

Introduction

GETTING STARTED: A FRAME FOR WHAT FOLLOWS

Pastor Marc shook his head and sighed. The Kumar-Rands were still arguing as they left his office—and they'd made it clear they wouldn't be back. Three weeks ago, Aisha and Frank confided the tensions in their marriage and asked him for help. Their first two conversations had been difficult, but today's reminded Marc why he tried to avoid counseling couples. He replayed the conversation in his head.

"Marc, tell Frank he's being ridiculous," Aisha implored, interrupting her husband's tirade. "Do you think God intended a husband to treat his wife this way? Do you? I want to know what you think!"

"Yes," Frank added. "I'd like to know what you think, too. This is our third meeting, and you haven't done anything to fix our problem. All you've done is listen and ask questions. What do you think will make our relationship better? Tell us, and tell us fast. I can't take much more of Aisha's whining!"

"Whining? Whining!?" Aisha replied. She turned to Marc. "Do you see how he talks about me, Pastor? Do you see what I have to put up with? Do you see?"

Marc ignored the questions and focused on the couple's relationship, trying hard not to take sides. But Frank eventually exploded: "This is ridiculous! If you're not going to tell us what to do, we're not coming back!" They left immediately.

Marc felt drained, incompetent, and ineffective.

Working with couples can be difficult—and frustrating—for any caregiver. When care is short term, by default or by design, it's particularly challenging to care for couples, navigating change while remaining neutral and focusing on partnership rather than personalities. For these reasons, spiritual caregivers—mental-health professionals; chaplains, imams, rabbis, ministers, and other religious leaders; social workers; and various paid and volunteer

caregivers—need a model of caring for couples that is brief, effective, and focused on partnership. That's what this book offers.

This book also offers an approach that is sensitive to the realities encountered by partners. Couples face tremendous pressure today from socioeconomic forces aligned against committed partnerships¹ in North American (and global) contexts. These forces shape relational and intrapersonal dynamics in ways that contribute to, or even cause, the problems that couples experience. Partners can find it difficult to respond in ways that create and maintain positive, “good enough”² relationships—that is, partnerships that provide mutual comfort, support, and safety while allowing for independence, growth, and new possibilities, both for the couple together and for each partner as an individual. That's where trained caregivers—spiritual, psychological, social—can lend assistance.

Couples who receive appropriate, empowering guidance from someone who cares (both about the partnership and about the individuals involved) can make significant progress toward resolving their own problems and maintaining a good-enough relationship despite tough times. Many troubled couples do not, in fact, need long-term marriage and family therapy or ongoing, professional intervention. Instead, they benefit from a few conversations with a trusted guide—conversations that empower them to take action, get “unstuck,” on their feet, and back on track.

This book equips spiritual caregivers for such conversations. By practicing and mastering five tasks, caregivers can help couples become empowered for significant change. (The degree of change depends, of course, on the couple and the couple's situation, but in many cases, three to five conversations are enough.) The five tasks, skillfully employed, are effective, respectful, and oriented toward justice; they focus on identity, agency, and meaning so that couples can name, access, and build on existing gifts, graces, and competencies. This focus leads to conversations that are hopeful and support covenant relationship. Finally, these tasks help position the caregiver as a “useful consultant” rather than as an expert in couples therapy. This stance helps caregivers establish and sustain the psychological, spiritual, and social boundaries necessary to prevent harm in spiritual care and other helping relationships.

Spirit³ is already present in a couple's life, working for positive change; the task of the empowering caregiver is to help partners

identify, discern, and respond to this life-giving presence. The text assumes the caregiver has an existing relationship with the couple, so that alliance building has been accomplished prior to putting this approach into action. The text also assumes the caregiver has the basic relational and listening skills necessary for effective spiritual care. Finally, the book draws on recent understandings of what helps couples; it emphasizes a collaborative, resource-focused approach that engages a couple's shared stories rather than placing emphasis on deficits, pathologies, and dysfunctional relational patterns. This sets it apart from other spiritual-care texts focused on caring for couples and marriages.

AN APPROACH WITH THREE DIMENSIONS

There are three dimensions to this approach. Its focus is *empowering* couples, not solving their problems or providing something they lack. It takes a *narrative* stance, emphasizing the power of shared stories as well as a particular understanding of how people change. It describes *spiritual care* rather than marriage counseling, psychotherapy, or another type of help. Let's look at each dimension in more detail.

Guiding vs. Empowering

“Guiding” is a classic form of spiritual and pastoral care in the church and other spiritual communities. Often concerned with ethical or moral issues, guidance primarily involves helping people make choices about unfamiliar, confusing, or difficult situations (Mitchell 1990), especially issues of meaning and ultimate concern.⁴ Guiding care usually proceeds by drawing on a person’s own strengths, resources, and values, or by appealing to external authority such as Scripture, community norms, or a particular religious tradition. *Empowering Couples* emphasizes guiding care in the first sense; it helps caregivers draw out a couple’s shared values, strengths, resources, and desires for the future. This approach *strengthens* the shared identity of the couple and *supports* partners in resisting forces that cause distress in their relationship. (This is an *eductive* approach; appealing to outside authority would be an *inductive* approach.)

Although guiding care has tended, historically, to focus on a person’s self-awareness and personal wholeness, pastoral

theologian Sharon G. Thornton argues that *guiding* in the twenty-first century “involves turning our attention outward as well as inward, so we learn to ‘wake up’ completely” to suffering caused by sociopolitical realities and systemic injustice (2002: 123). She reenvisioned guiding care as a communal practice of *empowering for healing*—that is, raising consciousness so that people can “connect personal pain with public tyranny and devise strategies to alleviate both” (*ibid.*, 124). *Empowering* care allows people to claim their agency; it brings them to voice so that they can act rather than be acted upon, and it leads them to act in solidarity with others to end suffering (*ibid.*, 154–63). When *guiding* becomes *empowering*, those who suffer become the primary agents of change; the caregiver is no longer directive, coercive, or positioned “over” or “above” those seeking care.

The “empowering guidance” I advocate can be imagined as a type of conversation rather than as formal counseling. It critically integrates spirituality with empirical data about successful marriages to advocate for mutuality and cooperative partnership within covenant relationships. Caregivers who adopt this approach will tend to “travel lightly” in terms of pastoral and professional power, decentering themselves so that couples can identify and build on their unique strengths, resources, and relationship with Spirit. As such, this empowering guidance is appropriate for the sorts of ordinary conflicts and tensions that emerge between partners. (But be wary: this would not be an appropriate form of care for highly volatile couples or those whose primary struggles relate to violence, addiction, infidelity, or severe mental illness.) My overarching goal with this approach is to allow partners to create a covenant friendship strong enough to resist forces that threaten relationship (sometimes without our awareness), especially the negative influences of criticism, defensiveness, contempt, and withdrawal, which are generated in part by cultural roles and expectations.

Narrative Approaches to Giving Care

People live by the stories they tell—stories about their pasts, presents, and possible futures. These stories include identity, plot, action, time, and agency—all elements of narrative. In fact, narrative is so pervasive in our lives that psychologist Dan P. McAdams has written:

If you want to know me, then you must know my story, for my story defines who I am. And if I want to know *myself*, to gain insight into the meaning of my own life, then I, too, must come to know my own story. I must come to see in all its particulars the narrative of the self—the personal myth—that I have tacitly, even unconsciously, composed over the course of my years. It is a story I continue to revise, and to tell myself (and sometimes to others) as I go on living. (1993: 11)

This is just as true for couples as for individuals. Each couple tells at least three stories about the relationship—the story each partner tells individually (for a total of two) and the shared story they tell together. All of these accounts fall somewhere along a “good story/bad story continuum” (Ziegler & Hiller 2001: 3ff.) that sees the relationship as primarily positive or primarily negative. Our task as caregivers is to help the couple move their accounts as close as possible to the positive, “good story” end of things.

Anytime we provide care, we are intervening—intentionally or not—in the stories people tell. We become characters in the narrative of their lives, and we influence the plots and subplots by which they account for what happens in their day-to-day experience. The caring approach in *Empowering Couples* makes intentional, explicit use of the stories that couples tell about their relationships. The goal is to coach them toward telling more helpful and positive stories as they inch toward the “good story” end of the narrative continuum. In the process, we focus on the couple’s identity, agency and meaning-making, deconstructing unhelpful cultural accounts of what “normal” partnerships look like (or what they achieve) in order to privilege the couple’s own vision of what their partnership can be. At its best, that vision will emerge organically from the values and spiritualities of the partners in covenant through a process of spiritual caregiving and care receiving.

Spiritual Care in Context

Spirit pervades everything—from pumping gas and shopping for laundry soap to eating wonton soup and trimming the rosebushes. We can’t escape it. That means all care has a spiritual dimension. But the approach presented here is *spiritual care* for five reasons. First, I assume that readers bring some spiritual or faith commitments to their practices of care. When caregivers have critical

and imaginative commitments to a particular spiritual tradition (or traditions), bringing to their care an allegiance to particular sacred texts, values, worldviews, and spiritual practices, their care will be spiritually integrative to some degree. Second, the text requires caregivers to access, implicitly if not explicitly, the values and spiritualities of the couples they work with as one way of empowering partners. Third, my approach adopts and adapts the aims of spiritual care for families proposed by pastoral theologian Herbert Anderson: empowering people to embrace paradox, seek justice, acknowledge finitude, and practice hospitality in the face of fear and contingency (2009: 196). Fourth, I write as a pastoral theologian, spiritually integrative counselor, and Fellow of the American Association of Pastoral Counselors; thus the text stands in the long tradition of pastoral care and counseling literature that has emerged primarily from the North American mainline church and the progressive theological academy.

Finally, spirituality as a whole is an important aspect of a couple's experience together. There is some evidence that spiritual beliefs and practices contribute to healthy family functioning, and many people consider spiritual beliefs and practices essential factors for strengthening families and couples. In addition, couples encounter religious and spiritual issues throughout their life together, from early considerations that surround the making of covenant commitments to questions related to raising children to death rites and rituals. As family therapist Froma Walsh writes:

From a family systems perspective, there is a mutual influence between spirituality and the family: Meaningful spiritual beliefs and practices can strengthen families and their members; in turn, their shared spiritual experiences strengthen members' faith. Likewise, harsh or oppressive spiritual beliefs and practices can wound family members, their spirits, and their relationships; in turn, those who have been injured often turn away from their faith. (2009: 19)

Some readers might ask, quite rightly, how I am using the term *spirituality* (and its adjectival form *spiritual*) in the text. Definitions of "spirituality" abound, and almost all of them are deficient in one way or another. In this text, the term refers to "both a way of seeing and a pattern for living" (Anderson 2009: 194). That way of

seeing and living is individual and communal; teleological; liberating; able to grant security in the midst of anxiety; and has internal and external, active and passive, and deliberative and interpretive dimensions. Spirituality manifests in diverse forms, varying from culture to culture and from person to person across the life span, but it has a consistent and constant goal: “to be open to the transcendent dimension of life present in ordinary, everyday activity” (*ibid.*). Within this understanding, caregivers might consider couples to be “communal souls” (*ibid.*, 195), a living unity of two human individuals and the divine, a unity that has a wholeness and direction absent from either partner as an individual.

FOUR RESOURCES FOR CARE

Woven through the three dimensions of the book—empowerment, narrative, and spiritual care—are four resources: spirituality, psychology, science, and theology. The first resource is an ancient Semitic⁵ understanding of “passions”—sometimes called “spirits” or “demons”—found in the early desert traditions of Christian spirituality. Arguments about the existence and nature of spirits and demons as ontological realities are beyond the scope of the text; as I am using these terms, they refer to the “powers and principalities” (Eph. 6:12; Wink 1992) that create strife in committed relationships. I understand the terms as helpful metaphors for understanding and addressing the difficulties that can come between partners; thus I am using them as epistemological rather than ontological placeholders.

Second, I turn to narrative psychotherapy as a consistent and coherent model of change that is appropriate for use with couples. Developed in New Zealand and Australia, narrative psychotherapy is a modality of care increasingly used by spiritual and pastoral caregivers such as Andrew D. Lester (1995), Christie C. Neuger (2001), and John Blevins (2005). Neuger notes that narrative-counseling theory “is efficient, effective, empowering, and deeply relational” (2001: x), based on hope and the idea that “human beings are makers of meaning at their deepest core” (*ibid.*). She continues:

Narrative theory’s efficient and effective qualities, as well as the de-centering of the counselor in the counseling process, make

this approach well suited to parish pastors. Its respectful and advocacy nature makes it well suited to a liberationist theological commitment. Its care for the particular story in the midst of dominant cultural discourses makes it well suited for working with women. Its focus on hope and possibility makes it well suited for all. (*Ibid.*, x-xi)

From my perspective, these same traits make narrative therapy an appropriate approach to spiritual care with couples. In addition, it offers a model of change suitable to brief intervention; much can be accomplished in five to seven conversations when working from a narrative perspective.

Third, the empirical research of psychologist John Gottman (1999) provides a norm for the text. Gottman and his colleagues (first at the University of Washington and now in his own independent laboratory) use scientific data and direct observation to identify what makes a partnership stable and what harms it beyond repair. Through this work, Gottman developed a model that he says can predict with 90 percent accuracy which newlywed couples will remain married and which will divorce within four to six years. An approach to couples therapy developed around Gottman's research seeks to maximize and reinforce the positive, protective factors in couples' interactions and to minimize destructive factors.

This text uses Gottman's understanding of a healthful relationship as a pragmatic norm. It also reimagines what Gottman calls the "Four Horsemen of the Apocalypse"—criticism, defensiveness, contempt, and stonewalling—as dangerous spiritual passions that divide a couple and drive partners apart. Gottman considers these behaviors among the most destructive actions within a partnership, and this text accepts and builds on that scientifically demonstrated conclusion.

Finally, the text assumes a theology of mutuality in which relational justice, mutual empowerment, respect for embodiment, and resistance to colonization by harmful cultural norms are criteria by which a healthful covenant partnership that meets personal and relational needs can be distinguished from a harmful, patriarchal, or hierarchical partnership focused on meeting cultural needs. Healthful partnerships emphasize relational competence rather than role competence, and, in Christian contexts, accept voluntary

mutual submission, mutual self-giving, and mutual support, as depicted in Ephesians 5:21-33, as norms for behavior (Taylor 1999: 79). Enemies of healthful partnerships, from the perspective of a theology of mutuality, include economic, social, and cultural forces and the fears, hurts, and distorted visions of the partners (*ibid.*, 80).

OVERVIEW OF THE TEXT

As described above, this text adopts Sharon Thornton's proposal that the classical mode of care as *guidance* be reenvisioned as a practice of *empowering* people to act for justice on their own behalf. As couples make this effort, spiritual caregivers work to sustain them, always looking toward reconciliation through acts of solidarity—acts focused on doing justice. Thus the book has an inherent focus on *liberating justice* as an orienting value for contemporary covenant relationships. This is reflected in the first chapter, "Mutuality and Partnership: Theological Norms," which provides a normative understanding of a healthful and life-giving covenant relationship for the twenty-first century.

Chapter 2 critically correlates Gottman's empirical research on the four most common behaviors that undermine partnership with the destructive spiritual passions emphasized by the early desert tradition of Christianity. The desert tradition's methods of neutralizing the passions—primarily confession and equanimity—are explored as pathways by which couples can minimize the influence of contempt, criticism, defensiveness, and stonewalling.

Chapter 3 introduces a narrative approach to addressing problems between partners, framed through the "SMART" approach to counseling proposed by social-work researcher David Nylund (2000). The chapter places particular attention on the assumptions of the approach and the attitudes that guide its practitioners. By correlating this approach with Gottman's research, the chapter addresses the theospiritual theme of *embodiment* by highlighting the need for caregivers to attend to and diffuse the physical arousal (characterized by the "fight or flight response") that accompanies couple conflicts. The chapter concludes by emphasizing the fit of a modified SMART approach with the text's theological emphasis on mutuality and partnership.

Chapters 4 through 8 lead the reader through each step of the modified SMART approach, illustrating how to implement the approach advocated by the text. Case examples from across the life span of a relationship demonstrate in vivid, concrete ways how caregivers can apply the practical tasks of empowering guidance. A primary goal is for caregivers to understand what specific steps are to be taken and to be able to envision themselves using the approach in their practice of care, be that parish ministry, social work, pastoral counseling, or informal conversation as a volunteer caregiver.

SCOPE AND LIMITATIONS

Like much of my scholarship, this book represents an ongoing effort to catalyze a “turn to wisdom” in the disciplines of pastoral and practical theology. By “turn to wisdom,” I mean an intentional and critical choice to elicit, access, and interpret lived spiritualities—historic and contemporary, formal and informal, Christian and non-Christian—and the academic discipline of spirituality as a source, norm, and resource for practices of care and counseling. Because the book emphasizes the correlation of desert spirituality with narrative therapy and empirical research on couples’ behavior, I limit engagement with other topics that have been central to pastoral and practical theology for the past twenty years. Chief among these less-acknowledged themes is gender.

Gender dynamics and gender equality are central concerns when caring for couples, especially heterosexual couples. Yet I suspect that feminist and womanist readers will criticize me—rightly and deservedly—for inadequate attention to gender throughout the text. Because a full treatment of gender concerns is beyond the scope of the book (and the series in which it appears), I emphasize only those elements of gender that Gottman’s research identifies as behaviorally significant. Likewise, I do not significantly address race, ethnicity, class, or sexual orientation and sexual fluidity as variables that shape the interaction between partners and among couples and their caregivers. There is ample literature available on these subjects for readers who want to know more. I trust that most will accept the book for what it is and forgive its shortcomings.

INFLUENCING THE STORY

What we think and know, of course, is shaped by our communities and experiences. I write as a Presbyterian pastor, a practitioner of Theravada Buddhism, and an educated, white, sexually fluid man and father in a heterosexual marriage for nearly a quarter century. Professionally, I am a pastoral theologian, spiritually integrative counselor, seminary professor, spiritual director, and Minister of Word and Sacrament in the Presbyterian Church (USA). My religious-spiritual identity is Buddhist Christian; my theological orientation is Reformed and liberationist. In keeping with my theological heritage, I consider covenant, joy, God's desire for us and our desire for God, and the public good central to my understanding of covenant partnerships. Sex, procreation, and gender roles rarely influence my theologizing about marriage and covenant partnerships.⁶

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