselling inspired by brief therapies are connected to William James’ *Varieties of Religious Experience*. See Capps (1999).

Even a brief look at the recent discourse of Christian counselling is sufficient to see that Capps' emphasis on change is but one part of a larger trend in Christian counselling. In 2001, Howard W. Stone published a useful article that examines, through content analysis, works by major authors in the field of Christian counselling from 1949 to 1991 (Stone 2001a). He argues that in the early phase of this period, the heavy Rogerian emphasis placed on listening and empathy created a generation of pastors who performed their counselling ministries in a passive way. Quoting Seward Hiltner, the cardinal figure during this period, Stone holds that Christian counselling of this kind views itself as an effort that follows the advice of Hippocrates and does no harm. This implies that achieving therapeutic change is not among the core aims of Christian counselling. This emphasis on change as a principal component of the counselling ministry seems recent, beginning probably in the 1990s and emerging alongside a type of Christian counselling that finds brief therapies attractive (De Jongh Van Arkel 2000; Lazarus and Fay 1990; Stone 1999). Examples of theorists whose works collectively yield this recent trend are Capps (1990, 1998), Stone (2001b), Charles Allen Kollar (1997), David Benner (2003a), Frank Thomas and Jack Cockburn (1998), Andrew Lester (1995), Nancy Gorsuch (2001), and Brian H. Childs (1990).

Indeed, the emphasis on change is age-old in Christian healing traditions. David Kinsley identifies at least three healing traditions in Christianity, all of which still exist today: charismatic healing, healing rituals, and sacred healing centres (1996, 96-150). All of these traditions are intentional and effective at inducing changes. I return to Kinsley later in this book. We may safely conclude that Christian counselling, understood as a change-oriented endeavour, is a growing trend that has its origins in Christian traditions. To say that Christian counselling is a change-oriented endeavour implies that counsellors must create ways to account for its effects and to ensure its clinical efficacy. Similar research efforts are important in secular psychotherapy. For example, Mary Lee Smith, Gene Glass, and Thomas Miller (1980) have studied effectiveness and discovered that an average person receiving secular psychotherapies would be better off than 80% of those who receive none. The study of effectiveness must be not only scientifically demonstrable but also scientifically accountable. This suggests that if Christian counselling is to have real significance across contemporary therapeutic enterprises, it must be studied in terms of its efficacy as compared with other approaches to healing. Given the religious nature of Christian counselling, I argue that this "efficacy cum accountability" pressure may constitute a problem for the understanding of Christian counselling. The question remains: why?

Who causes change?

Whatever definition one applies to change-oriented Christian counselling, it necessarily involves at least three basic elements.⁴ The first is *human effort*. Counselling of all kinds is surely a human endeavour involving at least two major parties: a counsellor or a counselling team and a clientele or a system. Counselling necessitates relevant parties working together toward solutions to problems or toward personal or communal growth. Counselling as a human endeavour may or may not be goal directed and may or may not emphasize the necessity of techniques (e.g., Rogerian therapy or Minuchin's structural family therapy) or healing rituals (Benner 2003a; Miller, Duncan, and Hubble 1997; Stone 2001a). However, in either case, the involved parties do expect or hope for the effort to be effective. For example, C. R. Snyder, Scott Michael, and Jennifer Cheavens (1999) provide a comprehensive research summary of the key role that hope for change plays clinically. In sum, Christian counselling involves a kind of human effort that, covertly or overtly, understands itself to be effective in controlling certain events to a certain degree—whether psychological, spiritual or social—that cause problems or hinder growth. This expectation or hope for change is indeed grounded in the history of the Christian healing ministry (Kelsey 1973). Moreover, if the effectiveness is deemed to be more than chance but communicable, teachable, or learnable, we must assume that the clinical effects are replicable by, for instance, following some rules or procedures or general practice principles. This idea is indeed very common in therapeutic circles. Works such as that by Hubble, Duncan, and Miller (1999) fully testify to this assumption.

A second element in change-oriented Christian counselling is *the supernatural*, which the Christian faith conceives as the healing God. Although some have critiqued the theological impoverishment of most contemporary Christian counselling models (Oden 1984), Christian counselling as a sub-discipline of Christian practical theology necessarily presupposes, whether implicitly or explicitly, a Christian worldview (or worldviews), which assumes the presence of a living God who heals. Charles Davidson is explicit on this point:

⁴ There could well be other elements, such as the Christian community understood as a healing community, discussed by O'Neil and Newbold (1994). The Christian community can also be understood as a context for healing (as in Capps (1998)), or as a fount of spiritual resources, such as prayer and sacraments.

I am claiming unequivocally that human transformation is best understood theologically... Thus we cannot conceive of human change in terms of either its intricacy or its intermediate and final potential apart from a providential understanding of human being, human nature, and human behaviour... the pastor as counsellor is a sacramental mediator of grace. (1999, 433)

In fact, Christian counselling may sometimes go far enough to understand clinical efficacy as a result of a saving act of God (e.g., Holifield (1983)) or God's care (e.g., Dittes (1999)). The Christian God is often conceived as the source or ultimate source if not the sole source of change. This aspect of Christian counselling surely distinguishes it from general therapeutic endeavours, which are mostly atheistic or at least methodologically atheistic. Yet, it also gives rise to a problem and a question. The problem is that although the effectiveness of Christian counselling is, like all counselling, empirically demonstrable (at least in principle), it cannot be *scientifically* accounted for through empirical approaches. Due to its theological grounding and religious nature, it has a built-in resistance to empirical reductionist explanations. This implies that an adequate self-understanding of Christian counselling must preserve the mystical causation of clinical change and also satisfy the criteria of a good explanation, as demanded by the scientific community. I return to this issue later in the chapter. The question relates to the first element discussed in the foregoing paragraphs. If clinical change depends on the divine act, which to many theologians is beyond human control, and Christian counselling involves a kind of human effort that understands itself to be effective in controlling certain events that originate problems or hinder growth (see the preceding), then how are we to reconcile these two causes of change, especially if we are not prepared to consider the assumption of the effectiveness of "human control" as illusive?

Let us turn to the third element—*change*. The value of change-oriented Christian counselling lies largely and almost by definition in its ability to produce desired results. These changes may happen at various levels of human life, whether psychospiritual, moral, sociopolitical, or even holistic.⁵ Considering Capps' view that "change and how it is effected" is "the fundamental issue of pastoral care and counselling," any adequate self-understanding of Christian counselling must justify its claim to produce change and offer an explanatory account of its change-inducing mechanism.

⁵ See the following exemplars of the respective emphases: psychospiritual—Benner (1998); moral—Browning (1976, 1983, 1991); socio-political—Stephen Pattison (Pattison 1988, 1994); and holistic—Clinebell (1984, 1995a).

In summary, change-oriented Christian counselling may be conceived as an enterprise that involves an intentional human effort to effect change in certain events in replicable ways and in turn bring about certain desired results, the cause of which is taken to be God. If it is true that human effort can have replicable effectiveness and that God causes the desired change, then how are we going to reconcile these two *causes*? If change-oriented Christian counselling necessarily involves this replicable human effort, shall we conclude that Christian counselling is an effort of men and women to summon God to heal, or that God summons men and women to summon God to heal? Of course, we may say that God alone is sufficient to cause change. However, in this case, the process is not normally considered as Christian counselling, for it does not involve a counsellor. Shall we assume that God has laid down some rules, procedures or general principles that when followed closely by the involved counselling parties closely guarantee healing changes? If this is so, is God too passive or non-interventionist in the healing process? Is such a view so mechanical that it does not square with the Christian belief in divine sovereignty, autonomy and creativity? This conceptualization immediately forces the self-understanding of change-oriented Christian counsellors into the long debate in religious studies—magic vs. religion. To intensify the debate, we may ask the following question: in light of the effectiveness claims of change-oriented Christian counselling, shall we understand it as a magical effort or as a kind of religious performance?

Magic or religion?

The religious studies discourse has long recognized that there are many similarities between what people call magic and religion. Rodney Stark's (2001) careful summarization of past theories and research reveals that both magic and religion are human attempts to control events so as to secure rewards of different kinds, and both depend on the supernatural or God(s). As analysed previously, any change-oriented Christian counselling can be characterized in this way; it is a human attempt to control certain events so as to secure clinical effects, and it depends on God. This is to say that Christian counselling so characterized may be either magic or religious performance or both. Scholars are increasingly becoming aware of the inherent overlap between magic and religion to the extent that it is sometimes difficult, if not impossible, to decide whether a particular phenomenon can be regarded as magic or religion. Claude Levi-Strauss' oft-quoted statement, for instance, is both forceful and succinct: "there is no religion without magic any more than there is magic without at least a

trace of religion” (1968, 220-221). However, according to Levi-Strauss, the two are still conceptually distinguishable; religion consists of an anthropomorphism of nature, and magic is defined by its physiomorphism of the human being. In fact, there have been many efforts to differentiate the two conceptually. H. L. Mencken offers a helpful summary of the early efforts:

The magician, it is explained, is one who professes to control the powers he deals with; the priest attempts only to propitiate them. The magician pretends to be able to work evil as well as good; the priest works only good. The magician deals with all sorts of shapes, some supernatural and others not; the priest deals only with gods and their attendant angels. The magician claims a control over material substances; the priest confines himself to spiritual matters. (1930, 30)

However, it is clear that not all of these criteria serve to distinguish between magic and religion. Mencken raises the doctrine of transubstantiation held by many Christian denominations, according to which the elements of bread and wine are changed into the body and blood of Christ in the rite of the Eucharist, and uses it as an example to illustrate that magic and religion are one (Mencken 1930, 30-31). Marvin W. Meyer and colleagues (1994) also present a range of activities performed and texts recited by ancient Christian religious believers; these activities and recitations not only worked well and dealt with God and angels, but often claimed control over material substances as the sole purpose of the religious performance. Furthermore, it would be untrue to say that magic deals with impersonal supernatural forces and religion deals with personal relations with the supernatural (such as Benedict (1965)), given that many oriental religions such as Buddhism are not necessarily godly religions. Neither would it be sound to uphold the Durkheimian idea that magic has only a clientele and religion has a moral community, as the New Age Movement and magical rituals of the neo-Pentecostal faith ministries, for instance, surely run against this suggestion (Bloch 1998; Hunt 1998).

How are we to distinguish between magic and religion with the purpose of pursuing a relatively adequate understanding of Christian counselling? If they are not distinguishable, should we consider change-oriented Christian counselling as both magical and religious? Many are increasingly believing that the most critical distinguishing criterion is that of “compulsion” Unlike religion, magic operates with cause and effect sequences. In Benedict’s words, magic is “mechanical procedure, the compulsion of the supernatural according to traditional rules of thumb... it does not involve submission, petition, conciliation, consecration. If a man [*sic*] knows the rules and follows them in detail, the effect is secured”

(1965, 637). Benedict's criterion of compulsion is well taken by many scholars. For example, Brian P. Levack argues the following:

[T]he assumption of the magician is that if he practices his [*sic*] art correctly, it will automatically bring about the desired result. If he [*sic*] fails, he concludes that he has not performed his [*sic*] art properly. In practicing religion, however, man [*sic*], whether he [*sic*] be priest or layman, does not exercise the same type of control over the power he [*sic*] is using. He [*sic*] merely supplicates spirits or gods, who he [*sic*] hopes or trusts will achieve the desired result. (1987, 4-5)

From a theological standpoint, we may find an echo of this voice in Paul Tillich's conception of magic healing. Tillich calls "faith healing"—a term currently used for psychological elements that suggests the term "magic healing"—an act of concentration and autosuggestion that for instance does not accept an unfulfilled prayer as an accepted prayer. The result of magic healing, he contends, is believed to be definitely attainable unless we do not follow the techniques closely (Tillich 1978, 278-279). Through Tillichian eyes, the element of "compulsion" is clearly seen in magic healing. Recognizing that magic healing can be found in the Christian tradition (Meyer and Smith 1994), Tillich distinguishes a "genuinely religious concept of faith" from that held in magic healing:

The genuinely religious conception of faith, as the state of being grasped by... the Spiritual Presence, has little in common with this autosuggestive concentration called "faith" by the faith healers. In a sense it is just the opposite, because the religious concept of faith points to its receptive character, the state of being grasped by the Spirit, whereas the faith-healer's concept of faith emphasizes an act of intensive concentration and self-determination. (1978, 278-279)

In fact, when we remember that "healing" is Tillich's word for salvation (total or fragmentary), we recognize that genuine healing should not be taken as something that the human being can actively and compulsively achieve; a person may only be passively grasped, to put it in a Tillichian tone.

What we have discussed thus far implies the following. Change-oriented Christian counselling involves a kind of human endeavour in which persons understand themselves to be effective in inducing changes while also believing in God as the source of change. I suggest that this necessitates a choice between viewing Christian counselling fundamentally as magic healing or as religious performance.

If it is not to be taken as magic healing,⁶ Christian counselling must claim that its effectiveness is not a result of God's being compelled to heal, either by human direct compulsion or by man or woman indirectly following some sure-win rules of the divine healing game. Therefore, any adequate understanding of Christian counselling as a religious performance must not infringe on God's sovereignty and autonomy when it tries to insist on and conceive of the effectiveness of the counselling process as generated by human endeavours.

If this is so, Christian counselling must account for how it can effectively ensure changes, given that it denies the desirability and possibility of "compelling God to heal" and the agent of change is the healing God and not human effort.

This amounts to determining the role of the Christian counsellor or Christian counselling, as a human effort is involved in the healing process.

A proposed model of self-understanding— Analogical thinking

To solve the preceding puzzle, I propose understanding change-oriented Christian counselling as a source analogue of a target analogue: the divine healing presence. Designating it a source analogue infers two things. First, Christian counsellors can in no way guarantee or compel the coming of the healing God. The Christian counselling process is itself qualitatively different from the Divine Presence and act of the healing God. It is not an effort to summon or compel God to heal. It does not represent God's presence and saving act, but serves only as an analogy. Second, the counselling milieu, being an analogy that creatively helps clients to recall and discern the coming of the healing God, points beyond itself to the Divine Presence, and the transcendent power originates from the healing God. I explain these points as follows.

This proposal may best be understood as a revision of Browning's analogical approach to psychotherapy. In his book *Atonement and Psychotherapy*, Browning (1966) devotes a chapter (Chapter 6) to discussing the methodology with which he contends, i.e., that secular healing disciplines can be used for explicitly theological purposes. It is an analogical approach based on Dorothy Emmet's (1945) epistemology. Browning contends that the therapist occupies a representative role and

⁶ I am well aware that healing of the magical kind is also deeply rooted in the Christian traditions. This book represents a tradition that seeks to understand Christian healing as non-magical.

that his or her “empathic acceptance announces, proclaims, and witnesses to the fact that the client is truly acceptable, not only to him [*sic*] as a therapist, but to some structure which transcends all finite referents” (Browning 1966, 150). To make it more explicit, he elaborates that there is an “analogical relationship between the therapist’s empathic acceptance and the larger structure that it implies.” He further says that the word “analogy” means what the term traditionally meant in Thomistic literature:

Although two structures may be different with regard to quantity and degrees of perfection, they can have a similar basic essence. The therapist’s empathic acceptance must have an analogical or proportionate relation to the larger structure or it could not effectively indicate, symbolize, or witness to it. It must somehow or other reproduce the form of that to which it witnesses if it is to indeed symbolize *that* thing and not something else. (Browning 1966, 153)

What makes this understanding plausible is Emmet’s belief in the

continuity of our functions and activities with those of the enviroing world. She [Emmet] believes, with A. N. Whitehead, that the human organism is part of a dynamic system of nature, a field of energetic processes of which the cerebroneural events are terminals. (Browning 1966, 162)

In articulating this approach, Browning puts forward a precaution: that the condition of possibility of this analogical relationship represents the existence of an *a priori* experience of ontological empathic acceptance. He says:

It must be remembered that God’s acceptance precedes and constitutes the ground, possibility, and ultimate measure of the therapist’s acceptance even though analysis of the smaller, empirically discernible acceptance of the therapist may serve to sharpen our understanding of the actual structure and dynamics of God’s acceptance. (Browning 1966, 161)

We see an elaboration of the meaning and implication of this analogical approach when Browning puts himself in dialogue with Tillich’s theory of religious symbolism (Browning 1968). Browning points out that Tillich also takes from psychotherapy the concept of empathic acceptance as a primary symbol that signifies God. However, according to Browning, Tillich’s theology forbids him to apply it literally or analogically to God; it allows only an application that is symbolic (1968, 50). Browning elaborates that this is due to Tillich’s rejection of the theistic conception of God, i.e., “the God who is one being among others,