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## Healthy Families-Healthy Church: A Systematic Approach to Family and Church

Lloyd Thomas Newton

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May 2, 2003

To all who read this dissertation:

Lloyd Thomas (Tom) Newton completed his doctoral project amidst the most extenuating of circumstances, producing this piece during a period in which he was suffering from several life-threatening illnesses that progressively stole away both his physical and cognitive abilities. This work reflects Dr. Newton's best effort.

In acknowledgement of his unflagging resolve to bring this project to completion and in light of the fact that this work is a monument of his commitment to finish life well in the name of Jesus Christ, the faculty of George Fox Evangelical Seminary is pleased to accept this document as is in partial fulfillment of the requirements for the Doctor of Ministry degree.

Charles J. Conniry, Jr., Ph.D.  
Director, Doctor of Ministry Program  
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**HEALTHY FAMILIES-HEALTHY CHURCH:  
A SYSTEMIC APPROACH TO FAMILY AND CHURCH**

by

LLOYD THOMAS NEWTON)

**DISSERTATION**

Submitted to the George Fox Evangelical Seminary

of George Fox University,

Portland, Oregon

in partial fulfillment of the requirements

for the degree of

**DOCTOR OF MINISTRY**

MAY 2003

GEORGE FOX  
EVANGELICAL  
SEMINARY

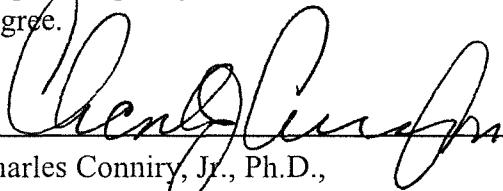
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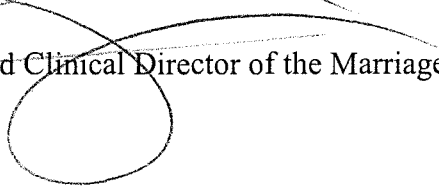
We, the undersigned, certify that we have read this thesis and approve it as adequate in scope and quality for the Doctor of Ministry in Leadership and Spiritual Formation degree.



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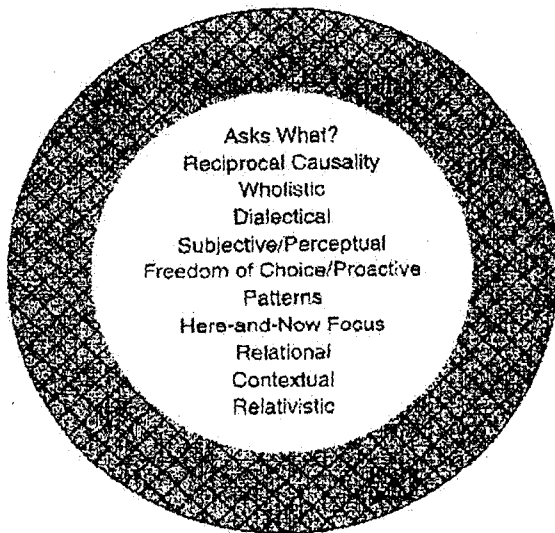


FIGURE 5 Crust for a Family Therapy Pie

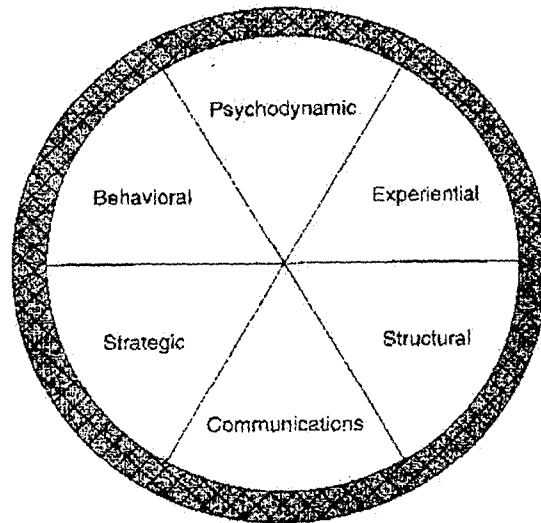


FIGURE 6 Family Therapy Pie

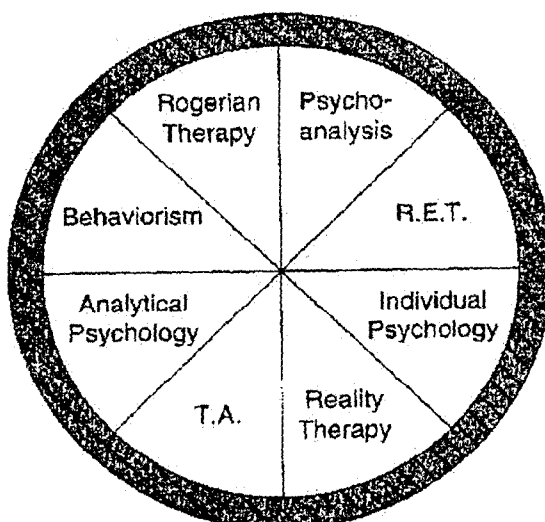
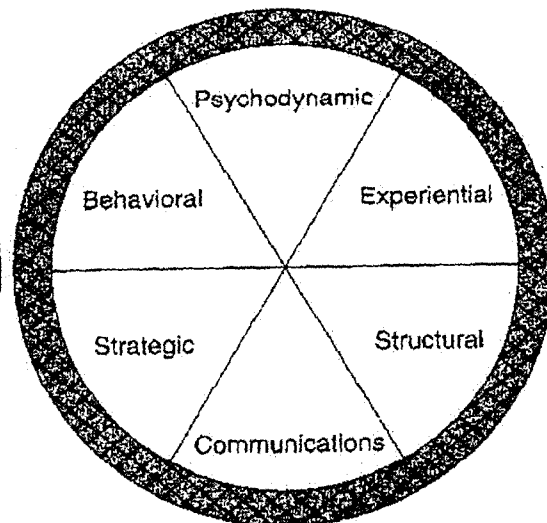


FIGURE 7 Theoretical Relativity



Abstract of Dissertation Presented to George Fox Evangelical Seminary  
of George Fox University of in Partial Fulfillment of the  
Requirements for the Degree of Doctor of Ministry

HEALTHY FAMILIES-HEALTHY CHURCH: A SYSTEMIC APPROACH TO  
CHURCH AND FAMILY

By

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May 2003

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The Church is a larger family system that experiences some of the same types of functional and dysfunctional characteristics, as does an individual or family. There are many systemic principles and concepts that are applicable to both church and family.

God's family is an example of love based on God's example in all families and His church. God's example is seen in the systemic approach. The Holy Trinity is the perfect example of balance, functionality, competence and relationship. Jesus states, "My Father and I are one" (John 10:30). "Anyone who has seen me has seen the Father" (John 14:9b). Through Jesus, we can follow God's family and see the most functional example of love and relationship.

No Church is completely healthy or very unhealthy, but most lie somewhere along a continuum or as a tapestry, reflecting differences in degree along many dimensions. Likewise our own families and the church are a multi-colored tapestries.

This dissertation will consider the necessary dimensions for developing a growing and healthy church and family. We will consider the systemic approach to health, competence and function. We will also consider what characteristics are healthy and unhealthy in Christian counseling from scriptural and systemic approach. We will see that the systemic approach honors God's plan for the family and Church.

We will examine the interpersonal relationships that are actually occurring and their affect on the health of the Church and individuals within a church. A healthy church functions as the Body of Christ. We will consider these dimensions and the systemic affect on the Church and the family member. Albert Einstein once stated "We cannot understand the nature of a system by analysis of its parts and problems cannot be solved at the same level of awareness that created them".<sup>1</sup>

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<sup>1</sup> Harris, Kevin (1995). Collected Quotes from Albert Einstein. Palo Alto: Stanford Press.

## **DEDICATION**

I dedicate this dissertation to my wife Diane Marie Newton. Diane has provided me an example of Godly love for 38 years of our marriage. Diane was raised in the Quaker (Friends) Church in Camas, Washington. Throughout our life together, she could be found in prayer, reading scriptures and writing in her journal at 3:00-4:00 A.M most everyday of our marriage. She has a spiritual life that brought her insight and clarity. She has inspired me, encouraged me and prayed for me. She has modeled to me and to our family maturity and wisdom. She is the Proverbs 31 wife. She is my best friend in the midst of my illnesses; she has shouldered much of my responsibility without complaint. I am very fortunate to have her as my wife and best friend. I thank God daily for her presence in my life.

I also dedicate this project to my Godly parents who served full time in ministry for sixty years. They are examples of Godly character and sacrifice in the service of Christ and the Church. They are in their eighties and continue to serve in the church helping others. They have supported and encouraged me throughout our lives. They have supported and encouraged me as I have struggled with illness and school.

## Acknowledgements

Words can not express my gratitude to George Fox University and George Fox Evangelical Seminary. First and foremost, I am most grateful to my professors for challenging me to expand my faith and understanding of God's Family. The staff applied the healing ointment of Christ to my wounds from thirty-five years in ministry.

I am deeply appreciative of Dr. Rand Michael of the Graduate School of counseling. He offered support and brotherly love as I walked through the shadow of the valley. He became mentor and friend and walked me through loving change. Being of the same generation, I appreciate his humor as commentary on life.

I wish to thank Dr. Richard Shaw for the wisdom and unconditional regard as my adviser for the three years in the Master Arts program. He offered wisdom and spoke into my life words of encouragement and healing.

Dr. Chuck Conniry offered words of challenge and encouragement leading me to continue in the cohort despite life-threatening illnesses. When I wanted to quit due to my illness he had words that fit each situation.

The women staff of both the Seminary and School of Counseling challenged me to consider new revelations of women's importance and key leadership in the family and church. Dr. Anita Maher brought me new understanding of God's nature and our gender identity and how it relates to family and church. Thanks go to Carol Spenser for focus on spiritual teaching and finding God in the darkness.

Thank you Mary Kate Morris of the seminary for teaching me that in the midst of illness we are still able to minister to others. Mary Kate helped me through spiritual growth and formation over the past five years. Her teaching on spiritual formation helped mold me into a new person spiritually.

## **PREFACE**

This dissertation has been a life project. It has been a challenge to complete this project due to a series of life-threatening illnesses including Parkinson's and a serious illness called sarcoidosis and 12 additional diagnoses. These have taken toll on my memory and body from 16 years of radiation poisoning from the Nevada atomic tests flats.

I graduated in 1970 from Lexington Theological Seminary in Kentucky with a M. Div. in pastoral counseling. I felt that God called me to return to graduate school for several reasons: 1) Thirty-five years in ministry had taken a toll on me spiritually causing me to become jaded and unhappy. 2) I realized a new paradigm was happening and that my training of the sixties was lacking for the ministry of counseling. 3) A third reason was realized through the required assessments for the M.A., MFT and the D.Min. program. As an MFT student we were required to be in therapy for twenty hours. I would pray that every pastor would take the opportunity to be in therapy as spiritual formation.

I have spent five years at George Fox University. These years have been the most meaningful of my life. George Fox provided the love and grace that have changed me in every way. Those closest to me have seen these changes.

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## CHAPTER 1

### INTRODUCTION

The Church is a larger family system that experiences some the same types of functional and dysfunctional characteristics, as does an individual or family. Throughout this dissertation we will find that systemic principles and concepts are applicable to both. A new understanding of God's love of any kind of family and how that family should function can be seen in the systemic approach. The Holy Trinity is the perfect example of balance, functionality, competence and relationship. Jesus states, "My Father and I are one" (John 10:30). "Anyone who has seen me has seen the Father" (John 14:9b). Through Jesus, we can follow God's family and see the most functional example of love and relationship.

On a trip to Japan I had the opportunity to see beautiful tapestries with multi-colored patterns and designs woven together. They are the product of painstaking effort over an extended period of time. When first started, no design is visible. Only after the various shades and colors are brought together is a pattern discernible. Then the tapestry is a finished product, revealing what appears to be a plan behind the arrangement of shapes and colors. Likewise, our families and churches are weaving a unique design and expression that in time reveals a design and a pattern with few or many flaws.

The notion of a family evokes images of warmth, welcome, love, acceptance, harmony and freedom, to be who you are without the fear of criticism and rejection. Even if a family's history is not all these things, a person still has this imprint in his or her heart that it was supposed to be that way. The Church should be the one refuge in this world of dysfunctional relationships where people can run to find wholeness, acceptance, love and

forgiveness. If we have anything at all legitimate and of value to offer the world, it is the healing and wholeness of fellowship in God's family. As we consider the different systemic concepts we can see the importance it has to the Church.

I believe this revelation is the Church's greatest untapped asset and a vital, crucial element to reaching the world. Jesus said, "By this all men will know that you are my disciples, by the love you have for one another" (John 13:35). Notice that He did not say they would know us because of the love we have for the lost or because of the love we have for God, but they would know us because of the love and quality of the relationship we have with each other. His unconditional love flowing in, around and through us is the outstanding characteristics that the world should know us by. When they see God's loving relationships in His Church family, they will want to be a part of it. The world is starved for the love that can only be experienced in Jesus Christ. One of the goals of this dissertation is to define and clarify God's design for family. The church has the opportunity to grow through following God's plan for family. Christ valued and honored the concept of relationships within the family. Jesus was born into a family who loved and nurtured him. He lived in a family that was human with all the same problems and strengths we face. His relationship with His heavenly Father reflects God's model for our families.

Just as the individual psychology pie (Figure 1-1) contains slices representing various theories and therapies, so there are several different slices or schools of family therapy. Some of these schools look deceptively like slices cut from the individual psychology pie. It is important to emphasize the part of the family therapy pie (Figure 1-2) that makes it unique in the many interactional relationships (Figure 1-3).

Systemic family theory is based on a different foundation of assumptions about reality and its appropriate description that includes the following: It asks: "What?" (Figure 1-4). The systemic approach is based in reciprocal causality, holistic and dialectical, subjective perceptual freedom of choice and proactive patterns, here-and-now focus, and relational, contextual and relativistic thought.

There are many approaches to therapy within the family systems theory. The one idea that all these different approaches agree on is that people are connected to a living system. That system of the family and therapy needs to address the family as a whole; if change occurs in one part of that system, then it will work its way through to the rest of the system. In family therapy, the symptoms of the identified client are seen as an expression of the dysfunction within the family. The identified person is not focused on but rather the family system.

Becvar and Becvars'<sup>1</sup> description of systemic theory finds its origin in the scientific revolution and cybernetics. Thomas Kuhn's<sup>2</sup> work describes the process by which the scientific community shifts from being dominated by one particular paradigm to accepting another. By paradigm Kuhn refers to the set of presuppositions about what the world is like, about the problems worthy of investigation and about the methods appropriate for the investigation of these problems. Solutions to problems are sought from within a given frame or perspective as normal science attempts "to force nature into the preformed and relatively inflexible box that the paradigm supplies." Kuhn in *The Structure of Scientific Revolutions Cybernetics* serves as a model for how information can be transformed or transmitted effectively within marital and family systems. The concept

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<sup>1</sup> Becvar, S.S. and Becvar, R.J. (1996). Family therapy: A systemic integration. Boston: Allyn and Bacon

<sup>2</sup> Kuhn, T.S. (1996). The Structure of Scientific Revolutions. Chicago, IL: University of Chicago Press

of homeostasis or balance explains how living systems control or maintain a steady state. The church can benefit greatly from understanding how families can be functional and competent.

Systemic therapists who have observed decreases in psychopathology in one family member have often observed increases in symptoms in another family member. Dr. Donald Jackson<sup>3</sup> observed that in systemic therapies individuals, couples and families could only be understood within the social context in which they exist. This is to say that the church must understand its social context. Systems theory emphasizes balance or stabilization within systems. Systems theory actually emphasizes controlled change that allows the development of highly complex interactional patterns that increase rather than decrease options for the system. The control mechanism that keeps the individual elements within an acceptable set of limits permits adaptation to occur. Within systems theory controlled adaptation is the key to meaningful change. Controlled growth leads to differentiation and development of those within the family. Uncontrolled growth, leads to the disorganization and break up of the system.

Dysfunctional families transmit dysfunctional thinking and behavior across several generations. The assumptions behind this are that the individual's problems may serve as a purpose or function for the family. They may be a function of the family's inability to operate productively and the symptom may be patterns of dysfunction that are passed down across generations.

Virginia Satir<sup>4</sup> believes that all individuals and families need to be validated.

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<sup>3</sup> Jackson, D.D. (1968). Communication in family and marriage: Human communication. Palo Alto, CA: Science and Behavior Books.

<sup>4</sup> Satir, V.(1991). The Satir Model: Family Therapy and Beyond. Palo Alto, CA: Science and Behavior Books.

The key concept in family therapy is that every human being has the potential and capability to change and grow. She stresses the importance of communication and emotional experiences. Her approach to therapy is more person-centered rather than technique-based. She wants her clients and their families to be spontaneous and creative in their sessions.

Systems therapy wants a family to be willing to take risks and to disclose their feelings openly. Satir believes that emotions are best expressed through creative outlets such as acting out ones feelings through drama, expressing through physical contact or humor. Systems theory finds it very important to look at the patterns of three generations of the family and to bring these patterns to the present. The view of the family dynamics is essential to family theory.

Life is full of transitions, starting with our own births. We transition from the womb to an existing family, and then we continue to transition as we go through life. All of these stages bring on anxiety and fear, because we go from what is familiar to the unknown. When a child enters the world, it enters into a family that is already loaded with rules and more rules are developed as the child grows to ensure the continuing function of the family system. Erik Erikson's<sup>5</sup> many works offers understanding of the transitions of individuals and family-life cycles. Educating the people we counsel about the transitions and stages of their life cycle can bring new understanding of self and family (Illustration 1).

Systems theory believes that the most important rules are the ones that govern communication between the members of the family. These rules are full of "shoulds"

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<sup>5</sup> Erikson, E., and Erikson, J. (1997) The Life Cycle Completed. New York: W.W. Norton.

and “should nots.” These rules are set in place to help the child learn how to deal with anger and fear. However, as a child grows some of these rules are no longer effective. Some of these rules create barriers and a small child may accept and live by these rules for both physical and psychological survival. However, if these patterns are carried into our adult interactions, it can become self-defeating and dysfunctional. Churches face a similar pattern of function and dysfunction. The church is a living organism that confronts issues of change and growth also.

Healthy families have fewer rules and the rules are attainable, relevant and flexible. Rules that allow members of the family to be unique and to share feelings openly are what lead to healthy family functioning. Families that allow members to be themselves, to lead a separate life, as well as a shared life within the family, and where change is accepted and encouraged are the most functional families.

On the other side, families that are seen as closed and change is not encouraged, but something that is to be feared, there is little individuality; this is representative of a dysfunctional family system. In this type of family, rules are rigid and do not allow for members of the family to express feelings openly. We make use of the word “counsel” when referring to church leaders. When using the word “counselor” we are referring to a professional therapist (counselor) or a pastoral counselor trained in counseling. It is important to note that the principles we present are in many cases interchangeable with “family” and “church.” For those who may be new to counseling terminology my Appendix A is *Family Systems Theory: Key Words of Systems Theory*.<sup>6</sup> Included in the

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<sup>6</sup> Bateson, G. (1970) Family Systems Theory: Key Words of Systems Theory Palo Alto, CA: MRI Mental Research Institute.



“illustrations” section are professional quality illustrations that can be useful for many ministry counseling situations. These illustrations reflect five years of compiling work by this writer. These illustrations may be used for ministry if proper citations are included.

- The personal multi-generational family system of the leader
- The organization itself as a system with both functional and dysfunctional elements
- The family systems of those persons within the organization. (For a congregation this would be the family within the congregation.)

Friedman shows how these three sets of systems intertwine with one another to make an organization function in a certain way. He asserts that by better understanding the dynamics of these systems and how they affect one another, leaders can move from a transactional style of leadership to one that is more transformational in the way it functions. Friedman is an excellent resource in seeking to gain a better understanding of one's own family-of-origin issues and how these dynamics manifest themselves in our relationships throughout the life cycle (Illustration 2).

Based on his experience as a rabbi and marriage and family therapist, Friedman gives the most comprehensive and practical understanding of congregations as emotional systems. Conflicts are explained not from a linear standpoint, A causes B, but from a systemic perspective where all participants are contributors. Each part of the system is connected to, or has its own effect upon, every other part. This helps to explain why many "issues" that arise within a congregation cannot be settled on the level of content but must be viewed as representations of how the persons surrounding the issues are participating in the relational system. "Issues" may seem settled, but if the relational system continues to function the same way, the same or other "issues" will reappear later, because they were merely symptomatic of the emotional dynamics among the people involved. He explains the major concepts of family systems theory, and applies them to organizational life, leadership, and the leader's family. It is full of examples, which makes these complex ideas easier to grasp. Few books are as insightful and helpful in equipping

church leaders to understand congregations as this one. It is the standard in applying family systems theory to congregations. His work is a primer for those who wish to understand the intergenerational relationships in family and how those relationships affect the local congregation.

Weeks and Treat<sup>4</sup> state that the terms systemic therapy or family therapy has acquired multiple connotations and is interchangeable with the term systems therapy by family therapists who apply principles of therapy in their work. The model of family therapy consistently uses a cybernetics method of regarding family relationships. First, systemic or systems therapy can refer to a therapy modality or format. Like individual therapy or group therapy, systems therapy denotes meeting with the immediate system of consequences, typically a couple or family. Secondly, systemic therapy can refer to treatment content or goal.

I agree with Becvar and Becvar<sup>5</sup> that individual psychologies such as psychoanalysis (Freud), analytical psychology (Jung), individual psychology (Adler), Rogerian therapy (Rogers), behaviorism (Skinner), rational emotive therapy or R.E.T. (Ellis), reality therapy (Glasser) and transactional analysis (T.A.) (Berne) are linear cause/effect, subject/object dualism, either/or dichotomies, value-free science, deterministic /reactive laws and law-like external reality, historical focus and individualistic reductionistic-absolutistic thought. This worldview embraces the intrapsychic/learning theories as slices of an individual psychology pie. The foundation is made up of the ingredients contained in the above list of basic assumptions (Figure 1-3). This dissertation is a reflection of those changes in philosophy, treatment approach and

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<sup>4</sup> Weeks, G. & Treat, S. (1992). *Couples in treatment: Techniques and Approaches for effective practice*. NY: Brunner and Mazel.

<sup>5</sup> Becvar, S.S. and Becvar, R.J. (1996). *Family therapy: A systemic integration*. Boston: Allyn and Bacon.

theoretical understanding and practice.

Kuhn's work addresses the paradigm shift in the 1960s. Kuhn describes the process by which the scientific community shifts from being dominated by one particular paradigm to accepting another. By *paradigm* Kuhn refers to the set of presuppositions about what the world is like, about the problems worthy of investigation and about the methods appropriate for the investigation of these problems. Solutions to problems are sought from within a given frame or perspective as normal science attempts "to force nature into the preformed and relatively inflexible box that the paradigm supplies".<sup>6</sup>

Systemic or family theory and counseling has the appropriate clinical system for the field of marriage and family therapy. This type of counseling crystallizes the identity of the counseling by way of its social constructionist orientation. Moreover, counseling allows for a strategic approach to eclecticism. In recent years, many researchers have debated the merits and limitations of eclecticism in the counseling field. By virtue of its social constructionist underpinnings and specifically its emphasis on change *processes* rather than the *content* to be changed, process is the important concept rather than blame on any one identified individual. Process offers the client and family an opportunity to achieve success not on content but on the process.

The process represents an effort to solve a family problem rather than blaming each other or one specific family member. In other words, the family and church can learn to offer respect and an unconditional love and praise by focusing on the positive qualities of individuals and offering to work on areas that can be strengthened.

Kuhn and the Becvars provide an understanding of the mechanisms that

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<sup>6</sup>Kuhn, T.S. (1996). The Structure of Scientific Revolutions. Chicago, IL: University of Chicago Press

contribute to self-regulatory processes. This provides a model within marriage or family that is analogous to servomechanisms in cybernetics. These core concepts form General Systems Theory (GST) and cybernetics has served as the innovative approaches to systems therapy.<sup>7</sup> Donald Jackson, Chairman of the Department Psychiatry of the University of Washington, has allowed me to see that systemic therapies maintain that individuals can only be understood within the social context in which they exist. Systemic therapies can best be understood within the context in which they emerged emphasizing balance or stabilization within systems.<sup>8</sup>

Jackson believes systems theory actually emphasizes controlled change, which allows the development of highly complex interactional patterns that increase rather than decrease options for the system. The control mechanisms keep the individual elements within an acceptable set of limits but also permit adaptation to occur. Controlled adaptation is the key to meaningful change within systems theory. Controlled growth leads to differentiation and development of tissues, organs, and individuals. Uncontrolled growth, like cancer, leads to the disorganization and even death of a living system.

This theoretical orientation to therapy is found in systemic theory. I was trained as a counselor in the 1960s with an existential, individualistic and linear approach. I have found that Arnold Lazarus' Multimodal Theory<sup>9</sup> best fits my theoretical orientation within systems theory. Arnold Lazarus' Multimodal Theory is the basis of my approach, strategy and intervention within the foundation of systemic theory (Appendix 2). Lazarus

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<sup>7</sup> Dryden, Windy (1992). *Integrative and Eclectic Therapy: A Handbook*. Philadelphia: Taylor & Francis, Inc.

<sup>8</sup> Jackson, D.D. (1968). *Communication in family and marriage: Human communication*. Palo Alto, CA: Science and Behavior Books.

<sup>9</sup> Lazarus, A.A. (1985) Casebook of multimodal therapy. New York: Guilford Press.

has developed an innovative and flexible broad spectrum, which is now termed cognitive-behavioral therapy. This position was detailed with the publication of Lazarus' *Behavior Therapy and beyond*.<sup>10</sup> This dissertation is a reflection of those changes in philosophy, treatment approach, theoretical understanding and practice. Becvar and Becvar<sup>11</sup> have been instrumental in my acceptance and understanding of the systemic cybernetics theory. It must be noted that while I lean towards Lazarus' theory, I am eclectic in making use of Bowen, Satir, Minuchin, Jackson, Beck, Bateson, Haley and other family systems therapists. Lazarus and other family therapists consider the importance of treating the entire *Systemic Man* (Illustration 3), which includes a man's spiritual nature and considers all the elements that make up human beings.

Included in the interactional system is the subsystem that includes the children. Understanding this is critical for assessment and treatment of the entire family system, especially when unhealthy alliances are formed in the system. The third element of the intersystem is the intergenerational system that includes the generations of the families of the couple. This intergenerational relationship affects all systems that have distinct patterns of behavior, thinking, traits, intelligence or lack-there-of, physiological and physical aptitudes. Triangles can be and are formed between different members in the different systems intergenerationally. Each individual in these systems has a map or blueprint in their mind of how they perceive themselves and the other individuals in the system. Likewise we can apply these elements to the relationship within God's family, the Bride of Christ. I see this approach as being *eclectic*, *integrative* and *practical*, while recognizing both the complexities and the practicalities inherent in working with

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<sup>10</sup> Lazarus, A.A., (1989). The practice of multimodal therapy: systematic, comprehensive, and effective psychotherapy. New York: McGraw-Hill Publishing.

<sup>11</sup> Becvar, S.S. and Becvar, R.J. (1996). Family therapy: A systemic integration. Boston: Allyn and Bacon.

human problems.

### **Bowen's Contribution to Systemic/Family Systems**

Nichols and Schwartz state that Bowen was the first to realize we are affected by past situations in their role in the creation of the present situation.<sup>12</sup> Bowen was an M.D. and the oldest child in a large cohesive family from Tennessee. He studied schizophrenia and the mother-child symbiosis and the resulting anxious attachment. He moved from dyads to triads later. He explained his theory and how it related to his own family of origin. Bowen's theories lie in the balance/imbalance of two forces, togetherness and individuality. Fusion results from togetherness being the stronger force. Unresolved emotional attachment to one's family prevents differentiation.

Bowen's contribution has become essential for family therapy. Bowen theory is a template for the church. Bowen's work can assist any pastor or counselor. For the development of health, function and competence within our families and the church, we must understand Bowen's eight interlocking concepts to family therapy:<sup>13</sup>

#### **1. Differentiation of self** is the ability to separate feeling and thinking.

Undifferentiated people cannot separate feeling and thinking. Their intellects are flooded with feelings, they can't think rationally and they can't separate their own from other people's feelings. Differentiation is the process of freeing oneself from one's family, realizing one's own involvement in problematic relationship systems as opposed to blaming others, but being able to be emotionally related to members.

It is important for those serving in ministry or leadership to assist, coach and encourage the undifferentiated. Those who are in leadership have the unique opportunity

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<sup>12</sup> Nichols, M.P. and Schwartz, R.C. (1995). Family Therapy: Concepts and methods. Boston: Allyn and Bacon.

<sup>13</sup> Kerr, M.E. and Bowen, M. (1988). Family Evaluation. New York: W.W. Norton and Company.

of being mentors and servants of Christ by providing positive regard and options for personal growth and healing.

**2. Triangles** are the basic units of systems (Illustration 4). Dyads are inherently unstable as people in dyads vacillate between closeness and distance. When stressed or under high emotion, dyads become distanced and triangulate a third party to decrease anxiety or emotionality, in effect freezing the system in place. The lower the adaptive level of functioning in a system, or ability to cope with stress, the more likely the people in the system will triangulate. The person with the least differentiation of self, the most vulnerable, will be the person most likely to get triangulated into some other dyad.

**3. Nuclear family emotional processes** refer to the emotional patterns that exist in a family over the years that are passed on to each generation. Reactions to this family emotional process include: Reactive emotional distancing; physical or emotional dysfunction in one spouse; overt conflict; and projection of problems onto one or more children.

**4. Family projection process** is the process by which emotional processes are passed on from one generation to the next. The child that receives the projection will have difficulties differentiating, and thus his or her differentiation is stunted. This will affect their interactions with their own spouse and children.

**5. Multigenerational transmission process** is the process by which family-emotional processes are transferred and maintained over three generations.

**6. Sibling position** is important as each child has a certain position or a role in the family.

**7. Emotional cutoff** is separation by emotional or physical distance from the



family-of-origin. The person cut off may look or feel independent from the family but is not. The only thing that hurt Superman was Kryptonite, a piece of his home planet. People who cut off from their original families are more likely to repeat the same patterns in their own relationships.

**8. Societal emotional processes** are social expectations about races, classes, ethnic, groups, gender, sexual orientation and their effect on the family.

These eight-interlocking concepts provide the elements that therapist and church leadership will face in ministering and offering counsel to those we serve.

### **Systemic Cybernetics Theory**

Cybernetics serves as a model for how information can be transformed or transmitted effectively within marital and family systems. The concept of *homeostasis*, or balance, explains how living systems control or maintain a steady state. If changes in a living organism start to exceed a set of safe limits, then control mechanisms in the hormonal and autonomic nervous system will be activated to help bring the system back into balance. This concept may be confusing but the basic idea deals with the interrelational effect on everyone else within the family or church. Human beings are by God's design and nature to be a family with intergenerational and interrelational blessings. Biblical texts remind us that our homes and families are to be like His family in heaven. Every behavior, attitude and action for Christians should glorify our God.

### **Linear Versus Circular Causality**

One of the major paradigms in the counseling field has been the shift from a linear to systemic thinking. Within behavioral science there are many counselors who are devoted to finding causes for given observed effects. These causes are supposed to be

linearly related to their effects. Event B happens (or happened) because event A is happening (or previously happened). Since longitudinal studies are, unfortunately, the exception, and cross-sectional or time-sample studies predominate our researches, this assumption has never been adequately tested. Still, despite an embarrassing simultaneity of observation, the "cause" and "effect" are treated as if they occurred in linear series and in the appropriate order.

"The Milan approach to family therapy has been called systemic in the tradition of Bateson's circular epistemology."<sup>14</sup> Gregory Bateson is considered one of the pioneers in systems theory. In his work *Mind and Nature* and *Steps to an Ecology of Mind*,<sup>15</sup> he brought together disciplines as diverse as anthropology, psychiatry, biology, ecology and cybernetics to present a worldview based on the study of the relationships between objects rather than the objects themselves. The connection between objects are "primarily a dance of interacting parts and [is] only secondarily pegged down by various sorts of physical limits and by those limits which organisms characteristically impose."<sup>16</sup> There is relevance or connectedness between the internal parts of an organism. There is also context, which is the basis for meaning. Temporal context intersects with spatial context and shows the continuity of interaction between creature and environment.

And so, the definition of something is based on relation and not on what it pretends to be in itself: "...all communication necessitates context, there is no meaning, and contents and contexts confer meaning because there is classification of contexts."<sup>17</sup>

For Bateson systems are units that incorporate feedback mechanisms; and by

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<sup>14</sup> Becvar & Becvar (1996). Family therapy: A systemic integration. Boston: Allyn and Bacon

<sup>15</sup> Bateson, Gregory (1979). Mind and Nature: A Necessary Unity. London: Hampton Press.

<sup>16</sup> Bateson, Gregory (1999). Steps to an Ecology of Mind. University of Chicago Press. \_1

<sup>17</sup> Becvar, S.S. and Becvar, R.J. (1998). Family therapy: A systemic integration. Boston: Allyn and Bacon

virtue of feedback, these units (systems) can process information. Such systems can be ecological, social and individual. Individuals are contextually located. For Bateson, families are systems comprised of individuals who are also systems. Most important for Bateson was the shift in focus from traditional linear thinking and the traditional perception of the individual mind to a way of understanding that the mind is part of a circuit. This means that the concept of mind is considered within the context of all relevant completed circuits. In this manner Bateson resolves the dichotomy between mind and body, as for him mind, body, action and the objects (or people), which are acted upon, are all part of a circuit of mental activity. This means that for Bateson behavior in the traditional paradigms is considered to be pathological, abnormal and intrapsychic in the circular paradigm, which is interpersonal and relational. The focus in Bateson's paradigm has shifted from the inner workings of the individual mind to the consideration of relationships in context.

### **Characteristics and Potentialities of a Mind System**

Below is a list of the distinctive traits and potentialities of mind systems that exhibit the six criteria. This includes all living organisms, as well as any component of a living system that fulfills all the criteria, and thus exhibits a degree of autonomy in its self-regulation and operation: for example, individual cells; organs; and aggregates of organs.

The model of mind advanced in this essay is a radically inclusive paradigm: extending the meaning of mind well beyond its previous boundaries; and where warranted, recognizing mental process in systems that do not include living components. Here we should also note that this model totally discredits the traditional view of

arrogating mind to our species, alone. As we review these characteristics and potentialities of mind systems, we should bear in mind that the six criteria propose a holistic model of mind which operates as a totally integrated system.

Bateson offers a concise description and explanation of mental process only in combination, and we should expect any such mental system to exhibit the following distinctive traits or attributes:<sup>18</sup>

1. Mind systems will exercise some degree of autonomy or self control: the recursive nature of feedback loops within the system's circuitry give the system information about itself and allow the system to exercise self-regulation.
2. Mind systems will exhibit a capacity for death: either through the randomization or disassembly of the multiple parts of the system or through the breaking of the circuitry that gives the system information about itself, thus destroying its autonomy.
3. Mind systems will exercise the capacity of self-correction: thus, we may recognize that they exercise purpose and choice.
4. Mind systems will adapt to their environments through *sequences* of self-stabilization around steady states: therefore they exhibit stability (steady state), extreme instability (runaway), or some mixture of these two.
5. Mind systems will learn and remember: they exercise the ability to change and adapt in response to internal or external differences in their environment; and they fashion some degree of ordering or predictability through the stochastic process of trail and error.

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<sup>18</sup> Bateson, G. (1999). Steps to an Ecology of Mind: Collected Essays in Anthropology, Psychiatry, Evolution, and Epistemology. Chicago: University of Chicago Press

6. Mind systems will exhibit some capacity to store energy.
7. Mind systems will be influenced by "maps," never "territory."
8. Mind systems will be subject to the fact that all messages are of some logical type: thus, the possibility always exists that they will commit errors in logical typing.
9. The culmination of our synopsis is the principle that mind systems will have the capacity to unite with other similar systems, and thus create still larger wholes.

The introduction of cybernetic principles led to the identification of *systemic invariance* or *isomorphisms* throughout the observable cosmos. Here we should note that whether or not employment of the cybernetic paradigm has been appropriate in each instance remains an area of dispute. Nevertheless, once perceived, the recognition of such patterns has fostered a valuable epistemic shift: from consideration of discrete "entities," to the discernment of whole systems. The recognition of systemic patterns also initiated further disclosure of the logic evident in the behavior and *interaction* of systems, enabling theorists to frame the formal characteristics inherent in whole (*e.g.*, cybernetic) systems. Bateson<sup>19</sup> recognized the properties of such a system are identified as four-fold:

1. The system is a *holistic* and cannot be reduced to its parts without altering its pattern. Artificially composed aggregates, wherein the constituent elements can be added or subtracted without altering the overall system are not included.
2. The system is *self-regulating*, stabilizing itself through negative feedback loops.

Thus cybernetic systems respond to *information*. They scan their behavior to determine its outcome, and if this "input" or feedback communicates a match with

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<sup>19</sup> Bale, Lawrence (2002). Gregory Bateson's Theory of Mind: Practical Applications to Pedagogy. Palo Alto CA: Stanford University Press

the system's "coded requirements," the system maintains its output, its behavior, in order to maintain the match (*i.e.*, it maintains a steady-state). If the system "learns" that its coded requirements are not being matched, it modifies its behavior on the basis of such information.

3. The system is *self-organizing*. If a mismatch between sensory input and "internal code" persists, the system searches for, and encodes a new pattern with which to operate. Thus, in the passage of time, differentiation and complexification of the overall system may emerge through positive feedback.
4. Moreover, the system is understood as a differentiated sub-whole within a *systemic hierarchy*. The "environment" in which a system exists is also a whole system, a meta-system. Whether ecosystem, animal, organ or cell, systems consist of subsystems that operate within a hierarchy of progressively inclusive meta-systems. As a subsystem, the system's characteristics and operations are co-determinative components of the larger system within which it is an integral component. Thus, a system may be understood as Janus-faced. As a whole, it faces inward, *i.e.*, the system is concerned with maintaining its internal steady state; as a sub-whole, the system faces outward, responding to its environment (a meta-system) in a potentially infinite regression of relevant contexts.

Those in the ministry and church leadership need to consider this paradigm change of circular causality. One important concept ignored by this theory is that feedback, which proposes that information about event B impinges on event A, which then affects B in a circle of events, which modifies each. Psychological events seldom occur only once, but rather they are persistent and overlap with maddening complexity.

This circular model is often more appropriate than one which artificially abstracts such events from the intricate time sequence in which they occur.

### **Normal and Abnormal**

Basic to any investigation of the family group is the assumption that the distinction between "normal" and "abnormal" must be reflected in variables, which can be measured in the family interaction. Likewise, a church must move from normal and abnormal categories to the recognition of the systemic nature of family and church. The differences may, of course, be qualitative as well as quantitative.

The postmodern world suggests that we first inquire into those variables that are most obviously related to immediate theoretical questions and most easily measured by the currently available research tools. The question is not simply, "What is a normal or abnormal family?" but that I understand that therapy is not about who caused the problem, but rather the interrelatedness in the system. This is a simple concept, but easy to miss. As leadership we are to teach our families and our local congregation how to move away from blaming any one individual, family or group.

Many of the things humans do takes a certain form, not so much from instincts as from adjusting to their fellows. What characterizes the interactionist approach is the contention that human nature and the social order are products of *communication*.<sup>20</sup> The direction taken by a person's conduct is seen as something that is constructed in the reciprocal give and take of interdependent men who are adjusting to one another. Furthermore, a man's personality, those distinctive behavioral patterns that characterize a given individual, is regarded as developing and being reaffirmed from day to day in his

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<sup>20</sup> Bale, Lawrence (2002). Gregory Bateson's Theory of Mind: Practical Applications to Pedagogy. Palo Alto CA: Stanford University Press

interaction with his associates. Thus, symptoms, defenses, character structure and personality can be seen as terms describing the individual's typical interactions that occur in response to a particular interpersonal context. Since the family is the most influential learning context, surely a more detailed study of family process would yield valuable clues to the etiology of such typical modes of interaction.

### **Recursion and Isomorphism**

The term *isomorphism* has its origins in mathematics. Within the systemic therapy community, the examination of a particular relationship between systems is called *isomorphism*. The prefix *iso*, from the Greek, means equal, identical, or similar. The root word, *morph*, also from the Greek, indicates a specified form, shape, or structure. The suffix, *ism* indicates an action, practice or process. So, an *isomorphism* can be interpreted as the process of two structures being of essentially equal form. The more formal mathematical statement would be that an *isomorphism* is a one-to-one correspondence (or bijection) between the elements of two sets such that the results of an operation on the elements of one set corresponds to the results of the analogous operation on their images in the other set. When we say, "different systems are the same," what we have in mind is that they have the *same structure*.<sup>21</sup>

Becvar and Becvars'<sup>22</sup> work has been foundational in helping me make this shift to systemic/cybernetic and integrating the useful techniques of multimodal theory. The new framework that I have chosen encompasses the following elements:

1. Recursion
2. Feedback
3. Morphostasis and Morphogenesis
4. Rules and Boundaries
5. Openness and Closeness

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<sup>21</sup> Becvar, S.S. and Becvar, R.J. (1998). Family therapy: A systemic integration. Boston: Allyn and Bacon

<sup>22</sup> Becvar, S.S. and Becvar, R.J. (1998).



6. Entropy and Negentropy
7. Equifinality and Equipotentiality
8. Communication and Information (that includes processing)
9. Congruent
10. Incongruent Communications.

Each element plays an important role in the process to assist the client(s) in making changes to healthiness in the here-and-now.

First, the concept of *recursion* has assisted me in understanding that the question is not, “Why” but the active “How” process. I am not interested in cause so much as in seeing individuals and events (nodal events) in terms of mutual integration and mutual influences among a family or system.

Secondly, *feedback* assists the therapist in seeing how the system responds. Within the system, feedback or the aspect of recursion involves self-correction. Gillard, Burl and James’ *Servomechanisms* are automatic devices used to correct the performance of a mechanism by means of error-sensing feedback.<sup>23</sup> The concept of positive and negative feedback refer to the impact of behavior on a system and the response of that system to that behavior. Positive feedback acknowledges that changes have occurred and have been accepted by the system. Negative feedback indicates that the status quo is being maintained.

Third, *morphostasis* is described as a system’s tendency towards stability, a state of dynamic equilibrium. *Morphogenesis* refers to the system-enhancing behavior that allows for growth, creativity, innovation and change, all of which are characteristic of a functioning family system. In a well-functioning family system, both morphostasis and morphogenesis are necessary. It is necessary that there be a healthy balance between the

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<sup>23</sup> Gilliland, Burl and James, Richard (1997). *Servomechanisms*. Pacific Grove, CA: Brooks and Cole Publishing.

two. Without this balance the family system becomes extreme in either direction or functions improperly.

Fourth, Watzlawick and Jackson<sup>24</sup> see couples and families as living systems that are characterized as *open systems*, which mean that energy can be freely transported into, within and out of the system. Information is the most important type of energy in living systems because it is an energy that reduces uncertainty. Increases in information allow systems to be organized in more complex patterns. When information is packaged or programmed appropriately and efficiently, it has a powerful affect on a system's ability to function in a highly complex and well-organized manner. Communication involves the process by which information is either changed from one state to another or moved from one point to another in space.

In the writings of Don Jackson, the intervention of the therapist in the family's communication system is when its balance of power reaches its most inventive heights. These prescriptions or tasks sometimes have the quality of rituals that are carried out which seems to deliver the family from a curse; in fact, they are carefully tuned to a clinical picture of repetitive interaction patterns, which the therapist sees but keeps to himself. "Our experience with this kind of repetitive pattern is that pointing it out does little good. However its meaning, intent and focus can be shifted by the therapist's intervention".<sup>25</sup>

The fifth element is *entropy and negentropy*. In a well-functioning family system both morphostasis and morphogenesis are necessary. There must be a healthy balance

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<sup>24</sup> Jackson, Beavin and Watzlawick's, (1968), The Pragmatics of Human Communication, Haley's Strategies of Psychotherapy

<sup>25</sup> Jackson, D.D. (1968). Communication in family and marriage: Human communication. Palo Alto, CA: Science and Behavior Books.

between the two, otherwise the family system becomes extreme in either direction and does not function properly. There should be an appropriate balance between openness and closeness within the family system; if not, the family will be dysfunctional. At either extreme the system may be in a state of moving towards maximum disorder or integration. When appropriate balance between openness and closeness is maintained, then the system is in a state of *negentropy or negative entropy* tending toward maximum order. *Homeostatis* occurs when a system comes to an operational balance where all members in the family function. The family provides support in its own functional way.

Sixth, Simon, Stierlin and Wynne<sup>26</sup> believe that equifinality and equipotentiality are of particular importance. Whatever the particular balance between *morphogenesis* and *morphostasis*, *openness* and *closeness*, or *entropy* and *negentropy*, all systems can be described according to the concept of equifinality. The system is its own best explanation regardless of where it begins; the end will be the same. For Bertalanffy equifinality literally means equal ending. "The tendency towards a characteristic final state from different initial states and in different ways based upon dynamic interaction in an open system attaining a steady state."<sup>27</sup>

The way the members of a given relationship argue, solve problems, discuss issues and so forth will generally be the same. These redundant patterns of interaction are characteristic of the end state referred to by the term "equifinality." The notion of equipotentiality reminds us that different end states may be arrived at from the same initial conditions. In either case Simon, Stierlin, & Wynne state, "The implication is that

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<sup>26</sup> Simon, F.B., Stierlin, H. and Wynne, L.C. (1985). The language of family therapy: A systemic vocabulary and sourcebook, New York: Family Process Press.

<sup>27</sup> Bertalanffy, L. Von. (1968). General system theory. New York: George Braziller.

<sup>28</sup> Simon, F.B., Stierlin, H. and Wynne, L.C. (1985). The language of family therapy: A systemic

it is not possible to make deterministic predictions about developmental processes.”<sup>28</sup>

The concept of equifinality/equipotentiality directs our attention to the level of process and to a focus on what is going on. At the same time, it precludes our need for history or for asking why something *is*. Our concern is with the here-and-now, with the particular system’s perspective. The goal is first to understand the context within which a problem fits, the patterns maintaining that problem and then to change the context. While an historical framework may provide understanding about the context of such a problem, we do not seek to place blame or locate cause. Instead, we are concerned with attempted solutions and current communication about the problem, all of which have become a part of the problem rather than of its solution. Given the concept of equifinality, we may be fairly certain that the system has become stuck, that the processes currently in use are no longer effective, and that what is needed is new information, new ways of communicating and behaving relative to the problem. The focus is on organization and the ongoing interaction in a system rather than with the origins of these characteristic patterns and processes. This shift in emphasis from the *why* to the *what*, from the past to the here-and-now, is one of the major differences between individual psychology and systems theory perspectives.

Seventh, Becvar and Becvar<sup>29</sup> consider the additional elements of *rules* or *boundaries*. The rules by which a system operates are comprised of the characteristic relationship patterns within the system. These rules express the values of the system as well as the roles appropriate to behavior within the system. A system’s rules are what distinguish it from other systems and form the boundaries of a system. Rules or

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<sup>29</sup> Becvar, S.S. and Becvar, R.J. (1998). Family therapy: A systemic integration. Boston: Allyn and Bacon.

boundaries are not visible but must be inferred from the repeated patterns of behavior of a system. The set behavioral norms for a particular family are what we would call rules from a system's perspective. Each family forms the boundaries around their particular system. The concept of boundaries implies a hierarchy of systems. Two individuals form a couple and then the subsystems of sibling and parental relationships exist within the larger system of the family. A system's boundaries and its rules act as a gatekeeper for the flow of information into and out of the system. The boundaries function as a buffer for information from outside the system by screening it for compatibility with the family's value system. The intergenerational system includes the generations of the family in therapy. Each individual in the system has his or her own map of how they perceive themselves and the other individuals in the system. This map may not be realistic in terms of how the person actually functions or sees life, but there is a need for developing a new cooperative family map.

### **System Theory and Communication**

The general basis for these theories is the communication concept of behavior first described by the group working with Gregory Bateson in California in the 1950s. It has been more recently elaborated in three texts: Jackson, Beavin and Watzlawick's, *The Pragmatics of Human Communication*, Haley's *Strategies of Psychotherapy*, and two papers by Jackson. The system of communication is in its logical elegance. We present some of it here because the method of therapy is impossible to appreciate without it.

Jackson, Beavin and Watzlawick<sup>30</sup> *Pragmatics of Human Communication* outline axioms that govern human communications, which are greatly abridged, as follows:

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<sup>30</sup> Jackson, Beavin and Watzlawick's (1987) Pragmatics of Human Communication. NY: Brunner Publishers

follows:

- **All behavior is communicative:** It is impossible not to communicate, since even the refusal to send or receive messages is a comment on the relationship between people who are in contact.
- **Messages have “report” and “command” functions:** Thus, “it’s raining” is a report, but depending on the context, inflection and relationship of speaker to hearer, it may also be a command to remember an umbrella.
- **Command messages define relationships:** The command aspect of communication is the troublesome part, because it is the medium through which relationships are shaped, and in this process, ambiguity, misunderstanding and duplicity are possible. Communicants are often unaware of commands they are giving, receiving or obeying.
- **Command messages are patterned as rules in families:** If two or more people are in a relationship for a long time, the multiplicity of commands they exchange assumes a pattern from which rules for the relationship may be derived. These rules constrain and order the behavior of family members in patterns of mutual influence, which have cybernetic properties. When anybody’s behavior approaches the established limits (the governor, the setting of the homeostat) sanctions (negative feedback) are dealt out until the behavior is again within the acceptable range.
- **Change and stability affect families:** If a member of a family wants to change the relationship, the regulating response of others that stabilizes the system by reducing change, it makes it appear that the “governor” or conservative element n

the system resides in the person or persons resisting the change. Children, especially adolescents, are natural initiators of change in families; and the mother in the family literature has acquired a reputation as the guardian of homeostasis. Jackson and others present good evidence, however, that all members resist change by any of them.

- **Inability to change rules is system pathology:** The system is considered pathological when the rules are set in such a way that there is no way of changing them. This happens when there are two rules that paradoxically negate each other: an operating rule and another rule-about-rules that denies it.
- **A family has an operating rule:** No one can take a position outside the communication (becomes Meta to it) and talk about it with the intent of changing it. Jackson calls attention to the pernicious effect of the invocation of values (health) to conceal operating rules.
- **The family therapist must model:** As a meta-communicator, or change-maker of the family, he can help them set the stuck family homeostatic in a new way. The techniques for this are tricky, and some will be described below. The general form of the process is this: He or she is the third person to whom two (or more) others present themselves with their “stuck,” endless-cycling system. They are playing a “game without end,” and he or she must intervene to change the rules because they cannot get out of it.

### **Establishing Healthy Boundaries**

Establishing healthy boundaries is how we define the sacred space we call self. The clearer we are about whom we are the more clearly our boundaries become, but the

opposite is also true. The clearer our boundaries are defined, the more clarity we achieve as to whom we are as a person. So how do we define and establish effective boundaries? When boundaries are observed the system can stabilize and discover homeostasis.

It is important to be clear that *a boundary is not a wall*. Walls are rejections to keep someone or something out of our lives. Walls push people away and do not allow us to have a relationship with them. Walls are built out of the rocks of judgment and the mortar of rejection. They cause others and us pain and suffering.

A healthy boundary on the other hand is simply a non-reactive response to persons and things in our day-to-day environment. Unlike a wall, boundaries get built on a little section at a time until we have defined the sacred space we call our self. Thus, boundaries are never finished or static; they are not perfectly circular and always allow for relationships.

A boundary is always well defined and has clearly stated consequences as to what will happen if others cross or ignore the perimeter we have established. A consequence simply says if you cross this boundary I have established, this is what will happen. Consequences are not aggressive, controlling or hurtful in that others always have a choice. Others can enter our sacred space, but only if they are willing to honor our boundaries and accept the consequences we have established. People who are abusive do not like boundaries. It makes them angry, because they are accustomed to treating others as objects. It is important to remember that a chair cannot establish a boundary; only people have that ability.

If we were raised in a family where our caregivers demanded obedience, establishing boundaries would probably be very confusing. We would have learned very



early on in life to focus on others. Our own needs and wants would have been labeled as selfish or disobedient, so we would have quickly lost touch with our own emotions. We would have become obedient children doing what we were told, not healthy, functional and competent growing persons. Thus the confusion we encounter when we try to establish boundaries doesn't mean we are not capable, the confusion only means that this is a new skill we are learning. The church offers a special opportunity to teach and model proper boundaries that can bring other important dimensions of ministry toward health, competence and function also.

When we learn to pay attention to our own needs and feelings, we are beginning to establish healthy boundaries. Then we move from an external obedience to others to an internal loyalty to our self. We begin to define who we are as persons when the sacred space we call self and our self-esteem begins to develop.

The birth of self requires boundaries. Learning to establish boundaries takes time and can be challenging. Because no birthing happens without pain, a therapist can be very helpful. When the work of becoming a person becomes confusing or painful, a therapist can help us stay on the path toward our soul.

Healthy families are able to maintain a consistent level of involvement with one another, yet at the same time, not become too involved in each other's lives. Therefore, the focus is on how much, and in what ways, family members show their interest and investment in each other without losing sight of ourself.<sup>31</sup>

Affective (emotional) involvement is concerned with how much family members are involved with each other, and not with what a family does together. Both over

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<sup>31</sup> Kerr, M.E. and Bowen, M. (1988). Family Evaluation. New York: W.W. Norton and Company

involvement and under involvement are patterns of behavior that can pose problems for families.

The degree to which family members are involved in each other's lives is an important factor in family functioning. The level can range from over-involvement at one end of the scale to a total absence of involvement at the other. Families that show little, if any, interest or investment in each other, except for shared instrumental (practical) functions such as handling money, are an example of an under-involved family. In this case, family members act more like boarders in a house than like family members.

Some under-involved families share some interests but show very little investment of self in the feelings or life situations of other family members. Often, the members of such families are self-absorbed and invest in other family members only when they can gain something from the involvement.

In over-involved families, the members become too involved and sometimes are overprotective of other family members. As a result, the overprotected members remain dependent and fail to grow and develop. Over-involvement may create conflict and resentment among family members who try to break out of the dependency role.

Over-involved families create hard feelings among family members with intrusive and over-protective behavior. These families need to reduce the over-involvement by certain family members, allowing room for others to accept their family responsibilities. Changing the family's style of involvement is not an easy task. However, steps can be taken to promote change within the family by using family meetings.

Symbiotic involvement occurs when the involvement is so intense that the boundaries between two or more family members are blurred. Boundaries are the rules

that define a person's role in the family. Symbiotic involvement is thought to be the least effective type of involvement, because family members boundaries are not respected. Without boundaries it is difficult to identify who the parent is and who the child is because their roles are often confused.

The healthiest families have a type of interaction called empathic involvement where the members have an emotional investment in one another and care deeply about each other's activities and feelings. A family, whose members show that they truly care about what others are doing, even though it may not be related to their own interests, is the most effective type of families.

Healthy families protect their boundaries, but at the same time they give members room to negotiate their independence. Achieving this balance is often difficult in our fast-paced culture, and it is particularly difficult in families with adolescents. Families whose members want to increase their involvement with one another need to set aside time during the week when they can tell each other about their interests, jobs, hobbies or activities. On a weekly basis, the focus should shift from one member to the next until each has had a turn in sharing. Family members will need to listen and ask questions to better understand what is important to each other.

The goal of this exercise is to familiarize family members with each other's interests, what is important to them, what bothers them and the way they look at things. Gaining a better understanding of each other's lives helps family members to be involved and concerned about each other. Families who can achieve this empathic involvement will function more effectively. The family has assets that are elements to personal and family health (Illustration 5).

### **The Importance of Culture**

McGoldrick, Giordano, and Pearce *Ethnicity and Family Therapy*<sup>32</sup> offer important considerations when considering counsel to different acculturated individuals. We are distinguished and united by differences and similarities according to gender, age, language, culture, race, sexual identity and income level, just to name a few. Such diversity challenges our intellect and emotions as we learn to work and live together in harmony. The church must begin the process of building an increased awareness, understanding and appreciation of all the actual diversity that has come to characterize American culture, which are focused on the core concepts of diversity: culture, the culture grouping, the allied concepts of prejudice, discrimination and political minorities.

The church must be concerned with culture, that uniquely human characteristic which underlies the entire human experience, its groupings, and diversity. Both the ideas of culture and cultural groupings are fundamental to any attempt to deal with the topic of cultural diversity or multiculturalism. There are many definitions of culture that have been proposed, as there are other difficulties and problems that have come to be associated with the concept.

Culture is defined as the learned way (or ways) of belief, behavior, and the products of these (both physically and socially) that is shared (at least to some degree) within human groups and serves to distinguish that culture group from another learning different beliefs and behaviors. Culture lies at the very heart of cultural diversity questions, discussions and any solutions to be proposed to deal with its problems. Also key in diversity is the cultural group, a relatively permanent assemblage of people who

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<sup>32</sup> McGoldrick, M., Giordano, J., Pearce, J. (1996). *Ethnicity and Family Therapy*. 2<sup>nd</sup> edition. New York: The Guilford Press.

have rights and obligations (expectations) to one another, collectively recognizing a reason or purpose in existing as a group with which members identify and take pride in doing so. After all, it is in groups of people that ideas and behaviors of culture are actualized and then utilized to determine actions. No effort to obtain a better understanding of cultural diversity is possible without first gaining some control over the culture concept and what this means to individuals and groups of people.<sup>33</sup>

In addressing cultural diversity, other ideas and terms immediately come to mind: prejudice, racism, discrimination and minority all of which have evolved with the topic. In a large measure, these concepts reflect the problems that have accompanied increased diversity as both a consequence and a cause of a great many of the social problems Americans are experiencing. In order to have health, function and competence, we must recognize the diverse nature of different cultures and societies.

To begin the process of building an increased awareness, understanding, and appreciation of all the actual diversity that has come to characterize American culture, the church needs to be focused on the core concepts of diversity: culture, the culture grouping, and the allied concepts of prejudice, discrimination, and political minorities.

It is never accurate to characterize an entire culture within a few sentences, but some trends are commonly accepted. Instead of truth, they prefer tolerance and personal choice. They value community rather than individual autonomy, virtual reality instead of facts arising from scientific discovery. They are more concerned about getting along than about getting ahead. They are more interested in building relationships than in building careers.

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<sup>33</sup> McGoldrick, M., Giordano, J., Pearce, J. (1996). Ethnicity and family Therapy. 2<sup>nd</sup> edition. New York: The Guilford Press

In the end that desire is for health, functionality, competence and personal relationship. The Church must consider this at a new level of self-reflection and ask itself if it and the leadership are working to meet the needs of other cultures. True health and functionality should bring cultural healing and understanding, helping people to have healthy and productive relationships that build character, which results in competence.

### **Focus on Family Strengths**

Emotional involvement is a key to successful family functioning. Researchers have identified several characteristics of strong families. Among these are expressions of appreciation, spending time together, strong commitment to the family, good communication and positive conflict resolution. If a family would like to improve its family involvement, try using the family meeting. When family members feel they are supported and encouraged, that their personal interests are valued then family interaction becomes more effective therapy. Each individual in these systems has his or her own map of how they perceive themselves and the other individuals in the system. This map may not be realistic in terms of how the person actually functions or sees life, but there is a need for developing a new cooperative family map.

### **Families as Systemic**

Jerry Lewis and Robert Beaver's<sup>34</sup> *No Single Thread: Psychological Health in Family Systems* has been a defining work for this writer. The authors present and support that no single thread represents health (functional); rather, there are multiple threads formed together that make a healthy tapestry (functional vs. dysfunctional). The more positive elements (ingredients) that a person, couple or family has the healthier the family is. Illustration 6 provides an understanding of the essential elements (ingredients)

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<sup>34</sup> Jerry Lewis and Robert Beaver's (1976) No Single Thread: Psychological Health in Family Systems.

for developing a functional and competent individual, couple or family. These elements can and should be applied to the Church also. Macchia's assessment summarizes the characteristics for developing a healthy church and those ingredients necessary for health and functionality.

Rakel, *Essentials of Family Practice*<sup>35</sup> provide therapists and other helping professionals with a clear summary of functional verses dysfunctional behaviors, attitudes and interaction with families and churches alike.

Functional systemic families radiate a sense of integrity and caring. Adult members espouse and live by clear human values, express feelings appropriately, communicate effectively and share power while negotiating decisions. These are essential elements of a balanced systemic structure (Illustration 6).

All family members children, adolescents and adults are encouraged to develop their own life goals and emotional independence while staying connected with the family as a whole. Functional systems or families cope relatively well with adversity, often coming out of a crisis stronger for the experience. Individual functional families or churches differ widely in how they organize and conduct family life, and their members tend toward a healthy diversity.

Dysfunctional families, instead of maintaining integrity, radiate a sense of chaos or rigidity. There is a high level of chronic underlying tension in such a family. Family members may adopt personal values from authority figures, such as parents or clergy, or from friends or other peers without considering their logical and emotional consistency. Alternatively, family members may form values by reacting in opposition to

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<sup>35</sup> Rakel, R.(1998). Family Dynamics: Rakel's Essentials of Family. Philadelphia: W.B. Saunders.

the espoused or actual values of influential people, again without critical analysis of their merits or drawbacks.

Communication tends to be erratic, inflexible or sparse, paralyzing decision-making processes and creating coercive power differentials between spouses and among family members. Dysfunctional families tend to view individual differences and independence as disloyalty that threatens their precarious emotional survival.

Such families and churches have great difficulty dealing with stressors, expected and unexpected. Such families can be caring when life circumstances are calm. When dysfunctional families are stressed, their members tend to shift quickly from the caring mode into counterproductive modes of clinging, assaulting or escaping. When the levels of individual and family anxiety rise, emotional reactions tend to override rational responses. They may express intense feelings, many of which are negative. This style creates a heated family atmosphere. At the opposite extreme, family members may shut off, blunt or hide their feelings creating a cold atmosphere.

Despite their numerous liabilities, many unhappy families have admirable, spirit-dogged persistence in the face of generations of trials and sorrow. The church leadership who has great satisfaction from serving as a needed advocate and ally provides support and God's love.

Minuchin states, "Families are organisms in a continuous process of changing while trying to remain the same".<sup>36</sup> For children, their particular family structure is the only experience of family they have, and their security is grounded in this structure. Thus, for the child it is normal. Consequently, a mourning of the "structure that was lost"

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<sup>36</sup> Minuchin, S. (1974). Families and family therapy. Cambridge, MA: Howard Press.



often follows a divorce.<sup>37</sup>

Certainly the structure of the family after divorce would be different. However, this difference offers alternative possibilities for growth that the previous family structure did not provide. Nuclear families and divorced families are different, but not better or worse; each has the potential to be either healthy or dysfunctional. This principle is similar for the church due to the characteristics of the families that make up a church. In the ideal family, the sibling subsystem feels the security of and strength of both the spouse and parental subsystems. This strength provides the grounding for increasing levels of experimentation in independence and responsibility. The children know the parents will provide support and nurturing. Indeed, children's experimentation is not for real and does not carry with it the full-blown responsibility of the adult.

On the other hand characteristics of a healthy church are providing the families of the church a safe and secure environment. A loving environment allows individuals and families of the church to grow in Christ. They learn to understand how to treat one another with genuine love and caring. One of my greatest concerns about the Church is its ability to provide such an environment of love and forgiveness free from politics.

As children can return for support and encouragement from their parents after failure and applause after success, so should the church be able to offer this love and forgiveness. In the case of failure on the child's part, he or she can experience a moratorium and with encouragement they can venture out to experiment anew, to fail or succeed or both. In addition, the sibling subsystem is the first territory where children experiment with evolving peer relationship. Similarly, as siblings negotiate with the

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<sup>37</sup> Minuchin, S. (1974). Families and family therapy. Cambridge, MA: Howard Press.

parental and executive subsystems through clear boundaries, they learn to deal effectively with authority figures. Thus, the family is the laboratory where children learn skills to deal with systems outside their family and to ultimately apply this to their spouses and families some day.

### **Churches as Systemic**

Macchia's assessment of these essential ingredients is based on a survey of 100 churches with 1,899 individuals.<sup>38</sup> His survey data confirmed that The Word and prayer were central in these churches' health and life. The survey identified ten additional ingredients for a healthy church (Table 1). Macchia's survey model on the research and statistical data method are used. The survey considered the demography, the relationship of the church and the position in the church. From this survey emerged the basic rank order of the ten characteristics of a healthy church. The survey included demography, attitudes, race, behaviors, affiliations and other essential elements. How respondents rated these characteristics (Illustration 7) was valid throughout all individuals and groups. Macchia has validated his results from a research model while focusing on faith, Christian life and spiritual development. The basic characteristics for a healthy church must start from healthy and functional homes. The church is systemic by nature and each part affects every other part. As ministers and therapists we need to teach, coach and encourage God's people about the nature of family and how families work. If our families are dysfunctional, then the church will be dysfunctional.

A healthy church is one in which the people gather together to seek and find an audience with the Great Physician week after week. Their worship is expressive as they

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<sup>38</sup> Macchia, Stephen A. Becoming a Healthy Church: 10 Characteristics. Grand Rapids: Baker Books, 1999.

worship their Father. Their worship is impressive because they allow their Father to impress His truth upon their hearts and they are changed. Whatever the style of worship if God is not allowed freedom to move, convict, and change, our churches will have some serious health problems.

### **Church-Family Interface**

The ten characteristics of a healthy church represent a redemptive approach, which is the most effective route to a lasting positive health. As a therapist I approach people and families in a redemptive, systemic and relational intimacy with God and family. I have moved away from fixing the identified troublemaker. This means discipleship is being taught and encouraged by holding individuals accountable to develop intimacy with Christ. This model is essential in a counseling relationship. Interestingly, it doesn't seem to matter what the particular stronghold is in a person's life, whether it be homosexuality, gluttony, drug dependency, compulsive gambling, shopping, alcoholism, sexual addiction, or any other stronghold, the most effective solution is the same: intimacy with Christ. The church that becomes systemic in its approach will attract individuals from the community. There are people in every community that yearn for fellowship, acceptance, forgiveness and love.

The current paradigm of Christian ministry virtually ignores the spiritual growth and spiritual formation needs of clergy and laity in favor of a fixing, too busy, doing, talking, teaching ministry that is focused primarily on institutional growth and survival. Pastors and laity are drowning in plans, programs, goals, "to do" ministries and meetings to make more plans. The result of this imbalance is dysfunctional behaviors leading to conflict. A new paradigm of Christian ministry is needed: one that establishes a balance

between clergy's spiritual formation and institutional growth. The leadership and ministers need to regain a balance that provides for spiritual formation and growth for the pastor and the congregation. Authentic spiritual growth leads to praxis.

If the Christian Church is to survive in the twenty-first Century, we must be willing to grow and change in the way we function. According to *Sociology of Religion. Issue*:<sup>39</sup> only 7.5 percent of the adult population of Great Britain have any involvement in a church. It appears that the Church in England has completely missed the new paradigm and the lack of interest of the citizens, by which England has found relevance in other ways. We must be willing to accept the reality that teaching religious theology and the praxis of spiritual formation is not the same subject.

A new paradigm of Christian ministry must embrace the reality that spirituality and doing no harm to others is our goal, with a balance that results in healthy, functional and competent individuals, couples, families and church. It appears that truth is relative in the issue of preferences. Some preferences are acceptable for one person while harmful to another. Health, functionality and competence help us find the best possible balance for the individual, couple, family and the church. I do believe that judgment of others is God's realm and that we are to model His love.

We are to love the marginalized person as Christ does. True health in Christ requires us to love God first and then our fellowman. There are absolutes that God has given men to live by. Like Jesus, Christian pastors and laity must learn to walk in a place of balance and be ready to break down legalism and other issues that cause dysfunction in families and the church.

Community cannot be built without vulnerability.

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<sup>39</sup> Steve Bruce Christianity in Britain, R. I. P. Sociology of Religion. Issue: Summer, 2001

Community cannot be built without vulnerability. A new paradigm of Christian ministry must encourage and support high levels of trust and vulnerability on the part of the clergy and laity who should be bringing health, competence and functionality to the Church. I believe that having a healthy church and family requires spiritual leadership. Spiritual formation requires time and silence. These are antithetical to the growth needs of the institutional church. Just as our eye cannot see itself without a mirror, our ego cannot see itself without leadership.

Spiritual growth and spiritual formation cannot happen without mature spiritual ministers and leadership. A new paradigm of Christian ministry must encourage the formation of spiritual leaders. The health of the leadership and members is affected by the condition of leadership. The social games, manipulation for control, and other negatives are dysfunctional.

Under the present paradigm, we are too busy “helping” parishioners *inside* our local churches to find the time to “listen” to those who live on the fringes, to those who are not in the pews on Sunday morning. The new paradigm for Christian ministry must encourage pastors and laity to go to the fringes of our spiritual culture to help develop a perspective on what God’s people are asking for and needing.

### **Becoming the Family of God**

The paradigm or worldview of ministry requires nurturing pastors and laity to be gentle, quiet, fully present, listening guides, open and vulnerable, and authentically sharing their lives with others in their congregation and community.

We must remember Jesus is our model of health, competence and functionality and our example of caring and loving the marginalized. They should be self aware

enough to know that *taking care* of people (and the institutional church) and *caring* for people the way Jesus called us to care are many times two different realities. The former leads to exhaustion and clergy burnout and the latter leads to spiritual teachers who can show others how to care for themselves and others, not as a loving and compassionate doer, but as love and compassion itself. Spiritual leadership needs spirit-filled leaders whose lives say, “Follow me.”

The major responsibility as ministers and as therapists is to help people come to a place of intimacy with Christ. True discipleship is hard work, but God gives us the energy for discipleship. It takes tremendous self-discipline to choose to operate in the Spirit instead of in our own flesh, depending on God’s strength instead of our own. The real battle is in our minds.

### **Functional and Dysfunctional Change**

An important development in family therapy and family research has been the redirection from a pathology-based focus on family deficits to a normality-based orientation. This approach identifies and builds on family strengths and resources that enable mastery of life challenges and the healthy development of all family members.

The purpose of this chapter is to further the understanding of normal family processes by examining constructions of family normality and recent advances in research on normal family functioning, drawing on conceptual and research contributions from the field of family therapy and the social sciences (Illustration 8).

An important question that all therapists and ministers have asked, “What is a Normal family?” or “What does a functional family look like?” Family systems therapists are becoming increasingly aware that all views of normality are socially

constructed. Some therapists might argue that the subjectivity of any constructions of normality makes it impossible and unwise. Being subjective makes it all the more imperative to examine the notions of normality, functionality and competence, which powerfully influences all clinical theory and practice, family process research and social policy. When normality, functionality and competence are discussed, they will be used interchangeably.

Dr. Donald Jackson made a humorous comment yet so true about normality.

“On that day when it is generally recognized that "normality" is a myth, that mankind does not divide into sane and insane, that mental disorder is not an intractable unalterable ogre unrelated to ordinary human nature, we will look with more optimism toward the future. We will recognize that man is fantastically adaptable (especially when he is given adequate opportunities) and that most people contribute something to the world. We will know that men and women, strangers or neighbors, are not "less normal" or "more inferior" than we are - just different”.<sup>40</sup>

Those in the helping professions need to be aware of the competence that we bring to our work, which is embedded in our own worldview, including cultural standards, professional orientations and personal experience. With recent theoretical contributions from constructivism and social constructionism it has become more apparent that ministers, therapists and other helping professionals co-construct the pathologies they “discover” in families. They also participate in the setting of therapeutic goals tied to family and therapist beliefs about family health. We cannot avoid normative thinking at some level. This makes it imperative for us to be aware of our own assumptions about normality and more knowledgeable about researching identifying key processes in healthy family functioning.

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<sup>40</sup> Jackson, D.D. (1968). Communication in family and marriage: Human communication. Palo Alto, CA: Science and Behavior Books.

## Chapter 3: Biblical Principles, Theology and Images

### The Call to Family Relationships

Based on Balswick's<sup>1</sup> *The Theological Basis of Family Relationship*, families are a covenant full of grace and empowerment. Spiritual and emotional health is based in bilateral commitment and unconditional mature covenant love of the present. The strong modeling of individualization, interpersonal cooperation and unconditional acceptance leads to Godly empowerment, wholeness, flexibility, adaptive behavior and health from a biblical understanding of God's love and commitment to us as individuals, couples and families. There is no contradiction between systemic theory and the theology of the Church. God desires that the Church should be interested in what makes individuals and families healthy or unhealthy and how we can apply God's love and principles to all people, especially families that are in trouble in our church family.

The Word of God provides a clear and understandable model for God's family and our family. God's family has a unique cooperation and oneness that is a clear example for our families and the Church. Paul tells us that, *"All Fatherhood comes from the Father in Heaven, for this cause I bow my knees unto the Father of our Lord Jesus Christ, of whom the whole family in heaven and earth is name...."* (Ephesians 3: 14, 15)

Father is the Greek word for *Pater*. Family is the Greek word for *Pattrea*, derived directly from the word *Pater*. The original factor in family (or pat-trea) is Father. Ephesians 3:14 reads: *"unto the Father."* Contained in this is a great revelation for us. It reveals: The Fatherhood of God is eternal and every other fatherhood (family) on earth is named after the Fatherhood of God in heaven. God's family is functional and is an example of perfect love and harmony. In other words, it derives its sanctity, authority and

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<sup>1</sup> Balswick's (1997) *The Theological Basis of Family Relationship*. Grand Rapids: MI: Baker House



importance from being a projection on earth of the Divine, Eternal Fatherhood of God in heaven. Many of us think God only becomes a Father when we become His child. But this is incorrect. In fact, His Fatherhood is eternal. Before anything was created, He was the essence of Fatherhood (family). Every other fatherhood (family) in creation is named after the eternal Fatherhood of God. This gives fatherhood a great sanctity and importance. It is a projection of the very nature of the Godhead onto earth in human experience and in time.

- *"In my Father's house are many mansions...." (John 14:2)*
- *"... for I, the Lord your God am a jealous God, visiting the iniquity of the fathers upon the children to the third and fourth generation of those who hate me." (Exodus 20:5, Amplified)*

God is the author of family and we were called to be apart of His family and His Kingdom. God the Father treats His family with equality and respect—that which the Church calls the Trinity.

### **The Body of Christ: First Corinthians 12**

The first epistle of Paul to the Corinthians is a very important letter for us, because it so thoroughly captures the problems that we face as modern people living in this contemporary age. The reason is, of course, that Corinth was the “all-American city” in the New Testament. It was a resort city, the capital of pleasure in the Roman Empire. Corinth was a beautiful city, a lovely city of palms and beautiful buildings, the center of pleasure for the whole empire. It was devoted to two things--the pursuit of pleasure and of wisdom. It was a Greek city in whose inhabitants loved to philosophy, and they were given to what Paul calls, “the wisdom of words.”

The two major forces that were active in Corinth were intellectualism and sensualism, creating the atmosphere in which the Corinthian church lived. In the city of

Corinth there was a temple dedicated to the Greek goddess of love, Aphrodite, and part of the worship of the Greek goddess was the performance of certain religious ceremonies involving sexual relationships. In reality, the priestesses of this temple were really prostitutes, and there were around 10,000 of them. The city was openly given over to the practices of licentiousness, which was regarded as a normal way of life and no one ever thought twice about it. If we think we are living under conditions where sensualism is rampant and the worship of sex is widespread, these conditions do not yet approach those of the Christians who lived in Corinth.<sup>2</sup>

Corinth was a thoroughly pagan city and typical of many in the ancient world. This meant that most of the inhabitants went from time to time to worship at pagan shrines and temples. The socio-cultural view of the town was dominated by pagan practices and the visual appearance of the town was dominated by pagan symbolism. The average Corinthian was dominated by pagan ideas, pagan hopes and pagan motivations. We could use this as a description of some American churches today.

Much of Corinth's wealth had helped to corrupt their manners, from the several faults for which the apostle reprehends them. Pride, avarice, luxury, lust (the natural offspring of a carnal and corrupt mind) are all fed and prompted by outward affluence; and with all these, either the body of this people or some particular persons among them were here charged by the apostle. The Corinthian's pride was found in their groups and factions and the notorious disorders they committed in the exercise of their spiritual gifts. This vice was not wholly fed by their wealth, but by the insight they had into the Greek learning and philosophy. Paul sees these men as naturally vain, full of self-conceit and

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<sup>2</sup> . Henry, Matthew (1991). Matthew Henry's Commentary on the Whole Bible : Complete and Unabridged in One Volume. Ontario: Hendrickson Publishers

apt to despise the plain doctrine of the gospel because it did not feed the curiosity of an inquisitive and disputing temper nor did it please the ear with artful speeches and a flow of fine words.

These behaviors were found in their dress and in their debauchery at the Lord's Table. Paul addresses their lust as a most flagrant and infamous instance of fornication. "A man has his father's wife" (I Corinthians 5:1). The pride of their learning had also carried many of them so far as to disbelieve or dispute against the doctrine of the resurrection. It is not improbable that they treated this question problematically, as they did many questions in philosophy, and tried their skill by arguing its pros and cons. As we consider this book, it reminds us of our American culture and churches.

It appears that sexual problems are as great in the Church as in the secular world.<sup>3</sup> In Chapter 12 Paul addresses "...the varieties of spiritual gifts" and that each person is given the manifestation of the Spirit for the common good (12:4-7). The diversity of God's gifts is necessary "for the common good" of the community. Paul underscores his point by employing the analogy of the human body in which all the parts are necessary to healthy functioning of the organism: "If one member suffers, all suffer together with it; if one member is honored, all rejoice together with it" (12:26). Then Paul introduces his foundational metaphor for the church's corporate life: "Now you are the body of Christ and individually members of it" (12:27). He directs the church to move from the self-absorbed lust to a systemic view as God's Family. What members do affects every other member calling them to focus on Jesus.

Common participation in the body of Christ becomes the basis for Paul's particular directions concerning the regulation of the community's worship.

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<sup>3</sup> Tracey *Christianity Today*, July 10, 2000; "Sex and the Single Christian"

Speaking in tongues was a spiritual experience, a fine thing in itself, says Paul (14:2, 5a), but it does not edify the community. All actions, however ostensibly spiritual, must meet the criterion of constructive impact on the church community. Consequently, intelligible prophecy offers "up building, exhortation, and consolation" for the community (14:3), which is to be more highly valued and sought after. "Those who speak in a tongue build up themselves, but those who prophesy build up the church" (14:4).

The task of community building, which was originally Paul's apostolic work, is transferred to the community itself. Thus, the purpose of corporate worship becomes community formation. It is crucial, however, that the work of community building be a shared participatory enterprise. The worship assembly is not to be monopolized by any one member. Instead, when you come together, each one has a hymn, a teaching, a revelation, a tongue, or an interpretation. Let all things be done for building up (oikodome) (14:26). Paul's wisdom brings the people to the essential systemic view of the family of God, the inner-relationship and focus on godly conduct.

Paul nowhere sets forth a systematic presentation of "Christian ethics." Nor does he offer his communities a "Manual of Discipline," a comprehensive summary of community organization or duties. Instead, he responds ad hoc to the contingent pastoral problems that arise in his churches.

Should Gentile believers be circumcised? Should converts to Paul's movement divorce their unbelieving spouses? Or, on the other hand, should married couples that convert stop having sexual relations? Are Christians obligated to obey the Roman authorities? What is to be done when some members of the church hog all the food at the Lord's Supper? In every case, Paul offers answers (I Corinthians 11).

A gathered community's worship reflects and symbolizes the interdependence of the body of Christ. Sandwiched between chapters twelve and fourteen is Paul's great message on love. Paul's placement of this discourse shows that Paul interprets love in terms of the ecclesial context elaborated in the surrounding chapters. Love, rightly understood, should constrain those super-spiritual Corinthians whose behavior threatens the good of the community. Love binds the body of Christ together in mutual suffering and rejoicing; love seeks the up building of the whole community rather than for private advantage. It is striking that Paul places this discourse on love in the midst of his response to the tongue-speaking controversy rather than in his discussion of marriage in 1 Corinthians 7. Why so? For Paul love has its primary focus in the common life of the Church.

Chapter twelve deals with what Paul himself calls the carnalities versus the spiritualities. The carnalities included everything that was wrong with this church; the spiritualities were what they needed to correct it. As you read this letter through, you will see that we suffer today from all the carnalities, in principle at least, and what we desperately need is to set our lives right as the spiritualities that Paul speaks of here. This letter is especially written to those who live in a sex-saturated, knowledge-loving atmosphere and to those who are trying to live as Christians in the midst of all the pressures that constantly come from these two areas. Speaking to the church in trouble, there are three major areas that Paul deals with. First, the problem of divisions; secondly, the problem of scandals in the church, and finally, certain matters they had written to him about that were troubling them. All these are brought together under the major heading, the carnalities and the things that were troubling the church.

The first problem was the matter of divisions, which was caused by the fact that the spirit of the city had come into the church. The one thing the Church must never do is to capture the spirit of the age. The job of the Church is to correct the spirit of the age. When a church begins to reflect the spirit of the age in which it lives, it immediately loses its power and that is what had happened to the church at Corinth.

Divisions over the philosophies of men came into the church. They had chosen certain religious leaders around whom they were gathering in little factions, saying that so-and-so was better than so-and-so, and the insights of this man were better than that man. They were forming little sects and cliques and schisms within the church. These divisions were largely built around certain insights they felt each man contributed, and Paul mentions certain names here to indicate what he means. Some were following Apollo's and some were gathering about Paul's name. And then there was an exclusive little group who said they were the purest of all. They said they were following Christ, and Christ only, and they were the worst troublemakers of all. But the problem was that they were all thinking that their leader's special bit of insight represented a superior view. They were doing exactly what the people out in the city were doing, dividing up over the views of men.

Paul answers this with a tremendous word in which he shows that the wisdom of men is of no avail. He sets it aside completely, and he says that in the church these insights of men are always partial and untrustworthy to a great degree and that the Corinthians would never learn anything until they gave themselves to the wisdom of God. "The world," Paul says, "by wisdom does not know God." (cf, 1 Corinthians 1:21). They would never get to the heart of their problems by trying to pursue the insights of current

popularity or secular philosophers.

Now that is true today. The Church will never solve its problems as long as it constantly pursues this writer and that writer, this man and that speaker thinking that it will gather from the efforts and knowledge of men the insights it needs to understand its problems. The apostle says it is impossible that we can ever arrive at a solution to our needs on this level, because there is something vitally missing. That missing element is the life of the Spirit in man and without this he can never solve all the riddles of life.

So the apostle answers these schisms and factions and divisions by confronting them with the word of the cross. The word of the cross presents Christ as that instrument by which God cuts off all human wisdom, which is not worthless in its own narrow realm, but as being useless in solving the major problems of man.

The American Church can learn from Paul's approach to the disarray in the church at Corinth, and the families alike, by applying the presence of Christ, as Paul did, in all areas of Church and family life. Paul brings God's standards of conduct and behavior. He provides us with a model that not only redeems the Church but the families in the community. Paul saw throughout his ministry the church as a living organism, the living body of Christ, His bride.

### **Case Study**

Optimal congregation functioning is characterized by a variety of processes interacting with one another as Christ taught. The more dimensions of health a congregation may have leads to greater health, function and competence. The less dimensions found in a congregation can lead to dysfunction and incompetence.

From 1984-1989, I served in a large church as minister of family counseling.

On the surface, the church appeared to be functional, competent and healthy. The church had many fine qualities that offered the community a positive perception.

I discovered that the organist was a practicing homosexual. Then the associate minister of thirteen years was found in a sexual act with an adolescent male in a darkened classroom. He had been responsible for spiritual life and visitation. None of the elders or staff members were aware of his sexual orientation until he was discovered. Additional families came forward to reveal that their sons were abused. The associate would not respond to the recommended treatment nor would he do counseling with his family. He left his wife, three children and the church in defiance to pursue his gay relationships. The senior minister, founder and pastor for twenty-four years, had no idea of any of these men's private lives. He eventually left the church under a cloud as more revelation came forth.

This was not the end of the church's problems with sexual sin. Eventually, fifteen women from the choir came forward to reveal that they had been having an affair with the minister of music and worship over a five-year period. He too refused the guidance of the elder board and left the church. He was to be engaged, but his fiancé broke off the engagement. His father had been in the ministry for many years until his death, and it was rumored that he had had an eye for the ladies. Intergenerational sin and behaviors were in affect.

I have wondered what occurred in the foundations of this church that led to so many individuals to be involved in sexual sins. This church was unhealthy in this respect and failed to follow God's commandment regarding sexual sin. Sin was brought into these families who were involved with these three men. Many families left the church in



hurt and shame, while other marriages were broken apart and careers destroyed. The children of these men were so embarrassed and hurt many would not attend church. The associate minister's oldest son began to act out sexually and with violence that led to his arrest.

The systemic affects of these men's behavior rippled throughout the church and into the community. The first family to seek marriage counseling was the organist, who was an active homosexual. He and his wife were graduates of a well-known Bible college, and they understood God's views about homosexuality. He refused to stop his homosexual relationships or admit that he done anything wrong. The four daughters where shocked at this revelation about their father, and as time progressed three of the girls married. The father's sin affected his relationship with his daughters and their families. The fourth unmarried daughter over the last ten years will no longer call him father. Two of the married daughters are having difficulty in their relation to their husbands. There is a gender issue in their marriages.

Two ministers approached me. One was a minister of Christian education and the other a minister of home Bible study groups. They asked me if we would become a part of a group of eighteen families who had been meeting secretly for over a year. Their goal was to take control of the congregation and replace the founding pastor.

My father was pastor of senior ministries at the church. He and I went to the senior minister with all of these issues; and he stated, "I find it hard to believe what you are telling me." Within a year, all these issues began to become public knowledge to the shock of the senior minister and elder board. Under great pressure, the founding senior minister was asked to step down. The elder board was in crisis and the ministers

that have been discussed were terminated or they gave their resignations. The elders turned to biblical principles of honoring Jesus and went back to II Timothy for qualifying ministers for the vacant positions. The attendance dropped from fourteen hundred to twelve hundred for a year. During that year, the elders followed the scriptures with prayer and methodically interviewed candidates for five positions. They interviewed a man that God had shown them to be the new senior minister. He was hired and over the next year they interviewed and filled the other positions with godly men. Ten years have gone by and the membership has grown to four thousand people, and they have expanded their plant and staff.

In order to deal with the magnitude of problems and the unrest of the congregation, they focused on Christ in worship and prayer. They kept the congregation appraised step by step and openly welcomed any suggestions to bring about healing. They had informational meetings focusing on Christ's plan and discussed how to minister to one another. The wisdom of the new pastoral staff brought about open communication.

The similarities between Corinth and the contemporary church of today, as shown in this case study, reflect how the Church is not much different from what Paul was experiencing in the church at Corinth. His experience in how he dealt with the Corinthian church brings insight to us in dealing with our church family in a Godly, confrontational way to bring about healing and growth.

### **Types of Models Used in Therapy**

People seem to yearn for a clear, simple answer to life's complexities. Many people view psychological problems through a simplistic lens and desire one definable

set of solutions. These simple answers, however, seldom stand the test of scrutiny. Some religious people follow the "sin model;" some in the recovery community follow the "medical model;" and others follow the "not so simple model."

### **The Sin Model**

Some well-meaning believers reduce all the problems of human interaction, personality and physical functioning to sin. In this paradigm, sin accounts for emotional distress, addictions and other behavioral difficulties, which idolatry is the fundamental problem of mankind. Predictably, repentance is seen as the single solution to this problem. Individuals are responsible for both the problem and the solution. There are many churches that view any problem or dysfunction as the result of sin on that person's part. This model makes for rigidity, shame and guilt for something they may of have done. I served a church that believed everything was a result of sin, which ended in a deliverance ritual to cast out the demons. Teaching a whole Biblical perspective brought balance to the church as a whole.

### **The Sickness Model**

The ideas that emotional problems originate from natural causes were popularized in the early years of the Alcoholics Anonymous movement. Dr. Silkworth introduced the disease concept of alcoholism to Bill Wilson, one of the founders of AA. Bill Wilson was a dedicated Christian who developed Dr. Silkworth's concept of alcoholism as a disease.<sup>4</sup> This concept became the mainstream treatment concept for alcoholism. Later, the disease concept was applied to drug abuse, and still later, to codependency. The majority of treatment for drug and alcohol addiction is through Silkworth's and Wilson's disease

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<sup>4</sup> A Highly Successful Approach To The Alcoholic Problem -Confirmed in Medical and Sociological Results -Medical Record, Vol. 154, August 1941, New York

concept. Indeed, many behavioral and emotional problems are related to specific chemical deficiencies, and medical treatment is a vital part of care. The model is taken too far, however, when it is applied indiscriminately to any emotional problem. For instance, it can be argued that alcoholism addiction has a physiological component, but codependency does not include any identifiable, external substance.

### **The Not-So-Simple Model**

The psalmist proclaims that man is "fearfully and wonderfully made" (Psalm 139:14-15). We are made in the image of God, but we are deeply fallen. The complexity of our being includes physical, mental, emotional, behavioral and social aspects. Virtually every problem we have is multi-faceted; its solution is then multi-modal. This is an integrative model that includes the many facets of all human beings.

An addict has chosen coping mechanisms outside the will of God to block pain and to gain a sense of value or control. There are usually factors outside his control, and therefore, outside his responsibility, such as childhood trauma, poor parental modeling, cultural reinforcement and biochemical deficiencies. The biochemical dependencies may require detoxification. Effects of depression may require medication to enable the person to think clearly and make wise choices. New communication skills are needed, and new courage needs to be acquired in order to follow through with the communication and skills. *Repentance* is right and appropriate in particular points of *responsibility*, but we do not repent of the wounds received from others or of biological factors outside our control. Though the symptoms and the contributing causes of a person's problems are multi-faceted, the root cause of all human problems is our "fallenness," manifested in apathy toward God, rebellion and a desire to stay in control of our own lives whatever the cost.

All of our relational, behavioral and emotional difficulties spring from this underlying condition. Physiological and psychological analysis certainly has validity to enable us to understand the dynamics and destructive powers in our lives, and also, to help us gain insight into channeling our motives and energies into constructive attitudes and behaviors. At the deepest level, however, the sin problem exists and must be addressed so that people can be rightly related to the God who created them and loves them, and then they can draw on His strength and wisdom.

## Chapter 4

### Defining Functional and Dysfunctional Families & Churches

#### Families and Churches

Emphasis on the systemic approach aims to reduce psychological suffering and to promote personal growth as rapidly and as durably as possible, which is also based in the concepts of God's family. Since human problems and their solutions are viewed as multi-leveled and multi-layered, individuals are assessed across seven (Illustration 9) discrete but interactive modalities. Essentially, human beings are viewed as organisms that move, feel, sense, and image, think/believe and relate to one another. In addition, people share the common denominator of being biochemical and neuropsychological beings.

The local congregation has many triangles based on individual interests, church politics or power, intergenerational families and biblical principles. The term "dysfunctional families" has been used and abused so much over the years that it is hard to define. One must first define a dysfunctional family in order to know what is functional and healthy. While there is a lot of differences in what is normal for families, there are some common traits found in families that are considered to be healthy and other traits found in families experiencing excessive stress, which can lead to dysfunctional behavior. Without taking into account cultural, economic or social considerations, the following information highlights some common traits of unhealthy families and warning signs. A family may be under too much stress and in danger of becoming dysfunctional.

The energy surrounding any functional family has stability and reduction of tension as its primary goal. Each member of the family has his or her own role to play,

and there are very powerful pressures on each individual to maintain that role in order to preserve the stability of the family unit. Often when we feel unexplained anxiety in regards to making a step forward, it is because our proposed growth will take us out of the roles assigned to us within our families. These roles remain fairly well carved in stone even if we have little or no contact with our families

## Players

Virginia Satir is one of the key figures in the development of family therapy. She believed that a healthy family life involved an open and reciprocal sharing of affection, feelings and love. She recognized that when these dimensions were missing the greater the dysfunction. Virginia Satir's Growth Model involves the following Five Freedoms:<sup>5</sup>

- The FREEDOM to see and hear what is here, instead of what should be, was, or will be.
- The FREEDOM to say what you feel and think, instead of what you should.
- The FREEDOM to feel what you feel, instead of what you ought.
- The FREEDOM to ask for what you want, instead of always waiting for permission.
- The FREEDOM to take risks in your own behalf, instead of choosing to be only "secure" and not rocking the boat.

Satir's most famous works were in conjoint family therapy, family reconstruction, the therapeutic use of metaphors, analysis of one's coping stances and the iceberg illustration of one's inner-self. She spells out the principles and techniques of this model of therapy. Her belief is that the family can be functional through proper communication, and the church can learn much from her. Her concepts open new doors that can bring families together where they learn to communicate in a caring way.

Satir believed that the therapist, by being caring and accepting, helps people to

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<sup>5</sup> Satir's book, (1991) The Satir Model: Family Therapy and Beyond. Palo Alto, CA: Science and Behavior Books.

overcome their fear, open up their experience and open up in their communication with each other. People are more open to change when they feel understood, accepted and experienced, which makes a difference in their thinking and inner feelings. She describes keen human feelings as a “human thermometer,” to understand one's feelings are to be familiar with them. The therapist's main task is to facilitate a client's self-discovery. The therapist's “use of self” is important in bringing about congruence in the therapy and in their clients. Much of the learning and grounding of the therapy involves self-learning and self-rediscovery as the therapist journeys with the client.

Satir believed in “change” and the human potential to be congruent within oneself. The meta-goals of the therapy are therefore to raise a client's self-esteem, let them be their own choice-makers, being self-responsible and congruent. All her therapeutic techniques centered on accomplishing these meta-goals. The therapy is mainly transformative in focus; the highest level of change is “being,” the essence or spiritual focus. In building the inner-self of the client, a technique encompassing the enhancement of self-awareness, self-acknowledgement, self-acceptance, self-appreciation and acting for oneself is essential in every session of the therapy. These concepts can also be applied to the church recognizing that leadership needs to be taught.

“The Players,” Illustration 9, reflects on some of the typical roles that each individual family member takes on. For example, it's been noted that, in general, the first child will acquire the values and goals of the parents, the second child will acquire the grief of the parents, the third child will acquire the unresolved conflicts between the parents, and the fourth child will acquire the unresolved conflicts of the entire family system; the fifth child will behave as a first child, sixth as a second, and so on.



## **Dysfunctional Families**

My illustration 10 dysfunctional families, instead of displaying integrity, radiate a sense of chaos or rigidity. There is a high level of underlying chronic tension in such a family. Family members may adopt personal values from authority figures, such as parents or clergy, or from friends or other peers without considering their logical and emotional consistency. Alternatively, family members may form values by reacting in opposition to the espoused or actual values of influential people, again without critical analysis of their merits or drawbacks. Communication tends to be without boundaries, inflexible or sparse, paralyzing decision-making processes and creating coercive power differentials between spouses and among family members.<sup>6</sup>

Dysfunctional families tend to view individual differences and independence as disloyalty that threatens their precarious emotional survival.

One of the best ways to understand these family dynamics is to begin to explore one's own family tree. The first step is to make a chart of the system. Begin with yourself and your brothers and sisters, then your folks and their brothers and sisters, then their parents, etc. Find out when they were born, when they got married, how many children they had, what diseases they suffered from, when they died and what they died from. This will provide a new understanding of the areas in the family that are dysfunctional and functional. This experience can help those we serve to understand their family dynamics and make changes.

Such families and churches have great difficulty dealing with stressors, expected and unexpected. Such families can be caring when life circumstances are calm. When

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<sup>6</sup> Bowen (1971) Family Therapy and Family Group Therapy. Palo Alto, CA: Science and Behavior Books.

dysfunctional families are stressed, their members tend to shift quickly from the caring mode into counterproductive modes of clinging, assaulting or escaping. When the levels of individual and family anxiety rise, emotional reactions tend to override rational responses. They may express intense feelings, many of which are negative. This style creates a heated family atmosphere. At the opposite extreme, family members may shut off, blunt, or hide their feelings, creating a cold atmosphere.

Despite their numerous liabilities, many unhappy families have admirable spirit-dogged persistence in the face of generations of trials and sorrow. Physicians who appreciate this fortitude in such families derive great satisfaction from serving as a needed advocate and ally.

### **Dysfunctional Church**

Dysfunctional church is a term used to describe a church that is not functioning as a healthy part of the body of Christ. Many people have been wounded and scarred by dysfunctional churches. My illustration 11 out lines characteristics of a dysfunctional church is one in which many of those who attend are not in unity with Christ or in harmony with each other or the leadership. They generally are not intentionally pursuing God's purposes. If they are, they are not expressing them in appropriate cultural or contextual ways to create balance. Often they identify themselves as Christians who are sincere with good intentions of practicing biblical principles. But they are continually conflicted with combinations of imbalance or erroneous doctrine, fads, irresponsibility, incompetent or dysfunctional leadership, controversial government or disciplinary problems. This results in strife, division, turmoil, ineffective ministry, wounded and confused people with a negative reputation in the community. Not every church with

problems is dysfunctional, for all churches face problems.

While these patterns may be difficult to unravel, they can be rewoven gently and carefully into new patterns. With a willingness to change and with appropriate guidance from those trained to help, we can rework the tapestry of life in the family and Church. The greatest source of strength and guidance in this process is to be found in a relationship with God. He is able to provide encouragement, will power and spiritual strength to “reweave” the patterns and find the beautiful design that the Master intended.

Thomas Fischer’s article<sup>7</sup> illustrates fifteen characteristics of dysfunctional churches. My illustration 12 is useful in recognizing dysfunctional characteristics within the church that calls out for action by the pastor and the leadership of the congregation. Over the years, those doing pastoral care and counseling recognize that motivational needs vary from individual to individual. Some need gentle support, others need someone to listen, others need a more directive approach and some, frankly, need pastoral support “right between the eyes.”

The trick is to recognize which individuals need what approach in order to encourage and support the greatest possibility for healing. These fifteen characteristics can provide leadership in a way that evaluates dysfunctional areas of the congregation. Like individuals, congregations have different personalities. Some thrive with strong directive leadership while others who are offered the same, strong directive leadership will lash out in uncontrollable reactive anxiety.

The functionality of a family and church depends a great deal on its emotional system; this in turn is strongly influenced by general human tendencies and the particular circumstances of one’s family of origin. All family members participate in and are

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<sup>7</sup> Fischer Thomas, (1997). Fifteen Characteristics of Dysfunctional Churches.

influenced by the state of the family's emotional stability. Family members seek to meet their needs mainly through interactions heavily influenced by two opposite emotional urges.

### **Functional Family and Church Defined**

Bowen understands that a healthy family is neither necessarily average, nor merely lacking in negative characteristics. Rather it has described positive features.. Functional families cope relatively well with adversity, often coming out of a crisis stronger for the experience. Individual functional families differ widely in how they organize and conduct family life, and their members tend toward a healthy diversity in many ways. Healthy churches naturally reproduce healthy disciples. Healthy churches have become a proper expression of Christ in life and ministry. They create an environment that builds healthy disciples. Church is more than a place where people come to observe certain events and participate in activities. Spiritual maturity is not defined as faithfulness to events but as obedience to Christ. The healthy church becomes a dynamic community of believers who reflect the character and values of Christ to a world that needs hope and help. Healthy churches build spiritually healthy and functional disciples.<sup>8</sup>

### **Flexibility**

Olson, Russell and Sprenkle<sup>9</sup> circumplex model provides a clear understanding of flexibility. This whole issue of how to lead change and the importance of flexibility raises some important questions. The question is, "Are flexible churches necessarily *healthy* churches?"

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<sup>8</sup> Bowen (1971) Family Therapy and Family Group Therapy. Palo Alto, CA: Science and Behavior Books.

<sup>9</sup> Olson, Russell and Sprenkle (1989) Circumplex model: Systemic Assessment and Treatment of Families.

No, not necessarily. Flexibility can either be healthy or unhealthy. Knowing which kind of flexibility is desirable for a healthy church is, perhaps, one important key toward establishing a healthy leadership posture.

What is flexibility? Flexibility refers to a non-rigid sort of plasticity, which allows for bending, shaping and re-directing without creating undue tension or anxiety. When degrees of flexibility are in healthy ranges, adjustments can be made “on the fly” to keep within a predetermined vision. Healthy flexibility is what marks athletes as they perform their respective feats. As a snow skier I learned that flexibility is essential in order to make the jumps, absorb the shocks, make sharp turns on the slalom and, in general, to adjust the rate of speed toward the goal and know when to flex the body to encounter different types of snow. Without healthy flexibility success, growth and results can be virtually non-existent.

Not all flexibility is alike. Just because one is flexible does not mean one is necessarily healthy. The key is to be flexible where and when it is healthy and, by the same token, to be inflexible—unmoved—when it is necessary.

The skier who loses sight of the goal and loses a tenacity of vision will find he seldom reaches his goal, let alone make a credible downhill run. The skier must be flexible enough to recognize his level of ability in order to determine which runs are safe. An intermediate skier should never take the runs that are meant for experts. Likewise, a family or church need to be flexible recognizing what is normal for them and stretching as required.

### **Connections between Church and Family**

The postmodern church is faced with a behavioral crisis among church families.

This crisis involves failure to follow God's behavioral requirements for a healthy (functioning) church and family versus the social values of our society. The social values have infected the Churches' children and adults alike, resulting in affairs, divorce, substance abuse and sexual deviant behaviors. Our Church leaders must reassert the values of God by modeling biblical standards and values that bring health to the Church and God's people. How may the local congregation respond to the postmodern system in a Godly approach and biblical way?

It is critical that we consider how the Church can approach the postmodern society concerning the elements that connect with the postmodernist society. I have observed the Church's ability to engage in the healing of dysfunctional behaviors and attitudes within the Church and church families. It is also our purpose to consider the positive functional behaviors of the Church. Through the practical integration of theology and counseling, we can provide a Christ-inspired model for families, individuals and the larger church family.

The basic characteristics for a healthy and functional church must start with the eldership and pastor. The Church is systemic by nature and each part affects every other part. As ministers and therapists we need to teach, coach and encourage God's people about the nature of family and how families work. If our families are dysfunctional, then the church will be dysfunctional. For those families who are invested in church life, the interrelationships affect their witness for God and then influence others by the way they live their lives.

### **Integration of Self**

Leadership must teach and model health, and this comes through genuine honesty.

with one's self and seeing ourselves as God sees us. There can be no health, function or competence of who we are without God's vision.

Perhaps a term, which might complement the one dimension of differentiation, is *integration*. The concept of integration is a virtually perfect complimentary balance to differentiation. As differentiation indicates the need for separation and identity, integration describes the need to remain within a healthy-boundary connection, which does not let the "self" be fused or diminished. This complementariness need not violate key aspects of Bowen's Theory. Instead, this complementariness aptly reflects Bowen's key notions: <sup>10</sup>

- Demonstrates the healthy *connection* of self to a system rather than its separation
- Every interaction within a system is the result of the interplay of closeness and distance, fusion and isolation
- Illustrates that healthy relationships happen within relationship systems
- Focuses on how healthy individuals *interact* with each other rather than how they are detached or distinguished from the system.

While not diminishing or negating the theoretical concept of self-differentiation, this bi-dimensional view of self-differentiation emphasizes both differentiative and integrative aspects of the self. This bi-dimensional view may also bring about some necessary clarification of the specific topic of self-differentiation and of the Bowen Theory in general. A bi-dimensional view of self, as both differentiated and integrated, would help convey the necessity for the healthy self to be *both* differentiated yet connected within relationship systems.

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<sup>10</sup> Bowen (1971) Family Therapy and Family Group Therapy. Palo Alto, CA: Science and Behavior Books.

“No man is an island.” Nichols and Schwartz utilizes a bi-dimensional concept of self as it relates to the relationship systems, which helps prevent excesses, misunderstandings and misapplications of self-differentiation. This might mislead individuals to associate a healthy necessary sense of differentiation with a very unhealthy, anxiety-based disconnectedness. Some may think that introducing a bi-dimensional concept of the self is disruptive to the Bowen Theory; not necessarily. Placing differentiation over and against integration may simply be another way to look at the proverbial glass of water filled halfway. Is the glass half-empty or half-full?

The case of the glass filled halfway with water, emphasizes that emptiness and difference can be useful. Nevertheless, the glass's half-*emptiness* does not fully reflect the reality of the condition of the glass's half-*fullness*. Whether described from the perspective of emptiness or fullness, to emphasize the fullness of the glass apart from its emptiness betrays a complete, accurate and valid description of the glass's *true* condition. Thus, the perspective, which truly describes the glass's condition, is a bi-dimensional view that takes in both dimensions of emptiness and fullness.

True to a system's understanding, this bi-dimensional perspective leads to an integrative, holistic view of the entire glass and the water within it as a system; a system in which the whole glass with water is greater than the sum of its half-empty and half-full parts. This holistic understanding is, perhaps, the apex of understanding the nature, concept and function of the half-full-half-empty glass.

Applied to the Bowen Theory, an overt, bi-dimensional focus on the self as both differentiated and integrated could bring about a more complete, integrative, holistic view of the self as uniquely individual and uniquely connected. The dynamic combination of



these two dimensions results in a more comprehensive, integrative and holistic understanding of self, the system and the self's interaction within the system. In the final analysis, a bi-dimensional description of the "I" position as being both differentiated and integrated is simply a way of describing the self as one defines a collector's coin.

As everyone who handles coinage knows, every coin has a head and a tail. For a coin to have a head but not a tail side (or vice versa), renders the coin as counterfeit. For the coin to have the highest possible value, *both* a head and tail must be distinguishable. *Both* must appear on a coin in the proper balance for the coin to have value. The greater the clarity and distinction of each of the features on each side the greater the value of the coin.

In the same way, this bi-dimensional perspective of self helps clarify in a more complete way how the self functions within the framework of systems theory. Perhaps the two most important outcomes this bi-dimensional view would generate are the differentiated self is not absorbed, fused or somehow lost in a system; and second, the healthy integration of self within a system is able to relate freely in an unlimited number of exchanges within a family system.

Bowen states, "When there is a problem in any family organization, the self is involved *somewhere*." Perhaps introducing this bi-dimensional view will help family system's parishioners seek to describe and direct the self to a healthier *balance* between differentiation of self and integration with the system, rather than fall into the danger of an over-emphasis on separative aspects of self-differentiation at the expense of avoiding or misunderstanding the necessary healthy integrative aspect of differentiation. Bowen makes sense of how we relate to our own personhood and then how we fit into our family

and our relationship with God and His people, the Church, thus having a realistic understanding of who we are and how we fit into life around us.

What model of therapy and techniques that we might use are different because each person is different. The approach or model the Christian therapist or pastor will be based in the nature of the people we counsel, but its foundations will be redemptive for the purposes of God. Our first love is for Him and His redemptive nature as being the counsel of God.

## CHAPTER 5

### Assessments and Measurement of Health

Assessment instruments act as a partial blueprint for therapy with other assessment instruments to enable the clinician not only to gather an extensive social history of the client, but also to gather information across each modality. Assessment is designed to enable the clinician or minister to agree on the most appropriate course of action or goals, and if necessary, to modify during implementation. There are times in ministry when it is very important to design an appropriate course of action after doing an assessment. It should be stressed that all these interventions are not implemented all at once. Rather, they serve as a blueprint or guide for leadership and therapists. Depending on circumstances, persons are often informed about available strategies.

#### Introduction to the Michael Meta Framework

Dr. Rand Michael, D. Min., associate professor of marriage and family therapy and clinical director of marriage and family therapy program at George Fox University, has developed *The Michael Meta-Framework*<sup>1</sup>. This model is an essential blueprint of the family system (Illustration 13). This model profile provides a complete look at the interaction that occurs within the family system.

There is an *intersystem* model that is made up of three elements. First is the *individual* system represents each individual in the relationship. The second is the *interactional* system, which involves the couple or husband and wife who together form a unique new system of behaviors, perceptions and thinking that is distinct to them. This system deals with how they dance together as a couple. This special dance affects how

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<sup>1</sup> Michael, R. (1998). The Michael Meta-Framework. Marriage and family Course. Portland, Oregon: George Fox University

they function in conflict resolution and management of their interactional style of communicating. Included in the interactional system is the sub-system of the children. The third system of the all inclusive intersystem is the *intergenerational* system, which includes the generations of the families of the couple. This intergenerational relationship affects all systems that have distinct patterns of behavior, thinking, traits, intelligence or lack-there-of, psychological and physical aptitudes. Each of these systems has a uniqueness yet is transformed at each stage of relationship. Understanding this is critical for assessment and treatment of the entire family system.

As pastors we can use this model as we consider our church family. We must realize that these concepts are universal in nature. In using these three distinct elements in our assessment and treatment plan, we can use the systemic concept to assess the local congregation. It provides an understanding of the different functions within the system. The application of such a process does provide a new understanding of a church.

With the *Michael Meta Framework*, we can observe the healthy or unhealthy areas that fall within these conceptual boundaries. No one family possesses all of these dimensions, but the more successful families seem to have a combination that includes a majority of these dimensions. The less these dimensions are found in a family the more dysfunctional that family will be.

The Church should be built on the Chief Cornerstone, Christ, and a foundation based in God's example that is systemic. To be healthy as a church or as an individual family, each needs to recognize who they are. The *Meta Framework* offers an understanding to us about our families and how they were formed. The same information gathering can be applied to a church (Illustration 13).

The *Michael Meta Framework* offers a clear understanding of how the family is functional or dysfunctional. The *Meta Framework* reflects each part of a family's life: (1) Process which represents the individual, couple and family communication style and how they manage conflict. (2) Structure which represents the rules, structure, boundaries and hierarchy within the client's home and family. (3) Developmental stage which includes the family-of-origin and family-life-cycle.

Through information gathering, genogram and the *Michael Meta Framework* and other assessments, we are able to get a map for the individual, couple and the family or a church. From this map we evaluate and assess how the family functions in conflict resolution and management and of their interactional style of communicating. Included in the interactional system is the subsystem, which includes the children and their interaction with the larger family. My Illustration 14 is a worksheet for the individual family to get in touch with their own family history, beliefs, culture and all the elements that make them unique.

The *socio-cultural milieu* makes up the family's church, school, community and the intergenerational component. This offers a complete picture of just how the family functions, their family patterns and behaviors passed down intergenerationally. Each individual is made up of complex traits, behaviors, emotions, intelligence, physical, and spiritual individualism that sets each person apart as unique. Each individual affects every other individual within the system, which leads to a unique dance! The church has these same elements that need to be assessed and recognized by leadership leading to health as the eldership deals with dysfunctional behavior.

## Multigenerational Transmission of Communication Patterns

The *intergenerational system* includes the generations of the family in therapy. Griffin<sup>2</sup> reflects on the intergenerational relationship that affects all systems and has distinct patterns. Each individual in these systems has a map or blueprint in their mind of how they perceive themselves and the other individuals in the system. This map is not necessarily realistic in terms of how the person actually functions or sees life. One of the major causes of difficulty in the family is the lack of understanding or misconception of the other individual's map and the need for developing a new cooperative family map. When a family focuses on the content of their relationship, rather than the process, they usually become conflictual and enmeshed. The transmission affects the entire system.

*Knowing history* becomes essential in assessing the health of a church, family or individual. A *genogram* on the individual congregation can assist the leadership in understanding the congregation; the assessment means looking for missing dimensions or competences that could contribute to a healthier individual, family and church (Illustration 15). What are the holes in the fabric of the tapestry of the family or the church? Every family has some of the healthy attributes missing. Appendix 3 contains all the symbols and descriptions for a family to begin mapping out all the elements of their family. This mapping of the family patterns is from assessment, observation and then learning to block the dysfunctional patterns. In Appendix 3 there are steps you may follow in mapping out the family.

## Systemic Functionality Assessment

A most useful tool for evaluating these concepts of functionality is Olson,

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<sup>2</sup> Griffin, W.A. (1993). Family Therapy: Fundamentals of theory and practice. Bristol, PA: Brunner/Mazel.

Russell and Sprenkle's<sup>3</sup> systemic assessment and treatment of families (Illustration 16) of sixteen types of marital and family systems.

Dr. Olson founded and directed the Human development Department of marriage and family therapy at the University of Minnesota. This model attempts to locate families in a *circumplex* matrix created by the two central dimensions of family cohesion and family adaptability. Too much or too little of family cohesion or family adaptability is detrimental to family functioning and to a healthy family system. The central area of the matrix is seen as the area of optimal functioning and the area where highly viable family systems are most likely to be located.

Within this central region is an emphasis upon balancing the extremes of the two dimensions. The central area of the model contains four types of families that are moderate on both the adaptability and cohesion dimensions. The four central types are characterized by flexible separateness, flexible togetherness, structured separateness and structured togetherness. The four extreme types, which are hypothesized as related to difficult family functioning, are characterized by: chaotic disengagement, chaotic enmeshment, rigid disengagement and rigid enmeshment (Illustration 17).

The model proposes that a balanced level of both cohesion and adaptability is the most functional to marital and family development. It postulates the need for a balance on the cohesion dimension between too much closeness (which leads to enmeshed systems) and too little closeness (which leads to disengaged systems). There also needs to be a balance on the adaptability dimension between too much change (which leads to chaotic systems) and too little change (which leads to rigid systems). The model was developed

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<sup>3</sup> Olson, Russell and Sprenkle's (1979) A Circumplex Model: Systemic Assessment and Treatment of Families of sixteen types of marital and family systems.

as a tool for clinical diagnosis and for specifying treatment goals with couples and families (Illustration 18).

### **Relationship Between Spirituality Types and Learning Styles**

Young Woon Lee from the Touch Trinity Graduate School of Theology in Seoul, Korea<sup>4</sup> developed an assessment tool that is essential in understanding the local congregation. This assessment reflects feedback major factor in any system. If we don't know how you communicate, learn and know your spirituality type then there will be strife and misunderstanding (Appendix 4).

Therapists and ministers can use these concepts of learning styles to educate people in marriage, friendship, family and the local congregation in spiritual typology. My experience is that a majority of persons didn't know or understand how those around them learn or their spiritual type. Educating people about the systemic effect of their actions can be a revelator experience. When people in relationships don't understand these elements, there is strife and misunderstandings that lead to broken relationships. The church has conflicts that many times blind the individuals involved in the strife, so knowing and understanding how others learn and the persons learning style can change the interrelational perspective.

Lee defines learning style and spirituality types as he reviews research on learning styles and spirituality types, reports data analysis and discusses the implications of these issues for teaching and preaching in the church and theological institutions.

The concept that people learn in different ways has generated various perspectives and numerous studies during the last three decades. *Definitions of Learning Style* by Rita

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<sup>4</sup> Lee, Young Woon (1979). Relationship between Spirituality Types and Learning Styles Touch Trinity Graduate School of Theology in Seoul, Korea



Dunn and Kenneth Dunn,<sup>5</sup> defines “learning style” as the way in which each learner begins to concentrate on, process and retain new and difficult information (Appendix 4).

There are twenty-one elements of learning styles, including environmental (sound, light, temperature) and two primary dimensions into the process of how people learn: (1) How people perceive information, and (2) How people process information.

The first dimension, for the perception of information, is graphically portrayed as an axis with two end points of opposite natures. At one end of the axis is concrete experience (CE), in which emphasis is placed on one’s experiences and feelings. Formation abstract (FA), at the opposite end of the axis, characteristically involves information gathering and the use of logic and ideas, rather than feelings. The second primary dimension for the process of information has active experimentation (AE) at one end of the axis and reflective observation (RO) at the other end.

There are several learning style models, each with their own assessment instrument. These models range from being single or dual dimensional, represented by one or two variables on a bi-polar continuum, to being multidimensional and encompassing multiple spirituality types and learning types.

Learning style in the former extreme (AE) takes an active approach in learning by doing; however, the latter extreme (RO) learning style relies on observation by watching. In order to measure an individual emphasis along these axes, several learning style instruments were developed.<sup>6</sup> Kolb designed a learning style instrument (LSI) consisting of a questionnaire in which respondents attempt to describe their learning style

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<sup>5</sup> Dunn, K. and Dunn, R. (1985). Definitions of Learning Style Types. Boston: Allyn & Bacon.

<sup>6</sup> Kolb, David A. (1984). Experiential Learning: Experience as the Source of Learning and Development. Englewood Cliffs, NJ: Prentice-Hall Inc.

preferences. Each item asks respondents to rank in order four sentence endings corresponding to the four learning models; namely, concrete experience (CE, feeling), reflective observation (RO, watching), abstract conceptualization (AC, thinking) and active experimentation (AE, doing). The LSI then measures an individual's relative emphasis along the two learning dimensions AC-CE and AE-RO, yielding two combination scores (Appendix 4).

These two scores, when plotted in one of the four quadrants, are associated with one of four learning style types labeled by Kolb as diverger, assimilator, converger and accommodator. The following is a brief description of these types. Diverger combines the learning steps of CE and RO. This approach is characteristically imaginative and multi-perspectival in problem-solving situations. Assimilator combines learning steps of AC and RO. This approach relies on inductive reasoning and use of logic for purposes of theory building. Converger combines the learning steps of AC and AE. There is a preference toward technical tasks and practical solutions. Accommodator combines learning steps of CE and AE. Action in a given situation predominates over theory formation and learning results in "hands-on" experience. In Kolb's experiential learning model, learning takes place in a four-stage cycle. The core of Kolb's model of learning is his description of the learning cycle that visually demonstrates how experience is translated into concepts. Those concepts, in turn, guide the choices and perceptions of the new experience.

Dr. James Mason, Ph.D.,<sup>7</sup> professor at Bethel Seminary, St. Paul, Minnesota, introduced Sager's *A Model of Spirituality Types* to our cohort group (Appendix 5). Each

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<sup>7</sup> Dr. James Mason, Ph.D., professor at Bethel Seminary St. Paul, Minnesota (2001). Presentation made to the class 2003 cohort at George Fox University Seminary.

member of the group administers the questionnaire to evaluate the makeup of the local congregation. Knowing the makeup of the church then allows the leaders to provide the most healthy styles and elements for any given congregation. It also provides understanding of how the characteristics of individuals and the congregation function and relate through the system. The Appendix 5 includes the questionnaire that each member would participate in, the grading scales, the World View Test and the diamond-recording sheet. Using the model to assess our church eldership with the results providing a new perspective for the elders.

### **Phenomenology of Spirituality: A Model of Spirituality Types**

Sager's *Phenomenology of Spirituality: A Model of Spirituality Types*<sup>8</sup> utilizes two axes in order to describe his phenomenology of spirituality types. The vertical scale is an "orientation/ends" scale. The upper hemisphere represents those who seek illumination of the mind in their desire to know God. Those in the lower hemisphere seek illumination of the heart, desiring to have an affective rather than speculative relationship with God. The horizontal scale is a "technique/means" scale indicating the preferred ways and means of going about the spiritual life. Sager borrowed and adapted two Greek words historically used in contrast to spirituality, kataphatic and apophatic. Sager theorizes that spiritual preferences and habits come in patterns and in combinations. Described below are four patterns that he calls preferred spirituality types (PST). (Appendix 5).

#### **Apophatic/Heart Spirituality (AH)**

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<sup>7</sup> Sager, A.H. (1998) Phenomenology of Spirituality: A Model of Spirituality Types Journey. Minneapolis: Augsburg Fortress

These persons prefer to live a contemplative life. Intuition is dominant; feelings are primary. Contemplation brings inner peace and a sense of rest. They desire prayer and quiet as means to reach their goal of mystical union with God.

### **Kataphatic/Mind Spirituality (KM)**

For these persons the intellect is dominant. They are speculative and imagining types. Sensate thinking is foremost. There is involvement with the world, though more concerned about understanding it than changing it. Mental praying leads to insight as the goal of meditation.

### **Kataphatic/Heart Spirituality (KH)**

These are the people who want to feel their religion. They are suspicious of doctrinal formalism. They allow the affective arena to dominate their thinking. They typically insist on an outward expression of an inner change.

### **Apophatic/Mind Spirituality (AM)**

The volition is dominant for these people. They are contemplative, yet bold to tackle every force that stands in the way of peace, justice, and human rights. They are marked by an urgent sense of conflict and the stress related to social action.

## **Four Schools of Spirituality**

John Westerhoff<sup>9</sup> designed an assessment for *Typology: Four Schools of Spirituality Urban Homes*.<sup>9</sup> He presents a helpful typology for spiritual life (Appendix 4). He suggests that there have always been two appropriate ends of spiritual life: a speculative spirituality that focuses on the illumination of the mind and an affective spirituality that focuses on the illumination of the heart. He further suggests there are two

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<sup>9</sup> Westerhoff, John (1994). Typology: Four Schools of Spirituality Urban Homes. Louisville, KY: Westminster John Knox Press.

appropriate means toward those ends: a kataphatic means, which is an indirect way of knowing how our relationship with God is mediated, and an apophatic means, which is a direct way of knowing how our relationship with God is not mediated. The resulting typology contains four schools of spirituality: speculative-kataphatic (SK), affective-kataphatic (AK), affective-apophatic (AA), and speculative-apophatic (SA). Each of these schools is subject to a natural heresy. A heresy is a truth that has gone too far, that has denied its counter-truth. For example, the speculative-kataphatic school denies the validity of the affective. The apophatic school falls into the heresy of rationalism, an excessive concern for right thinking that leads to dogmatism.

The AK school risks falling into the heresy of pietism, an excessive concern that leads to emotionalism. The SK school is subject to the heresy of quietism, an excessive concern for right interior experience that leads to escapism; and the SA school may fall into the heresy of encratism, an excessive concern for right behavior that leads to moralism (Appendix 4).

### **Speculative-Kataphatic (SK)**

The SK school can be identified as sacramental. Its primary aim is to aid people in fulfilling their vocations in the world. Its major concerns are the discernment of God's will, the discernment of spirits, the imitation of Jesus and becoming aware of God's presence and action in human life and history. It is thinking spiritually.

### **Affective-Kataphatic (AK)**

The AK school can be identified as charismatic. Its primary aim is to achieve holiness of life. Its major concerns are friendship with Jesus, an outpouring of the Spirit

and providing a sign of God's reign through personal and communal life. It is a sensate-feeling of spirituality.

### **Affective-Apophatic (AA)**

The AA school is mystical. Its primary aim is to be united with God. Its major concerns are pointing to the reality of God's reign and abiding in that reality. It is a spirituality that emphasizes being.

### **Speculative-Apophatic (SA)**

The SA school can be identified as apostolic. Its primary aim is to obey God's will completely. Its major concerns are a witness to God's reign and striving for justice and peace. It is a spirituality that emphasizes spirituality.

Kataphatic means to engage the revealed God by attempting to image God through the senses. The Greek word *kataphtikos* means affirmative. Kataphatic mysticism, via affirmative, emphasizes the similarity that exists between God and creatures that recommends the use of concepts, images and symbols as a way of meditating with a God who is revealed and knowable. The Greek word *apophatikos* means negative. Apophatic mysticism, via negativa, emphasizes the radical difference between God and creatures. God is best reached, therefore, by negation, forgetting, and the unknowing of sensory darkness, without the support of concepts, images and symbols. This mystical tradition emphasizes that God cannot be known by the intellect or appropriated by any of the senses.

## **Church Macro Assessment Profile**

Ron Ford<sup>10</sup> established Strategic Resources in 1993 as a vehicle to develop

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<sup>10</sup> Ford, Ron (1993). Church Macro Assessment Profile. Strategic Resources

training and resources for Christian leaders and teams serving churches and other Christian organizations. His Church MAP assessment is an excellent tool for the evaluation of the local church. His program assesses the characteristics, either healthy or unhealthy, of the church as both a living organism and a social organization of God's family.

The Church MAP (Church Macro Assessment Profile) is a discovery tool for Christian leaders who want to gain insight into the overall health and condition of their church. For any church to be adequately understood by its leaders, it must be evaluated from both of these angles. The Church MAP provides leadership with a way to measure these two dynamics (Appendix 6).

First, in this assessment we will examine a church's functional health in the six basic movements of the church as a body.

Secondly, we will examine four critical dimensions of a church's development, which serves as sources of empowerment for its six basic movements.

Most Christian leaders are fulfilling their calling within the context of some kind of organization. It may be a church or a ministry within a church, or a denominational or para church organization. Organizations are an important tool God has always used to fulfill His purposes and to advance the work of His kingdom. The profile is aimed to help Christian leaders understand how organizations grow and develop, and how to build organizations that are able to facilitate what God wants to do in the world. The building and managing of strong effective organizations involves working with four distinct, yet interrelated developmental, areas.

Ford offers the concept of BioDynamics, which refers to the science of the force or

Energy of living matter and physiological processes. The Church is first and foremost a living, organic community. Ford lays out key elements for developing the church:

- **BioDynamic Development:** BioDynamic Development addresses the organic processes and qualities that constitute the "heart" or "life force" of efficient, healthy organizations.
- **Leader Development:** The effectiveness of an organization depends upon leaders who are competent in five basic skill sets, which every leader uses to maximize his or her leadership influence.
- **Team Development:** Competent, functional leaders develop teams and teamwork throughout an organization. Teamwork is the key to sustained improvement and quality in any organization.
- **Organizational Development:** The organization itself, by its design and efficiency, facilitates (or hinders) the expression of the organic life of the organization. All systems, processes and structures must support the mission of the organization.

### **Strategic Resources Planning Process**

Ford has developed a proven way for a team to work together. This time-efficient, highly focused process maximizes the development of an organization and dramatically increases the quality and the quantity of what they wish to accomplish (Appendix 6).

Assessment means looking for missing dimensions or competences that could contribute to a healthier family. What are the holes in the fabric of the tapestry of the family? Every family has some of the healthy attributes missing (Illustration 19). This



mapping of the family patterns is from assessment, observation and then learning to block the dysfunctional patterns.

Assessment includes the use of questions. Questions give the church family the opportunity to generalize or go where they want to go or answer in their own words. Heaton (1998) shares the importance of the opportunity of gathering information that is important to the individual and an opportunity to see how they view life. Good listening also fosters the development of rapport. Through questioning, the therapist provides time and space for the client to express his or her thoughts and feelings.

Church leadership's role is being a spiritual coach, director and one who models the family of God systemically, offering God's children process rather than content. Leadership's goal in Christ is to develop well-being, competence and health in the church, as well as in its individuals and families.

Assessments are important because without understanding that we are individuals and families, we will repeat dysfunctional behavior. Without understanding we will bring dysfunctional behaviors into church life. Those self-destructive behaviors and perspectives will be transmitted to the people we serve. Without assessment we will be unable to see our own blind spots and will continue to be dysfunctional.

The purpose of the recommended assessments is to guide leadership in understanding their best approach for spiritual growth in the eldership, the family and congregation. The suggested personality inventories, spiritual types and learning styles that are recommended have a positive history of assisting churches and families. Many difficult problems in the church would have a far better opportunity of being solved if leadership would introduce these useful tools for growth. Understanding the nature of

individuals, families and churches is possible with these assessment tools.

The assessments are necessary dimensions for developing a growing and healthy church and the families of that church. We will be able to recognize unhealthy characteristics that retard growth. A truly healthy church functions as the Body of Christ. The importance for family and church is knowledge of each other's gifts, abilities, learning style and spiritual style. Most conflicts are due to lack of the parties' ability to communicate clearly in a way that the other person will understand. The Michael Meta-Framework provides a map or blue print about a person so we can address our statements in a way they can relate. Since the average congregation in the United States is 120 persons, imagine the problems when you get the board, congregation and families together. We all know of the multitude of opinions when people come together and the resultant battles that can occur.

## CHAPTER 6

### The Ministry of Intervention

Any intervention should share the same overall objective, "Do no harm."

Successful interventions may plant the seed for tendencies toward other organizational disorders. If intervention is successful, empowerment and deregulation, key strategies for dealing with people's difficulties and difficult people, should occur. Searching for and finding the family's or church's underlying healthy striving and competence are a critical task of therapy. The focus is on healthy intentions that lead to a positive and constructive approach rather than content, which is a negative and deficit approach.

Any intervention disrupts equilibrium. Any disruption of equilibrium bears its own risks. Leadership or parenting does not come without a price. Leaders use discretion to pay that price by careful, prudent and prayerful intervention. The healing for any hurt or trauma is often a slow process. Relapses can and do occur. Nevertheless, intervention must continue and be reinforced by long-term strategies to maintain and uphold organizational health.

Church leaders must be extremely careful not to be caught up in the church's respective dysfunction. Having a non-anxious presence, a healthy level of self-differentiation, lack of demonstrable levels of any of the above dysfunctions in one's personality, and a strong sense of calling can go a long way toward leading and influencing congregational change.

Church and family change can be momentary, short-term or permanent. So can the impact over time. The manner and timing of any changes experienced may be due to many factors—some of which are not even seen or anticipated. Timing is everything.

Some interventions must be done during the initial stages of leadership tenure; others dare not. Some interventions require familiarity for greater effectiveness; for others familiarity reduces their effectiveness. One size does not fit all.

Intervention may change the family and the church, because this living system cascades throughout the family and church system. The immediate, short-term or long-term results may exceed or fall short of expectations. Exceptions must be addressed within both family and church, considering what expectations can be met and those that cannot. Clear definition should be given verbally or possibly in written form when needed. Sometimes intervention by itself can bring about change. However, insofar as individuals, families and organizations tend to persist in their given patterns, sometimes the best and most lasting interventions occur more easily through changes in leadership.

It is important to remember that not all individuals, families or congregations share the same problems or disorders. Using one style of intervention for renewing the church or family can have destructive, anxiety-evoking side effects on some individuals. Systems and individuals must both be acknowledged and respected. If this anxious response is wrongly diagnosed as antagonism, these side effects of the intervention can undo the intervention.

The purpose of intervention is not to "label" any one as a troublemaker. Use of negative labels may undermine the therapist or pastor. The purpose is not to demonstrate how difficult the individual, family or church is; but instead, the goal is to motivate them to a healthier level of performance. Thus, before one enters the intervention, one should be committed to implement whatever strategies are necessary and, as necessary, to pay the necessary prices.

## Language as an Intervention

The church can learn through counseling in the third language. This process language uses a circular language to disarm a person, a family or church. Language is critical for the therapist and church leadership, and families can benefit from it by learning the language of *circular questioning* and *process* (Illustration 17). It can make a major effect in the way the therapist and minister listen and forms language. What a sentence represents is content on one side and process on the other. A therapist needs to shift back and forth between content and process, but ever moving the therapy forward toward process.

Taibbi,<sup>1</sup> states, "...the who and how someone is talking, the fact that it is a story rather than a question or lecture, the fact that it is directed to you...language is the focus, not the how but the what, the words that lock and bind our reality that structure the messages which create our emotions and spark our actions".

This can be considered the *language of intervention*. Modeling this language with clients helps them process their own content and situation. Content is valuable in describing the problem and cataloging the history of the client. Content rides upon the process and success of new information that contains innovative insights about old content. Content is most valuable when the family emerges with process. The real message lies beneath the words, learning to look under the words and separate the medium from the message. Lawson and Prevatt<sup>2</sup> state, "It is the medium, the process, the

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<sup>1</sup> Taibbi, Robert (1996). *Doing family Therapy: Craft and creativity in clinical practice*. New York: Guilford.

<sup>2</sup> Lawson, David and Prevatt, Frances (1998). *Casebook in Family Therapy*. West Haven, Connecticut: Wadsworth.

content in motion, that is usually most important in family therapy because it is in the motion, in the system's interaction, that created the problem and sustained it" (p. 28).

### **Triangulation in Families**

Anxiety tends to escalate when a two-person relationship is stressed by life circumstances. Sometimes anxiety is diminished or redistributed by involving a third person in the dyadic relationship or it may be applied to the church where there are many triangles (triangulating). A child may become a referee or peacemaker for his or her parents' conflicts when disagreements occur by distracting attention from the conflict. In some families, a child develops worsening symptoms of a physical illness. In dysfunctional families, a child may be blamed for the family's problems and treated as a scapegoat. Satir considered four types of personalities when a family is under stress (Illustration 20).

Another common form of triangulating is an extramarital affair, which can destabilize a precarious family system or precipitate marital separation and divorce, depending on what the participants learn about themselves from the experience. Substance abuse may be a form of triangulation. The workaholic may use work as the third point of a triangle with his or her spouse.

Understanding the family and the church in terms of its struggles to be functional will enable the therapist, pastor or leadership to make correct assumptions and intervene more appropriately. Helping individuals from dysfunctional families to recognize there are more healthy ways to respond to the situations of the day is often the start towards a more functional, competent and healthy family.

The importance of understanding inter-relatedness to one another can change a

person. There is no way of knowing who we really are without this inter-relatedness, recognizing that God has created each person specially and wonderfully. We can assist the people we serve by teaching them the effect they have on one another. We are ministering in Christ's name and the way we speak to others is critical for healing and functionality.

### **The Most Important Intervention**

The most important intervention, however, is to underscore all of the above in developing a healthy content base of scriptural doctrine. With this as the basis, a healthy, scriptural faith process can integrate each individual, family and organization. Each individual, family or church can understand the process of their unique spiritual journey in the context of the Body of Christ and their families. They can look beyond themselves, their fears and their weaknesses and aspire to greatness in Christ.

Spiritual understanding gives Christian organizations their enduring legacy in Christ's gracious Word. It is this distinctively Christian spirituality, found in the written Word that He promises to "build His church." This is rooted in overwhelming grace, which overcomes any organizational and family dysfunction. Since the Word of God is our strength, whatever characterizes an individual, family or organization's dysfunction, God called us to minister scripturally God's guidance and promises.

### **Intervention in the Dysfunctional Church**

Identifying the dysfunctional characteristics within the church calls out for action on the part of the pastor and the leadership of the congregation. Illustration 21 represents the 15 characteristics of a healthy and functional church and family, which will help the pastor and leadership weigh their congregation in terms of these functional

characteristics. Dysfunctional systems are made up of sub-elements or individuals, families or congregations, which may bear corresponding dysfunction:

- Some of these dysfunctions may be deeply rooted into the family system and the church in specific, a unique system.
- Some of the changes may be possible only to the extent that affected individuals in the church or family are willing to change.
- Church's may have one, two or all of the above. Because of subjective factors, it may not be readily apparent which behaviors are predominant. Intervention based on the wrong diagnosis is a real and present danger that must be respected.

From our chapter on systemic theory, we recognize that each part of a system affects every other part of the system. The system effect may not be seen at the moment but in time the effect will be expressed by those relationships in the church and home. Anything that you may do is an intervention even doing nothing affects others.

Our leadership approach to the people must model correct behavior, thoughts and action. So many times leaders may react out of emotion, not stopping to measure their words carefully. We who lead must examine ourselves on a regular basis, and we must place ourselves under the authority of the church leadership. We must be the first to change. The congregation will see the changes in our attitude and behavior. They will begin to see Godly character and actions. If the changes are real then people will recognize it and begin to change dysfunctional behaviors and actions in their lives. The more positive dimensions will be transmitted throughout the church and family systems.

Motivational needs vary from individual to individual and from congregation



to congregation or family. We must seek the balance or homeostasis for them. No two churches or families will be identical but each will have its own dimensions of functionality and health. The more functional the dimensions, the more healthy the church and a family will be. Learning to recognize dysfunctional people becomes essential in order to bring change in congregations.

Before leadership can minister to the congregation they should go through analysis and assessment of their personality style, communication skill, and how they relate to others. My thirty-five years in ministry has shown me that all pastors need some therapy and support in understanding themselves.

### **Human Validation Process Model**

There are many approaches to therapy within the family systems theory. The one idea that all the different approaches agree on is that people are connected to a living system. That system is the family, and therapy needs to address the family as a whole; because if change occurs in one part of that system then it will work its way through to the rest of the system. In family therapy, the symptoms of the identified client are seen as an expression of the dysfunction within the family. These dysfunctions are thought to be passed on across several generations. The assumptions behind this are that the client's problems may serve as a purpose or function for the family. They may be a function of the family's inability to operate productively, or the symptom may be patterns of dysfunction that are passed down across generations. As stated before, there are many approaches to family systems theory; one of the most popular is the Human Validation Process Model, or HVPM, developed by Virginia Satir<sup>3</sup> who was a truly caring person.

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She dedicated her life to help families become the very best that they could be.

The key concepts behind HVPM are that every human being has the potential and capability to change and grow. She stressed the importance of communication and the emotional experiences. Her approach to therapy is more people-centered rather than technique-based. She wanted her clients and their families to be spontaneous and creative in their sessions. She wanted them to be willing to take risks and to disclose their feelings openly. What a difference it would make if everyone in the church were looking for the potential in each member of God's family in positive non-critical view.

Satir believes that emotions are best expressed through creative outlets such as acting out ones feelings, through drama, expressing through physical contact or humor. Satir also finds it very important to look at the patterns of three generations of the family and to bring these patterns to the present. The view of the family dynamics is essential to family therapy. Life is full of transitions, starting with our own births. We transition from the womb to an existing family, and then we continue to transition as we go through life.

All of these stages bring on anxiety and fear, because we go from what is familiar to the unknown. When a child enters the world it enters into a family that is already loaded with rules, and more rules are developed as the child grows to ensure the continuing function of the family system. Satir believes that the most important rules are the ones that govern communication between the members of the family.

These rules are full of "shall" and "shall not." These rules are set in place to help the child learn how to deal with anger and fear. However as a child grows some of these rules are no longer effective. Some of these rules create barriers; a small child may accept

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<sup>3</sup> Satir, Virginia (1983). Conjoint Family Therapy. Palo Alto, CA: Science and Behavior Books.

and live by these rules for both physical and psychological survival. However, if these patterns are carried into our adult interactions, it can become self-defeating and dysfunctional. Healthy families have fewer rules and rules that are attainable, relevant, and flexible. Satir sees rules that allow members of the family to be unique and to share feelings openly which leads to healthy family function. Families that allow members to be themselves and to lead a separate life as well as a shared life within the family and where change is accepted and encouraged are the most functional families. On the other side where families are seen as closed, change is not encouraged but something that is feared. There is no individuality that represents a dysfunctional family system. In this type of family rules are rigid and they do not allow for members of the family to express feelings openly.

My personal experience of thirty-five years has revealed the very best in people but also the worst when it comes to a critical-spirit and a power struggle for control of the church. The dysfunctional elements must be moved to functional behaviors, love God and love of your fellowman.

### **Proper Attitudes for Helping Others**

There is a number of counseling techniques that pastors and leadership can learn and use in dealing with persons in need. While most pastors offer some form of pastoral care and counseling, others find that counseling is better left to professional therapists who are Christians. The pastor can offer basic assessment for referral to the proper therapist. Even the local pastor needs a basic map or blue print of the person, couple or family. A number of these basic concepts and tools can be taught and put into action within the local congregation.

## **Blue Print (Map)**

In chapter five we discussed the Michael Meta-framework (Illustration 12) and now we consider the use of the map, or blueprint, of the family. Within system theory, each individual has a map or blueprint in their mind of how they perceive themselves and the other individuals in the system. This map is not necessarily realistic in terms of how the person actually functions or sees life. One of the major causes of difficulty in marriage and in families is believing that other family members agree and have the same opinions as you would.

## **The Cause and Effect Process**

Cause and effect relationships affect the system. When a couple or family or church focuses on the *content* of their relationship, rather than the *process*, they usually become *conflictual* and *enmeshed*. Pastors and therapists alike must direct and coach the people they serve by focusing on the process and in doing so they learn a new approach to others. People must take responsibility for their actions and the effect on others. The questions here are, “Has there been a time when you solved a problem with your family? How did you solve the problem?” We must not focus on the negative blaming behavior but on the process of solving the problem. “What could you have done differently?” This positive approach brings health into the system. Leadership with churches greatest example is modeling this approach can assist in those we serve to emulate

## **Neutrality**

Neutrality is not so much an internal attitude as it is a technical maneuver that enables the therapist or pastor to maintain the role of a coach and director with all the members of the family or the congregation. Those offering counsel need to understand

the concept of health and dysfunction is based in the systemic and cybernetic perspective that underlie family therapy. The patterns that characterize families are defined as functional and dysfunctional. Any attempt to define health in terms of goodness or badness is inconsistent with systems theory. Health has to do with the patterns that work best for any given family, individual or church to bring balance that works for those involved.

### **Reframing**

The concept of change in perception from context to process is defined as *reframing*. Reframing takes a situation and lifts it out of its old context, or set of rules, and places it in a new context that defines it equally as well. Reframing offers an alternative understanding, or new meaning, to which new and different responses are logical and thus possible. The therapist needs to provide the client with a new frame of the situation that is acceptable, and it is imperative that the therapist has an overall view of how the client operates. Therapists or pastors need to be like a pilot in a plane flying over a parade, seeing the beginning, the middle and the end of the parade. New actions that are consistent with the new meaning may replace old behaviors, and the hope is that it will be difficult for the client to function under previous perceptions.

The proper phrasing of a question establishes the kinds of answers that can be formulated. When reframing proves effective, it may be because the domain in which the problem occurred has shifted and new answers become available and acceptable. This therapist's approach and theory is an integration of the Christian concepts of redemption, reconciliation and forgiveness of sin through Christ and the systemic approach, which in reality, is God's love of the family.

## Circular Questioning

The technique of circular questioning allows the formation and certification or falsification of dynamic hypotheses about the interactional bases and functions of family problems (Illustration 11). The therapist and pastor assume a metaposition vis-à-vis the family system by maintaining an attitude of *neutrality* during the questioning. This is the preferred attitude of a therapist toward all the members of a family in system therapy. Used with circular questioning, this attitude prevents the therapist and pastor from being drawn into the family's dysfunctional patterns, from being tempted to enter a coalition with one or more family members or from being brought around to acting in certain ways within the family system.

No family member is given the opportunity to experience a special relationship to the therapist. The therapist maintains the same degree of closeness/distance (balance) to each family member and, thus, stays on the level of meta-communication. There are a number of basic techniques the local pastor or therapist can use in counseling their members or clients. Webster's New World Dictionary<sup>4</sup> defines meta-communication from the Greek as *meta* meaning among, in the midst of, between, after, according to and is communication about communication.

## Triangles

Each member of the family has a unique perception, behavior and thinking process. Each individual then affects every other individual within the system, which leads to a unique interaction or dance! This knowledge assists a pastor and therapist in connecting critical interactions into a new style of therapy. The *interactional* system

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<sup>4</sup> Webster's New World Dictionary (1998) Michael E. Agnes (Editor-in-Chief). Hoboken, NJ: Wiley Publishing.

involves three distinct relationships: individual, husband and wife, and children.

As pastors and therapists, we must realize these three distinct elements in our assessment and treatment plan.

Broderick (1983) helps those who offer counsel understand the formation of triangles, which can become an alliance for good or bad (Illustration 11). The *therapeutic alliance* is very important since the therapist forms a *therapeutic triangle* with the couple and/or family members to provide an equal balance, attending and regard for each individual. Church life has very similar type's triangles that can cause serious division or bring families to work and minister one another. Church leadership would be wise in recognizing different triangles within their congregation and learn how to work with members.

Through information gathering, genogram and the Michael Meta Framework, the therapist is able to get a *map* of the individual and as a couple. The therapist must identify *triangles* within the family in order to understand and work with the operation of the family system. Together, a husband and wife form a unique new system of behaviors, perceptions and thinking that is distinct to them. This system deals with how they "dance" jointly as a couple. This special dance, or *interactional* style of communicating, affects how they function in conflict resolution and management. Included in the *interactional system is a subsystem*, the children. Understanding this is critical for assessment and treatment of the entire system especially when unhealthy alliances are formed in the system.

## CHAPTER 7

### THE GROWTH OF A HEALTHY COMMUNITY

When the people of God live together in the community, all are affected by change in the life of one member. Each is affected in a different way. Events at work or school, children leaving home, new interests of one family member or any change in social relationships will affect family relationships.

A life transition or stages (Illustration 2) such as a family move, marriage or divorce or any event that seems like a "new life" is a time when growth can occur; but it can also be a time of regression. Each member will respond to change in a different way, and the balance of the relationships in the family will be disturbed. This experience can cause or affect character building of spiritual growth or may be a missed opportunity depending on our response.

Good relationships with parents, children, siblings or life partners are of great importance to most church members. Yet, to many congregations, these issues are treated as private or peripheral to the life of faith. Opportunities for deepening faith (spiritual growth) are lost if members cannot bring the joys, tragedies and ethical ambiguities of family life into their church life. A life transition (stage of life) is a time when people are unusually vulnerable, a time when they can learn to see and trust the power of God's grace in their lives in some new way. Recognizing that spiritual growth is happening gives the leadership a distinct honor of ministering to these families by listening, encouraging and directing that recognizes that spiritual growth is happening.

In the present day home or church, we divide our families by age groups with their own room or wing of the house. Many churches look that way too, with rooms for



children, teens, the choir and women's parlor. There is usually no place for family groups to learn together, and often no place for the men of the congregation to meet as a group. The design of such a church building will influence program planning. Most gatherings are planned for people who are alike in age and marital status. Ironically, a "fellowship hall," presumably intended for mixed gatherings, is often a room so large and barren that it discourages fellowship altogether.

My illustration 25 *Stages of family growth life cycle* is a representation of the family and Church. It includes specific stages: Courtship and marriage, first child in home, last child in home, last child enters school, adolescence, letting go, empty nest and aging. These resources of the church are designed in such a way that Christ speaks to the different stages of life that families face.

When normal life events like teen-parent alienation, marital stress, mid-life crises, and decisions about elderly parents are hidden behind superficial relationships in a congregation, conversations that encourage families to minister to one another are not likely to happen. It is a travesty to the nature of the church if the programs of a congregation encourage members to "pretend" that their families have no troubles or tensions. If members are to learn faithful living from one another, they have to know and trust others enough to confide in one another.

The Church of this new century must become the true family of God by producing health throughout the Church family. The truth is that all families have some challenge or problems. There is a code of silence about personal problems due to the reaction of the church. If families are going to receive healing and growth, then the Church leadership must provide an atmosphere of loving assistance. Learning through failure creates

congruity, which is an essential part of growth and spiritual formation. Without openness and unconditional acceptance, our families will never learn to be honest and the Church will continue to be closed and self-protective. Leadership must model and provide a safe place to bring hidden pain and sickness. They must know they will be accepted as one of God's children.

There are two important elements for those who offer counsel. First is developing attitudes, which offer counsel that, present Christ as healer. The second element is using counseling tools or techniques.

### **Pastoral Care and Counseling**

The lack of real and genuine "caring" is quietly killing the spirit of the Christian faith. A church program with early nineteenth century origins and objectives has little relevance to lives lived in the twenty-first century. In congregations where one pastor is responsible for preaching, worship and family-related rituals, all pastoral care and administration, the pastor incurs a disproportionate amount of work of the church. Ministers who best fulfill congregational desires for a family chaplain will be least able to grow spiritually through participation with their own families. The minister's job description and work excludes his or her own need for spiritual formation.

For a church to be healthy the pastor must be healthy. Pastors are in need of spiritual formation in order to minister to others. Pastor Dick Rauscher offers a new paradigm; illustration 26 offers a "Comparison Table: Spirituality vs. Institutionally Encouraged."<sup>1</sup> This comparison provides an understanding of the imbalance between the institutional needs and the clergy needs. The comparison reveals a clear understanding that spiritual formation is very important for clergy while the congregation's efforts are

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<sup>1</sup> Pastor Dick Rauscher , (1996) A New Paradigm of Christian Ministry for The 21<sup>st</sup> Century.

for growth and survival. There must be a balance so the clergy may spiritually grow while the church grows. Spiritual formation is necessary for spiritual health, function and competence.

Every Christian is called to do some of the work of the Church. When this does not happen or cannot happen, the body will be disjointed, even spiritually deformed. Christian spiritual formation optimally involves lifelong participation in a Christian fellowship where members can learn and practice faithful response to God. The church must be a place where families can learn to be healthy, functional and competent. A provision of a context in which people can come to appreciate the Lordship of Jesus Christ does not require a major reorganization of a congregation. It does require an evaluation to the extent that present activities contribute to positive spiritual formation for all age groups in the church. It will probably require thinking about different objectives for existing groups and the means of forming various new groups to give explicit attention to learning through family-related ministries.

The association of family trouble, divorce or the end of a life may imply that an ordained person is more spiritually qualified to be able to help. That may be so, but it does not have to mean that no one else in the congregation is spiritually qualified to engage in pastoral care. Pastoral care literature is sometimes written as if people suffering from disappointment in some family relationships need a pastor to lead them through a grief process. In fact, parents can feel that a child who refuses to conform to their way of life is dead. This way of thinking about the normal patterns and tensions of family life makes it seem like the evils of "the world" have invaded "the Christian home."

During the process of equipping laity for counseling and calling on members,

the pastor can teach members to recognize the capacity of every member for pastoral care. With active encouragement from the pastor, members of the congregation can and should minister to one another out of their own experience with times of transition in family life, work-related issues, illness and death. This kind of mutual ministry occurs naturally in every congregation between people who are already friends. But they may think of this only as an act of friendship without realizing that all acts of compassion represent our Lord Jesus and His family.

### **The Nature of Lay Counseling**

Because troubled people have different levels of need, there is definitely a place for the highly trained professional clinical counselor. For many, nothing less than a medically trained therapist is needed. On the other hand, there are many people who would respond positively to counseling from a trained lay counselor, especially if medical professionals are consulted at the same time.

Lay counselors are needed for several reasons. In the first place, professionals are typically quite busy and do not always have time to work extensively with non-clinical cases.

Secondly, the cost of professional counseling services is prohibitive to many. This has the effect of making counseling help unavailable to only the wealthy or those with insurance.

Thirdly, there are many people who want to understand their problems in the context of the Christian world-view. Although there are clinical professionals in every large city who are Christians, they are usually even more in demand than secular counselors.

Finally, the lay counselor can have frequent contact with the individual.

Typically, professional counseling sessions are limited to periodic one-hour sessions. The lay counselor, on the other hand, can provide instruction and then observe how the individual responds. Consequently, feedback is more immediate and the lay counselor has the opportunity to provide encouragement or correction by closer the observation of a person's behavior. We should also note that the Bible calls upon the local church to train its members in providing primary counseling services. For instance, Romans 15:14 and Colossians 3:16 both use the Greek words *noutheteo* and *didasko* (admonish, counsel, or instruct) as applying to average members of the local church. The objection could be raised that an arrangement suited to the first century is no longer adequate for the problems of modern society and that the counseling profession has rendered lay counseling unnecessary. Of course, there were no professional counselors (in the modern sense) in ancient society, and thus no option but lay counseling. On the other hand, principles of biblical living are applicable to all ages if adapted correctly. It is therefore reasonable to expect considerable lay counseling activity in a healthy local church.

Several steps are necessary if such a counseling ministry is to be developed. First, the needs of people in the group should be divided into those needs, which can probably be handled by lay counselors from those that will require the attention of a health professional. Lay counselors will need to be taught to tell the difference.

Secondly, suitable lay counselors will need to be trained to identify specific behavior and attitude patterns that they understand and to which they can match helpful therapy. Finally, a definite plan of communication will be needed. Experience has shown that we can train people to be facilitators. For six years I served as minister of family

counseling for a large church and trained lay people to work with individuals who needed some counseling on a daily basis dealing with problems that all humans face. The lay counselor would refer the serious cases to the professional. More than twenty persons over a six-month period were well trained. They become an excellent resource for our growing church.

First there are two issues: Clinical and non-clinical cases if lay counselors are to avoid causing damage in people's lives. It is essential that they be able to tell which cases require professional attention. In this area it would clearly be best to err on the side of caution, since some conditions, if not tended to, will deteriorate. It is important that the lay counselor sees the professional therapist as an ally, not as an enemy. There are cases, especially in fundamentalist circles, where professional counselors have been viewed with suspicion because of their secular theories and the profit motive. This is a good reason for the church to obtain the services of an acceptable Christian therapist for the purposes of consultation and ministering to difficult cases. Lay counselors need to be trained to welcome the input of the professional therapist and to view it as necessary in many cases. Among situations calling for consultation are:

- Suicidal ideation
- Schizophrenia
- Clinical depression
- Mania
- Situations involving violence, including child abuse
- Some anxiety disorders
- Personality disorders

Dr. Amy Merker, M.D., "Recognizing Emotional Disorders, When to Refer for Professional Help," describes each of these conditions for the lay counselor (Appendix 7)

Every family can expect to have times of stress when they will need help from other

Christians. Those times are so predictable that some congregations have ongoing support groups that members attend when a particular need arises. These groups are issue oriented and function like a drop-in center with long-term membership not expected.

In smaller congregations, people who have already been through some family-related trauma or who have experienced recent bereavement can be encouraged to minister to others in similar situations. There are times when members of a congregation will be more gifted or better prepared than maybe the pastor to give spiritual direction to one another through mutual ministry. This type of ministry can prepare the leadership of any given congregation. Consulting in spiritual formation about life to the congregation can assist and teach others about ministering to those in stress.

Everyone learns how to seek the well-being of others by acting on good intentions. It is more important for the spiritual health of a congregation that a pastor facilitates mutual ministry rather than the pastor becoming a specialist in pastoral care. When members are involved in caring for others, a foundation has been laid for reflection about *all* work as a Christian vocation. If members experience service to others in the congregation as *their* ministry, it is much easier for them to see that their work in the world is also a service to God.

Jesus tells his followers to "love one another" and "love your neighbor" as He loves them. There is no indication that Jesus regarded some people as less worthy or less in need of love. Instructions to love your neighbor do not locate the neighbor in any particular place. The neighbor of a Christian is any human being, not just a church member or another Christian. The nearest neighbors are those in close physical proximity. For most people that will mean family members. For many, it also means co-

workers in whose presence much of life is lived. Faithful family membership is the only ministry held in common by all Christians. When *family* is defined as the nearest neighbor, this can also include any two people who live together. Most of the family problems pastors hear about are related to a temporary time of stress during which members seek counsel. The most common issues are marital strain, parent-child alienation and worry about responsibility for aging parents. These are all issues worthy of theological reflection with a group. Church members who bring their problems to the pastor may not realize how many other members in the congregation have had, or are having, similar experiences. This is especially true where local convention requires keeping up appearances of family harmony. The local church must take the blinders off and recognize that Christians have problems. Sin is real, mental illness is real, and anger and violence are just as real as stress.

Consider the combined years of expertise that is found in a congregation who has been through every conceivable problem any person or family can experience. What a rich blessing to the person who is presently experiencing the same problem to have an older and wiser person who can walk them through it.

Many problems can be referred to growth groups, which are organized so church members with similar experiences can minister to one another. Every individual has to respond to his or her own unique situation. But members are denied access to the spiritual resources of the Christian community if there are no groups where they can get perspective on their issue or where they can pray with and for one another. People no longer feel so terribly alone when they can discuss their feelings and their faith with one another.



One must learn to break down the walls of fear and self-protection and discuss those problems that others are experiencing in order to find the proper approach in dealing with another person's crisis. What a blessing to have a person come to support you and listen and pray. To lose a child to drowning or a sudden death of a loved one is a terrible heart breaking experience and the hurting person should not have to go through the experience without the love and support from their church family, especially, from members who have gone through such an experience themselves who can offer understanding and comfort.

There are many ways in which church members can and do reach out to one another in time of trouble: visitation, providing food when there is illness or death, or informally commiserating with one another. But social conventions keep people from admitting that they are suffering from some family-related grief preventing Christians from being able to give God's love to others in times when they should be able to rely on the Christian community.

The power of these unwritten rules about social life should not be underestimated. A study of congregations with effective Christian education programs suggests there is strong evidence that congregations consisting of adults who do not rely on one another cannot adequately minister to one another.

Many adults don't experience a sense of well-being, security or peace in their faith. They have trouble seeking spiritual growth through study, reflection, prayer and discussion with others and they do little to serve others through acts of love and justice. If the life of a congregation revolves around the one-to-one relationships between pastor and people, the corporate nature of the Christian community are obscured.

A congregation cannot be the people of God working together to build up the Body of Christ if people lack opportunities to serve one another in love. If the trend of individualism in the services, given by pastors to members of the congregation, is not reversed, church members will not know themselves as persons with gifts for ministry. If members do not learn what it means to belong to "the Body of Christ" through service to one another, they will have little inclination to see or believe that the Church is called to serve the world.

A spiritual growth group is a learning opportunity for individuals who are experiencing a time of unusual stress. The pastor or lay leader with gifts for guiding a particular group should be the organizer and initial leader of the group. Once the pastor or original leader establishes patterns for a growth group around an issue that affects the lives of a number of members, the group can continue with a revolving membership and leadership shared by members.

### **Self-Differentiation as an Essential to Health**

Healthy congregations are continually seeking to improve themselves in many areas. Congregations recovering from painful incidents in ministry also seek to improve themselves. Whatever the circumstances, congregations that seek healthy growth have many things in common. One of the most important things needed for this healthy growth is self-differentiation. Self-differentiation is a term used to describe one whose emotional process is no longer ultimately dependent on anything, other than them. They are able to live and function on their own without undue anxiety or over-dependence on others. They are self-sufficient, only in that they depend upon on their sufficiency as God helps them.

Their sense of worth is not dependent on external relationships, circumstances or

occurrences but upon God leading them by His Spirit. This healthy self-differentiation is characteristic of individuals in healthy churches. Healthy differentiated individuals can maintain their focus even under stress. They are not easily "infected" by the pressures of others to share or absorb their anxiety. They no longer become "symptom-bearers" for others' issues, problems, failures or anxieties. Instead, they have a clear understanding that those participating in the addictive emotional process are trapped and fused in a system which is intended to weaken, demoralize, devalue and destroy them and their ministries that they value so greatly.

Bowen and Kerr speak of the critical importance of self-differentiation." The highest level of self-differentiation of people in a family or social group, the more they can cooperate, look out for one another's welfare, and stay in adequate contact during stressful as well as calm periods. The lower the level of differentiation, the more likely the family, when stressed, will regress to selfish, aggressive and avoidance behaviors; cohesiveness, altruism, and cooperativeness will break down."<sup>2</sup> We who serve the church can learn these concepts.

As Bowen's theory continues to gain popularity in many circles, it appears that this buzzword of his family systems theory is often misunderstood. In his video "Differentiation of Self or the 'I' Position," Bowen recognizes and confirms the confusion, which surrounds the term self-differentiation.

One of the most common misperceptions of self-differentiation is that self-differentiation describes a disassociation, distance or even isolation of the self from the system. Not only is this wrong, but those who have such unhealthy responses doing so precisely because they *lack* healthy self-differentiation.

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<sup>2</sup> Bowen and Kerr, Family Evaluation, New York: Norton and Company, p. 93.

When Bowen's theory speaks of self-differentiation, what he is referring to is the ability to be in contact with the system while still maintaining what he calls the "I Position." Edwin Friedman speaks of this as the capacity to "stay calm, stay the course, and stay connected."<sup>3</sup>

Unfortunately the word differentiation appears to emphasize the *separation* of the self from the system. Unfortunately, the word also does not indicate *any* limits to this separation. Perhaps this is the root of much misunderstanding of this important facet of Bowen's theory.

In order to avoid the extremes of differentiation, perhaps Bowen's theory would be best clarified by using another term or phrase to describe the other dimension of the "I" position, namely, to remain in *connection* with the system. This term would describe the position of the self as differentiated *while also connected* to the system. We as humans are connected through a system of support and effect. There is the "I" position, the "Us" position, and the "Other" position where we join to form family, community and church.

### **Tools for Leadership**

There is a number of counseling techniques that pastors and leadership can learn. While most pastors offer some form of pastoral care and counseling, others find that counseling is better left to professional therapists who are Christians. The pastor can offer basic assessment for referral to the proper therapist. Even the local pastor needs a basic map or blue print of the person, couple or family. There are a number of basic techniques the local pastor or therapist can use in counseling their members or clients.

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<sup>3</sup> Friedman, Edwin (1995). Generation to Generation: Family Process in Church and Synagogue. Boston: Guilford Press.

## Language

Taibbi's<sup>4</sup> presentation in the area of language can provide the pastor and therapist with a new understanding of the use of language. Not only does therapy require good control without being controlling but requires careful use of process directed language. The problems and solution lie in the patterns and connection among those within the system. There are certain patterns that must be blocked and changed. Everything that we say and do must be weighed before we make statements and ask questions. The old lineal style that placed blame on a specific individual caused damage to a person or gave him or her feeling of alienation. It is essential to learn a new term or frame. Context is the framework of meaning that determines how the people we serve makes sense of a particular experience or problem. What they sense about that problem is what brings them to therapy. Process is the means of solving the issues that brought the client family to therapy.

There is not necessarily a logical relationship between the problem and the solution. This is a fundamental assumption about the approach to be taken. Those who come to us should define their goals for therapy--they are or can be the experts. We do not necessarily know what will work best for those that come for counseling. Nevertheless, they are more likely to be motivated when intervention heads in the direction they want to go. The question to the individual, couple or family should be, "What do you want?"

People have within their experience a wealth of skills, both known and unknown

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<sup>5</sup> Broaderick, C.B. (1983). The therapeutic triangle. Beverly Hills: Sage Publication.

<sup>4</sup> Taibbi, Robert (1996). Doing family Therapy: Craft and creativity in clinical practice. New York: Guilford

to them. One of the main effects of problems, and people's experience of them, is to blind people from noticing their strengths and capabilities or the solution-oriented (process-oriented) behavior that may already exist.

Problems do not indicate pathology; they are simply one way of describing things. Pathology implies explanation, which is to read between the lines and identify a hypothetical entity; problems exist only in language. When dealing with behavior and emotion, all we have is description not explanation.

There is no need to understand why or to promote insight. "Why" can only be a hypothesis, an explanation imposed on the facts or a causal relationship between events used to facilitate a hypothesis. Reasons do not exist; they are constructed and must be judged according to whether or not they are helpful. Change is inevitable. Change is so much apart of living that people cannot prevent themselves from changing. We would do well to remember the imperative of act always so as to increase the number of choices.

### **Competence**

Competence is best constructed in terms of the presence of something, rather than the absence of something. One who is coming for counseling is seeking to maximize the absence of a problem behavior; but inevitably, they continue to focus on that problem behavior. Helping people focus on increasing the presence of successful experiences is more likely to promote a view of competence.

### **Motivation**

Motivation is more likely when clients are viewed as competent and experience themselves as having agency. If we view people as competent, they are more likely to behave that way. Resistance is constructed in the therapist-client intervention, and the

client's position is a response to his or her view of the situation. When people believe they have a say in the process of change, they are more likely to cooperate. People who feel powerless and trapped by their circumstances often feel that change is impossible and so do not appear motivated.

### **Encouraging**

Encouraging people to do less of what has not worked and more of what does, is enough to make a difference. What the client says works for them is what matters; not what we think should work. A therapist or pastor should focus on the possible and changeable rather than focusing on the overwhelming and intractable. The potential and unsettled may be evident in the present (exceptions) or in the future. Focusing on past events may facilitate the experience of the situation to feeling overwhelmed. When problems appear complex, they seem insoluble, but complex problems do not necessarily require intricate or lengthy solutions.

All complaints can be viewed differently, in ways that make them appear less difficult to solve. Even entrenched or chronic difficulties can show rapid change when expectations and possibilities of difference are introduced. No problem happens 100% of the time. In fact, rapid change is more likely when it assumes that the solution is already happening. Process helps us direct this. The therapist and client through a focus on competence, courage and difference construct exceptions to problem behavior. These exceptions are the key to finding differences that offer solutions.

### **Creator of Vision: "Becoming Heroes"**

Both therapist and pastor have the privilege of being a creator of vision so the individual or family can be seen as heroes. The Rogerian concept of *unconditional regard*

for the family refocuses the family toward their potential for developing healthy function and balance. This courageous approach includes seeing the family as “heroes.” Courage is seen as proactive and assists the family in moving toward what they really desire for their lives. Content can be used as a way of describing the problem and building from the process orientation. Pastors and therapists alike need to consider the system approach and recognize the need for developing courage that sees the client or church member as a champion.

### **Healer, Guide, Director or Coach**

These roles replace the old style as expert who fixes things. The old style of the expert-fixer only focuses on the pastor or therapist as being a savior. We are not their saviors. We should look beyond peoples’ past patterns to a vision of courage, competence and function that blesses Jesus. Leadership in the home and church can become a healer, guide or coach.

For those individuals that come for spiritual counsel, the leadership of the church can offer counsel that reveals the person’s inner resources. Also the counsel or can assist the person in getting in touch with his or her inner valuing process and so better face their concerns. Creating these *necessary* conditions has more to do with the leadership being compassionate human beings than it does with techniques and strategies. The way to change is via the individual’s felt *sense* or organism valuing process. These concepts offer our leadership and families some basic skills that can bring health and functioning without ranker, anger and fighting. Gerard Egan<sup>5</sup> offers a framework that the therapist, pastor and leadership can learn a model, skill and method for effective helping which

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<sup>5</sup> Gerard Egan The Skilled Helper: Model, Skills, and Methods for Effective Helping. Brook/Cole



offers leadership an approach with basic skills and a framework for ministering or helping (Illustration 23).

Freed from their sense of worth being conditional and that they *only* have value if they feel, think or behave in certain way will they begin to learn about themselves, to find meaning and significance in their experiences and harness their capacity for change. Enabling them in this way demands that those who offer counsel create a threat-free, respectful and containing relationship, where they can begin to divest themselves of their defenses, their negative self-evaluation and the selves they believe they *ought* to be and start to explore and to know themselves at their most *real*.

The following framework will help leadership, pastors and therapists to focus on listening and attending with a view to assessing both content and process.

### **Unconditional Positive Regard or Acceptance**

This means that the counselor or pastor's view of clients or church members as worthy is not tarnished by an evaluation of their behavior, thoughts or feelings. This does not mean that counselors do not make assessments or must condone destructive behavior; rather, it means separating individuals from their actions. The greatest Counselor of all time offered true acceptance, love and forgiveness to those who would accept receive it. The Church of this era can learn a great deal about unconditional regard.

### **Congruence**

This means being real and without facade. A congruent helper is one who communicates accurately, is open and whose outward behavior matches his or her inner experiences. Egan's model defines terminology for the core conditions namely

others are something that a pastor can teach the leadership of the local congregation.

### **Attending**

Leadership will need to demonstrate by non-verbal behavior that those coming for counsel have our undivided attention and that we are “with them.” Good attention is conveyed by sustaining eye contact, sitting with an “open” posture, putting our chairs at an appropriate distance, making sure they are of equal height and comfort and being aware of what our facial expression is communicating. An attending or non-verbal behavior will carry a powerful message. The effect of what you say will be diminished if your attending behavior is poor. Sensing this acceptance, the person(s) will feel less and less vulnerable and more and more inclined to open up the inner recesses of his or her mind to those listening. This is an opportunity for the use of progressing to closed-framed or focused questions. Restricted or close-ended questions give choices or ordered alternatives and the opportunity to check the desired alternative. As this happens, there is a natural appreciation and trust.

### **Listening**

Carl Rogers states, "If I can listen to what he tells me, if I can understand how it seems to him, if I can sense the emotional flavor which it has for him, then we will be releasing the portent forces of change within him. Man's inability to communicate is a result of his failure to listen effectively, skillfully, and with understanding to another person." <sup>6</sup>

I find that I have learned to listen at a new depth. It is my responsibility as therapist and minister to be an effective listener, to understand myself as a therapist and

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<sup>6</sup> Rogers, C.R. (1961). On Becoming a Person: A Therapist's View of Psychotherapy. Boston, MA. Houghton Mifflin Company.

communicator by listening, questioning and reading body language. For Martin the essence of good listening is empathy, which can be achieved only by suspending our preoccupation with ourselves and entering into the experience of the other person, the client. Part intuition and part effort has been called the stuff of human connection. A therapist's empathy understands what the client is trying to say and showing it, which builds a bond of understanding and/or rapport for the client's good.

Clearly, listening is essential to counseling, as well as being one of the finest acknowledgements you can give clients. Listening is a complex skill involving attending; hearing and understanding the information that clients convey both verbally and non-verbally. Counseling effectively involves *active listening*. This means listening with the purpose of understanding the client's core message, sorting information, making assessments and responding in an enabling way.

### **Filters to Listening**

Egan briefly mentions some hindrance filters to listening. First, none of us listens in a completely objective way. The impact of our culture, gender and life experiences will inevitably influence the way we receive and process information. Our cultural norms and values are the most difficult to transcend and may become particularly salient when working with persons whose cultural backgrounds are different to ours.

An essential part of true listening is the discipline of temporarily giving up or setting aside of one's own prejudices, frame of reference and desires so as to experience as far as possible ourselves in their world from the inside, step into his or her shoes. This unification of counselee and the listening helper is actually an extension and enlargement of us, and new knowledge is always gained from this. Since true listening involves a

setting aside of the self, it also temporarily involves a total acceptance of the client or unconditional regard in the therapeutic relationship.

### **Empathic Understanding**

Martin states, “Listening requires deep attention to our innermost experiences” and the importance of “listening to our deepest understanding of the people we help. This concept of *the third* with the *third ear*,” emphasizing *ear* emphasizes drawing upon our intuition as well as our logic and inference.<sup>7</sup> For this Christian pastor and therapist, intuitive listening comes from the power of the Holy Spirit. Leadership can be trained to become sensitive and intuitive, but deep intuition and understanding comes as a gift from God in mercy, as well as the gift of knowing.

### **Behavior**

Clients may report how they behaved in and describe how they have acted in certain situations. Those who offer counsel should be interested by observing the behavior of the client in relation to where they are.

### **Feelings**

This refers not only to what feelings those who are seeking counseling describe but also to the feelings they express in the counseling session.

### **Thoughts**

What sense those seeking counsel make of their own and others' behavior, and what beliefs they have about themselves, other people and events in their lives is obviously important to the change process. The helper's aim will be to enable the person to talk specifically about their own behavior, thoughts and feelings, because that is what

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<sup>7</sup> Martin, D.G. (1998). Counseling and therapy skills. Prospect Heights, IL: Waveland Press, Inc.

they have most control over.<sup>8</sup> The behavior of others towards them is not so amenable to change. However, they may need recognition of their sadness at the behavior of others before they can begin to explore how they have responded. Using this framework will enable counselor, pastor and leadership to assess what the person(s) is exploring and what they are failing to explore. Egan's framework is useful by those who offer counsel to others in the name of their local congregation.

### **Health, Function and Competence**

Carl Roger's theory has its roots in the *relationship* model. It is the quality of the relationship that the leaders, pastor or counselor creates with the persons we minister to that is self-healing or therapeutic.

The view of what it means to be a human being espoused is that each of us has the fundamental capacity to grow and to change. It is a positive view, which holds that people, at their core, are good and, if given the right conditions, will strive both to take charge of their lives and ultimately to become competent, healthy and balanced. To accomplish this we must be taught and shown what is healthy, functional and competent for us as individuals, families and churches.

I believe the family and church are capable of responding in the same way. The conditions under which people will experience the freedom to grow are those who are free of judgment and who hold people as valuable because they are human. This is central to this approach in challenging people's irrational beliefs by disputing both the beliefs and the inferences drawn from these beliefs.

Churches are healthy to the extent that they serve God spiritually. Even though

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<sup>8</sup> Rogers, C.R. (1961). On Becoming a Person: A Therapist's View of Psychotherapy. Boston, MA. Houghton Mifflin Company.

numerous organizational measures of church health can be cataloged, it is the spiritual attributes that really matter to God.

## **Vision**

Providing a “vision” of who they are capable of becoming in Christ is critical for health and function. The self-perception may be dysfunctional in itself and coaching, directing, and being an advocate is an important role for a pastor and therapist.

Vision recognizes the role of practice and action in changing irrational and self-defeating beliefs to God’s role and purpose for our lives. True vision is a functional and healthy family and church that promotes the ability to think in less dysfunctional ways and learn to be healthy and functional. The therapist and pastor can be systemic by nature and model how the family and church can discover precisely what behaviors the family or the church wishes to change and set specific goals for change.

This model is concerned with relationship building and communicating core values and vision. It has its roots in the two greatest commands of Christ, to love God first and then our fellowman. This *vision and core* values are seen as crucial to the entire helping process, because without it, people and the church will neither feel secure enough to share what concerns they have nor take the risk of owning their problems. Of all places the church and family must be a place of true grace, offering unconditional acceptance and love, free from judgment. Unfortunately, the church suffers from a terminal problem of shooting the wounded family or person and many times the pastor.

Through vision and personal assessment they will also gain new perspectives by being helped to find deeper significance in their feelings, to stay in close contact with their pastor or therapist and to use the relationship to explore their feelings, thoughts and

behavior.

We as leadership must assist in setting clear and specific goals and producing positive results that changes the family and church. They will learn what is healthy and functional for their family and the larger church family. In discipleship we need to help those we serve transfer success for their family as we deal with our leadership dysfunction.

Providing a new language, communication skills and strategies is necessary at each step of the counseling process. For example, if counselors wish to communicate their acceptance of clients, they will need to know what behaviors are likely to be effective in doing that. I use the term *integrative* to signify that these skills have been organized according to some conceptual plan or map as we discussed in an earlier chapter. The plan enables you to identify where you are now in the process, to comprehend what has been happening, and to discern what needs to happen next in order to enable family and church to achieve their goals. The concepts are an intelligible template for leadership's work; it is a description neither of the counseling encounter nor of the behavior of the participants.

People look for order and expect the church to be that place, but more times than not they find disorder and confusion. Leadership needs to introduce order into what is in operation an intricate, fluid and sometimes elusive activity. As leadership, we need to identify the points at which the focus of the church family goals needs to change.

Whatever activity we offer must be a purposeful activity that results in gaining competence and functionality in their Christian life and families.

These aims are the intended outcomes for each stage and are guidelines by which

to assess the progress of the work. By the term “strategy,” I mean procedure and process. For example, exploration is a key strategy that explores the church and its families for gaining the sort of clarity, understanding and insights that are the fundamental precursors for competence and functionality of family and church alike. For this writer it means assisting people in finding their best positive way of overcoming what they perceive as a problem. The process is the important element, not the content.

The teaching of skills is a basic component of any growth leading to health; the competencies in communication that enable each of us to put our particular approach into operation. Thus, each strategy will involve the use of different combinations of skills. Leadership should organize the core skills necessary for helping the church and her families to engage productively in the maturing process. Thus, each strategy involves the use of different combinations of skills. This model both identifies and organizes the core skills necessary for helping people to engage productively in the growth work. Counseling is, of course, much more than the development and use of communication skills and strategies. It is a unique, difficult and fundamentally human activity, which offers a protected space and opportunity to discover ways of living more resourcefully. It is relational in nature with Christ and then our fellows. However, unless pastors and therapists are adept at the skill level and can recognize what is healthy, they are unlikely either to counsel sensitively or purposefully as apart of God’s family.

### **A Biblical Model of Leadership and Counsel<sup>9</sup>**

Servant-leadership is a biblical model of leadership based on two strong images of a leader, that of a servant and of a shepherd. For this writer both images are powerful

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<sup>9</sup> Personal notes from Leadership Classes at D.Min. cohort at George Fox Seminary. 2002. This section is a reflection of those principles that I have come to accept as my own.



metaphors of what Kingdom leadership should look like. A servant serves the purposes of God in the lives of individuals that he or she leads. A shepherd courageously engages the flock or group in accomplishing the purposes of God for that group even when it may be unpopular. Both tasks are essential for biblical leadership to honor God. Christ provides the ultimate example of the servant-leader by modeling love for the Father and for His fellowman. Jesus had the heart of a servant and He did not come on the scene demanding that men worship Him. He did not build a palace for Himself or sit on a royal throne. He did not enjoy all of the comforts that this world has to offer. He could have done that, Nevertheless, He did not. He did not because He came to serve. Jesus models the servant-leader.

Jesus instructed in John 13:1-17, that we wash each other's feet. Giving to and receiving loving care from another is an important part of our life in Christ. Out of this simple act flows our desire to be Christ's "servants in God's world," as well as an emphasis upon peacemaking like Jesus, our leader. He never called His disciples to do anything that He was not willing to do Himself. He was the Servant of God, and He calls His followers to be servants too. Jesus came to serve but that is not all. He also came to give His life as a ransom for many. The servant-leader is a servant first. It begins with the natural feeling that one wants to serve, and then a conscious choice brings one to aspire to lead. There must be a balance of internal belief and external behaviors. These elements are responsibility as servant-leaders.

How do we as pastors and leaders know if our servanthood is working? The best test is: Do those we serve grow as persons; do they, while being served, become healthier, wiser, freer, more autonomous and more likely to become servants themselves?

These are questions I have asked of me over the last 35 years of ministry. In providing therapy for ministers and their families, they too ask these same questions. Is it worth being in ministry? The local church leadership asks these same questions in their evaluation of the minister's work. In many congregations the success or failure is placed upon the pastoral staff and specifically on the senior minister. These questions are embedded with issues of responsibility and accountability. Understanding servant-leadership is way to provide healing to those in distress due to the broken issues in their lives.

We must reeducate pastors in serving Christ first, not their call, not worrying about what men think, but rather the example of Christ Jesus. This is critical for the renewal of the post-modern Church. *"But made himself of no reputation, and took upon him the form of a servant, and was made in the likeness of men"* (Phil.2.7) "He made himself nothing" (NEB); "He stripped Himself of all glory" (Weymouth); "He stripped Himself of all privileges." (Phillips) The weight of evidence seems to favor the ASV here: "He emptied Himself." But of what did he empty Himself? He emptied Himself of the equality He had shared in the Godhead. Jesus divested Himself.

Our vision is to integrate Jesus' teaching and examples of servanthood into our daily lives and the ministries that we are called to serve. We take our understanding of God as a servant, as revealed in the life and ministry of Jesus. Acknowledging His loving example liberates us to dream and strive together for a more just, compassionate and sustainable world. Our mission is to encourage one another in being open and responsive to the guidance of the Holy Spirit and to inspire and nurture servant leaders and in fact we become competent, functional and healthy of spirit and mind. The principal is that

no matter how bad things are going for us we have no excuse for not serving others.  
 forth servant leaders in the church and community.

We as leaders must introduce or reintroduce the concept of the priesthood of all believers as an essential element of our training leadership to accept their call to serve Christ. There are two essential dimensions to leadership: One is the desire to serve others and the other is the desire to serve something beyond ourselves, or a higher purpose. From Ephesians 4 we understand that each member of the Body of Christ is equally important as each is given a spiritual gift or gifts and then is strategically placed to carry out the work of that ministry. Because each individual is equally important and placed strategically by the Lord in a specific place (home, work, neighborhood, etc.) with spiritual gifts designed for that specific ministry, all competition is eliminated, as each member of the Body is unique and crucially important. In line with this thinking in Mark 10:35-42, Jesus says that instead of the person being prepared for a position in the organization, the position is being prepared and conformed for the person and his specific ministry.

### **An Integrative Framework**

The building of the trust of the relationship is to challenge individuals, families and the Church to explore their feelings and thoughts more deeply and to discover new and more liberating ways of viewing their concerns. It is important that the integration of compassion and grace be translated into action.

For Christ's Church and His people we need to consider Jesus' view of church health. The Gospel of Luke provides a number of insights into the spiritual principles of church health. Beginning in Luke 11, Jesus turned His attention to the Jewish synagogue

and leveled a variety of charges against it. So strong was His condemnation that one of the synagogue leaders remarked to Jesus, “Teacher, when you say this, you insult us too” (11:45, NASB). Jesus’ charges all pointed to a sick, unhealthy leadership. The priests and leaders were accused of being internally corrupt (see 11:39), being oblivious to their own faults (see 11:40), wasting energy on trivia (see 11:42), getting caught up in ego massaging (see 11:43), being spiritually dead (see 11:44), being rule-bound with excessive bureaucratic baggage (see 11:45), being hypocritical (see 11:47-51), and stifling personal growth (see 11:52).

### **Jesus’ Key Principles of Church Health (Luke 11-12) Taken from Scripture:**

*The healthy church is characterized more by the quality of its spirit than the quantity of its success* (see Luke 11:24-26, 12:4-5). Here Jesus focused attention on the spiritual battle of the church. Jesus warned of the threat the church faces from the malevolent spirits of Satan.

*The healthy church is characterized more by what it waits for than by what it works for* (see Luke 10:38-42, 11:5-10, 12:35-38). We live in an era that prizes activity and motion. The assumption is that a healthy church is busy. Yet Jesus’ call is to a quiet anticipation, a reaction to God’s will rather than an anticipation of it.

*The healthy church is characterized more by what it is confident of than what it is competent in* (see Luke 11:11-13; 12:32).

*The healthy church has at its heart two responses, to love God and to love other human beings* (see Luke 10:27, NASB). God’s call is to a caring, sharing ministry—an intimate compassion for others. The depth and breadth of that compassion are the measure of a healthy church.

*The healthy church is characterized more by prayer than by its performance* (see Luke 11:1-4). A church in prayer is in its most distinctive state. Jesus’ response was short but offers a model of the healthy church at prayer. The healthy church is born of and dependent on the grace and power of God.

*The healthy church exists to glorify God’s being and God’s activity.*

*The healthy church is an instrument of God in the world.* Its loyalty is to God; its charter is from God. The healthy church is totally dependent on God’s purposes, on God’s provisions and not self-sufficient.

*The healthy church is fully confident of God’s provision.* God can and does use talented people. God’s ability to work through a church is dependent not only on available skill or competence but also on faith. It is God’s chief desire to reveal Himself, not to display the talents of His spiritual children.

*The healthy church is an instrument of God's power to heal relationships between God and persons. Forgiveness is the church as peacemaker. How can we not forgive others when He has forgiven each of us?*

*The healthy church is ever mindful of its own tendency to err apart from God's grace. It acknowledges its fundamental weakness yet knows that in that weakness God can and will reveal His strength. We live in an era that prizes performance and achievement.*

*The healthy church understands that its role is to be a channel for God to perform through and for God to achieve His purposes. Prayer positions the healthy church to be God's instrument.*

*The healthy church is characterized more by its discernment than its decisions (Luke 12:54-57). Often we find ourselves evaluating a church by how wise or timely its decisions are. We are sensitive to the results of the decisions made in a church.*

*The healthy church is characterized more by its commitment to openness than by its concern for operational efficiency (see Luke 11:33-36; 12:2-3). The church is the organic body of Christ and openness is to be an essential characteristic. The church exists to do God's will and to be transparent in our dealings with one another and with the world.*

*The healthy church maintains an openness that maximizes visibility and sharing. It is not willing to sacrifice participation merely for the sake of smooth operations. Its primary concern is not operational efficiency; rather, it is openness. The church is a community not a company, an organism not an organization.*

*The healthy church is characterized more by its godly priorities than by its human popularity (see Luke 11:43; 12:49-53). In Luke 12:49-53, Jesus addressed the inherent conflict between God's priorities and human popularity. God is revealed from heaven against all ungodliness and unrighteousness of men, who suppress the truth in unrighteousness" (NASB).*

*The healthy church must be characterized by what it stands against. It must champion causes of holiness, sacrifice, and justice in a world increasingly hostile to such a message. Seeking to be popular and acceptable must inevitably compromise the church and damage its capacity to be used of God.*

*The healthy church is characterized more by the quality of its motives than the quantity of its money. Wise stewardship, we are told, demands that churches be fiscally conservative. "For where your treasure is, there will your heart be also" (v.34, NASB). The church must be aware of any tendency to spend too much time and energy on issues of financing.*

*The healthy church is sensitive to the spiritual implications of financial matters. Budget decisions should be made with real spiritual discernment and should reflect spiritual priorities. The healthy church knows that its handling of money sends a message to the world.*

*Churches are healthy to the extent that they serve God spiritually. It is the spiritual attributes that really matter to God. Jesus was speaking to churches as well as individual Christians when He entreated us to seek first the kingdom and*

righteousness of God. In so doing, the local church will thrive spiritually in the body of Christ and will indeed have all things added to it.

The Church must come to a focused understanding of what is healthy, functional and competent. Without leadership modeling, teaching, and directing God's people in the principles of health, function and competence God's people will continue to be dysfunctional. God has a plan for our families for health, function and competence. Additional elements include the socio-cultural milieu makeup of the family's church, school, community and the intergenerational component. This offers a complete picture of just how the family functions, family patterns and behavior that is passed down intergenerationally.

This writer's life time experience in ministry has provided me the opportunity to see every type of behavior. Adults in our churches have oppositional behavior, which shows the very symptoms that calls out for love. As clergy and church leaders we need to evaluate carefully how we treat those who exhibit abnormal behaviors. How do we as a church deal with our children and families who are unhealthy and dysfunctional? How do we bring down barriers and prejudices about people we may feel who are inferior or who are unacceptable to be part of the church? How does the church evaluate mental and spiritual health?

The purpose of this project has been to educate the Church and the family about the essentials of what makes a family healthy or unhealthy. Specifically, how do we deal with our children who are having difficulty? How do we deal with church people who are unkind to others?

The postmodern church is faced with a behavioral crisis among church families. This crisis involves failure to follow God's behavioral requirements for a healthy

(functioning) church and family versus the social values of our society. The social values have infected the churches' children and adults alike, resulting in affairs, divorce, substance abuse and sexual deviant behaviors. Our church leaders must reassert the values of God by modeling biblical standards and values that bring health to God's people. How can the local congregation respond to the postmodern system in a Godly way and biblical approach?

It is critical that we consider how the Church can approach the postmodern society concerning the elements that will connect it with the biblical truth. It has been my purpose in this dissertation to offer observation on the Church's ability to engage in the healing of dysfunctional behaviors and attitudes within the Church and church families. Also, it has been my purpose to consider the positive functional behaviors of the Church. Through the practical integration of theology and counseling, we can provide a Christ-inspired model for families, individuals and the larger church family.

The basic characteristics for a healthy church must start from healthy and functional homes. The Church is by nature systemic and each part affects every other part. As ministers and therapists we need to teach, coach and encourage God's people about the nature of family and how families work. If our families are dysfunctional, then the church will be dysfunctional.

A healthy church is one in which the people gather to seek and find themselves before Christ and His authority, recognizing Him as central to their daily living. With Him as our Lord and Savior we experience what it means to be family. He is our elder brother who walks before us in preparation to meet our Father. Their worship is expressive; they worship their Father. Their worship is impressive because they allow

their Father to impress His truth upon their hearts and they are changed. Whatever the style of worship, if God is not allowed freedom to move, convict and change our churches, they will have some serious health problems.

Illustration 32 provides the ten characteristics of a healthy church representing redemptive approach, which is the most effective route to lasting positive health. We ministers and therapists must approach people and families in a redemptive, systemic purpose by developing a relational intimacy with God and family.

True discipleship is hard work, but God gives us the energy for discipleship. It takes tremendous self-discipline to choose to operate in the Spirit instead of in our own flesh, depending on God's strength instead of our own. The real battle is in the mind.

People bring their problems and sins to church each week. They bring with them their eating disorders, their compulsive and addictive behaviors and their destructive relational patterns. I believe that the Church must minister to the whole needs of people. A Christian therapist and pastor can provide redemptive counseling, but the local church must live the ten characteristics of health in a genuine and a Christ-like witness. Dealing with the sin life of others and ourselves is a hard process and takes discipline.

As these various dynamics are rooted in the primitive and enduring dynamics of original sin, one can be sure they will always be there to some degree or another. Christian leaders who find themselves complaining about this reality ought not to be surprised that there *really* is sin—in various, multiple forms—in their congregations. Some churches overlook the sins of people because it makes it easier to have peace, but this type of approach covers up sin and the underlying condition, which affects everyone around them. It is what Christian ministry is all about. Since these spiritual dynamics are



present, the remarkable insight relating to spiritual intervention is, frankly, not that remarkable. For Christians the basics are maintaining the constant awareness of sin and its effects (confession), holding forth the new life to which God has called us through absolution, developing various forms of fellowship groupings, offering quality pastoral care and support groups.

The most important intervention may be to underscore all of the above by developing a healthy scriptural-based doctrine. With this as the basis, a healthy, and scriptural -faith process can integrate each individual and church. As individuals and communities understand the process of their unique spiritual journey in the context of the Body of Christ, they can look beyond themselves, their fears and their weaknesses and aspire to greatness in Christ.

This understanding of spirituality gives Christians their enduring legacy in Christ's gracious Word. It is this distinctively Christian spirituality that is found in the written Word that God promises to "build His church," which is rooted in overwhelming grace by overcoming any organizational dysfunction. When we are systemic, honoring God's model for our family and church, then there is substantial spiritual growth. Recognizing old patterns and behaviors changing dysfunctions and nurturing one another as Christ modeled for all who would accept him.

Since the Word of God is our strength, whatever dysfunctional organization or individual characteristics God calls us to minister to; we have God's guiding promise in Isaiah 40:29-31 (NIV):

"He gives strength to the weary and increases the power of the weak. Even youths grow tired and weary, and young men stumble and fall; but those who hope in the Lord will renew their strength. They will soar on wings like eagles; they will run and not grow weary, they will walk and not be faint."

## Insights for the Church

Churches recovering from severe trauma or crisis often strive too hard for healing. To the extent the congregation and its leaders can maintain a healthy self-differentiation, they will be able to non-anxiously address the challenges which healthy recovery requires. Well-differentiated leaders and individuals are able to keep theirs and others' anxious feelings, regarding necessary and painful recovery strategies and interventions, from overcoming their reasoned strategies for healing. In this way, healthy differentiation becomes the basis for a continually growing—and renewing—healthy vision. It confronts obstacles, deals with conflict, and becomes "strong in heart" to move forward with passion, consistency and effectiveness.

Less well-differentiated leaders and individuals do not attain such vision. To the extent that these individuals are not healthily self-differentiated, the congregations will be doomed to repeatedly relive the cycle of conflict, trauma and decline. Because this trend is characteristic of all social groups this trend is not only predictable; *it is inevitable.*

Less well-differentiated individuals need the unhealthy comfort of fused "togetherness" and "love." As in undifferentiated families, undifferentiated congregations spend the bulk of their energy on being a "loving" congregation, trying to "make everyone happy," and avoiding painful yet inevitable crises so as not to "hurt anyone's feelings."

Undifferentiated congregations, like families, spend so much time focusing on finding "lost love" that difficult decisions are delayed. Energies are directed toward self-sabotaging fusion. With little or no energy for vision, the vision is lost. Most

significantly it must be noted that such congregations do not have healthy positive vision for ministry. They are vision-resistant and will be until they either become self-differentiated...or die.

The undifferentiated church is one solidly in the hands of Satan. Striving to solidify undifferentiated love is simply one of Satan's greatest triumphs: redefining Christian "love" into the most toxic, church-killing emotions possible. These concepts are clearly defined by Arterburn and Felton.<sup>10</sup>

Arterburn and Felton understand the toxic definition of love is unmistakable in plateaued, unhealthy, and/or dying churches. "Loving" churches do not change their hymnals. "Loving" churches do not challenge tradition. "Loving" churches keep focusing on the negative upset members. "Loving" churches react to the whining of the "squeaky wheels." "Loving" churches do not dare look beyond themselves because they have enough trouble just trying to find "love" within themselves.

Of course, this toxic standard of "love" is rigorously applied to pastors, staff and leaders as well. Self-differentiated leaders are natural—and feared—targets for the undifferentiated. "Change" is seen as "unloving" and uncaring because it hurts someone. Of course, even slight variations in ministry style and personality are threatening because they go against the predictable forces of the unhealthy tie that binds our hearts in toxic "love."

What is the result? The pastor and other leaders become symptom bearers—scapegoats—who become unfairly blamed for the anxiety. It is this "tie" that binds the undifferentiated hearts of Christian congregations into the bondage of being dominated

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<sup>10</sup> Arterburn, Stephen and Felton, Jack (2001). Toxic Faith: Experiencing Healing from painful spiritual abuse. Colorado Springs: WaterBrook Press.

by toxic emotional process.

Suggestions for freshness and innovation also threaten this unhealthy fused "love." After all, those who really care want to keep people "happy." They do everything co-dependently to meet all their needs, soothe them when they are sad, read their minds to know when to visit them and to know what exactly to say. The power of fusion has important implications for leadership. If "birds of a feather flock together," these "loving" fused, undifferentiated groups always prefer their leaders and members to share in the same "flock."

What is the key characteristic of these "flocks?" The leaders have the same undifferentiated, "loving" and caring reactive fusion as the followers. The only difference is that since they are leaders, they will promote this toxic, undifferentiated fused "love" and caring to whatever extent necessary to make or keep it as the dominant emotional process of the organization.

Fused, undifferentiated leaders whom they prefer may be antagonists. They can also be pastors and other "positive" leaders. The irony is that both are unhealthy. When undifferentiated "positive" leaders go against undifferentiated antagonists, the results are predictable. The already unstable, hair-trigger emotional process of the congregation is pulled. Anxiety and high emotions can go from "normal" to inexplicably out of control "in the twinkling of an eye."

Undifferentiated leaders, whether positive or antagonistic, will also experience the anxious, out-of-control effects of their own lack of self-differentiation. In the aftermath, the pain of brokenness is nothing short of being profoundly soul wrenching. There are only two ways to deal with this pain.

## The Ministry of Acceptance and Grace

Encouraging the people we serve to do less of what has not worked and more of what does is enough to make a difference. What the person says works for them is what matters not what we think should work. Focus on the possible and changeable rather than focusing on the overwhelming and intractable. The possible and changeable may be evident in the present (exceptions) or in the future. Focusing on past events may help the situation feel overwhelming. Complex problems do not necessarily require complex or lengthy solutions. When problems appear complex, they seem insoluble. All complaints can be viewed differently, in ways that make them seem less difficult to solve. Even entrenched or chronic difficulties can show rapid change when expectations and possibilities of differences are introduced. In fact, rapid change is more likely when it assumes that the solution is already happening. *Process* helps us direct this. Therapists and clients through a focus on competence, courage and difference construct exceptions to problem behavior. These exceptions are the key to finding differences that offer solutions.

I see the privilege of being a creator of *vision* so the client-family can be seen as heroes. From my education of thirty-five years ago, I continue the Rogerian concept of unconditional regard for the individual, family and church; refocusing the family toward their potential for developing healthy intentions, functions and balance. This approach views the family as heroes as well as courageous. Courage is seen as proactive and assists the family in moving towards what they really desire for their lives. Any discussions of the negative are content and become a way of describing the problem and building from the process-orientation.

Church leadership can be healers, guides, directors and coaches as they bring healthy and functional modeling. The old style of “fixing” people is degrading and is a modernist position. No one enjoys having their failings pointed out to them. We must have vision for those we serve by looking beyond the client’s past patterns to seeing them as a healthy person. This is very much postmodern in focus and design, realizing that the person, couple and family are most important to God and to us to whom we serve. We need to move beyond our own motives and negative human views of the person.

I see the essential integration of theology and counseling that brings the healing love of Christ, His Father and Spirit into the lives of our members and to this new generation. They are not impressed by fancy churches, but by personal relationships and unconditional regard. I realize that system theory is based on the original concept of God being a family and creative. There are times that the Christian therapist can be so theory-oriented that he or she forgets this principle of salvation. It important to keep the understanding of biblical salvation at our conscious level and integrate it when the Holy Spirit opens the door. Kirwan reminds us that we need to focus on the Biblical concepts for Christian counseling<sup>11</sup> (Illustration 33).

I appreciate Carl Rogers when he stated, "If I can listen to what he tells me, if I can understand how it seems to him, if I can sense the emotional flavor which it has for him, then we will be releasing the portent forces of change within him. Man’s inability to communicate is a result of his failure to listen effectively, skillfully, and with understanding to another person”.<sup>12</sup> I find myself listening at a new depth. It is my

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<sup>11</sup> Kirwan, W.T. (1984). *Biblical concepts for Christian counseling* Grand Rapids, MI. Baker Book House. Grand Rapids, MI. Baker Book House

<sup>12</sup> Rogers, C.R. (1961). *On Becoming a Person: A Therapist’s View of Psychotherapy*. Boston, MA.

responsibility as therapist to be an effective listener, to understand myself as therapist and communicator, e.g. listening, questioning and reading body language.

Likewise, for leadership it is essential to learn how to listen. Martin sees the essence of good listening as empathy, which can be achieved only by suspending our preoccupation with ourselves and entering into the experience of the other person, those we serve. It is easy for the minister to become the expert and miss what others are saying. We miss the opportunity of coaching or guiding others in finding their answers when we try to be the expert. Part intuition and part effort has been called the stuff of human connection. A minister's or therapist's empathy understands what the individual and the family is trying to say and showing it, which builds a bond of understanding and rapport for the individual or family's good. We can teach the people that we serve to learn and to listen.

Those in leadership have the opportunity in Christ to reflect genuine caring and develop a family atmosphere that influences helping each other, acknowledging human needs for reassurance and support, and viewing mistakes as human. Leadership has the sacred privilege of offering unconditional love and forgiveness. Family members know that human needs are satisfied through relationships. While these members strive for competence, they know they do not solely control their outcome. They believe they can make a difference through their own efforts and influence their success in the world, but know also that success is a result of variables beyond their complete control. When members make mistakes, such as a child dropping a spoon on the floor or damaging the family car, members believe there may be numerous factors involved and refrain from

jumping to blaming or criticizing statements precipitously. Within the church there is more than enough blaming, and leaders can teach and model moving toward the systemic approach and thinking.

Olson<sup>13</sup> recognized that the central system characteristics when elaborated are the power structure of the family, the tolerance of the family for individuation and autonomous functioning, the effect or feeling tone of the family, the family's perception of reality and the family's capacity for acceptance of loss. There are interactional or family system characteristics in family and church.

The study of the human being has gravitated to two extremes: the investigation of the isolated, individual personality and the study of society and culture. The family, which is the link between the individual and his socio-cultural milieu, has been curiously neglected until the last 20 years. At one end of the scale there is the emphasis upon mass behavior of man and at the other end there is the concentration on the dynamics of the individual, exemplified in the psychoanalytic focus on unconscious mental mechanisms and on the phenomenological nature of human experience via the existential movement.

To bridge the gap, it is essential to study the natural milieu of the person, his family, and his church. We can no longer afford the error of evaluating the individual in isolation from his usual environment or appraising that behavior in artificial settings. We must observe the person where he breathes, eats, sleeps, loves and where he learns his place in society: in the intimate climate of his day-by-day family relationships. It is in this setting that we strive toward the development of a social psychology and social psychopathology of family life.

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<sup>13</sup> Olson, David, Russell, Candyce and Sprenkle, Douglas (1989). Circumplex Model: Systemic assessment and treatment of Families. New York: The Haworth Press



We have been fortunate to witness the foundation of the family system's growth and development. In the last decade we have seen a significant development within this progression, namely, the shift from a basically individual orientation to a specifically family-centered orientation. The important shift has been from seeing family relationships in terms of the person as seeing the person in terms of the family structure, which really marks the beginning of family therapy. This was possible because the understanding of developmental processes, the conceptualization of interpersonal relationships, the understanding of individual functioning and intrapsychic dynamics, were now cast in a new framework and could be approached from a relatively new perspective. This opportunity brings new understanding about God's Family and how they treat each other.

### **Characteristics of Godly Visionary Leaders**

Godly visionary leadership may be marked by many qualities, but the ten qualities (Illustration 34) seem to be characteristic of the most effective visionary leaders who have a passion for the ministry. As therapists, pastors and church leadership we must consider our character based on meeting scriptural requirements, then we can be called to leadership and ministry. The critical characteristics are the requirements needed to bring God's Kingdom to our families. Understanding God's plan for family becomes essential for developing healthy families and healthy churches.

## CHAPTER 8

### CONCLUSION

This dissertation has discussed the importance of understanding those characteristics that result in healthy and unhealthy behaviors. No family or church is completely healthy or totally unhealthy, but most lie somewhere along a continuum or as a tapestry, reflecting differences in degree along many dimensions. Some churches end while others are somewhere in between along a continuum or a degree of dimension.

God's concept and example of being a family of love, grace and forgiveness have been presented. Churches are a larger family system that experiences some of the same types of functional and dysfunctional characteristics. Throughout this dissertation are found systemic principles and concepts that are applicable to the church as well as the family.

A new understanding of God's love of family and how family should function can be seen in the systemic approach. The Holy Trinity is the perfect example of balance, functionality, competence and relationship. Jesus states, "My Father and I are one" (John 10:30). "Anyone who has seen me has seen the Father" (John 14:9b). Through Jesus, we can follow God's family and see the most functional example of love and relationship.

We have used the illustration of a beautiful tapestry with multi-colored patterns and designs woven together as we have considered the family and the Church. When begun, no design is visible. Only after the various shades and colors are brought together is a pattern discernible. Then the tapestry is a finished product, revealing what appears to be a plan behind the arrangement of shapes. Likewise our own families and the church

are a multi-colored tapestry. This dissertation has considered the necessary dimensions for developing a growing, healthy church and the families of that church. We also have considered what is unhealthy and retards growth.

We examined the interpersonal relationships that are actually occurring and their affect on the health of the church and individuals in that church. A healthy church functions as the body of Christ. We considered these dimensions and the systemic affect on the church and the member's family. We called for the education of leadership and families as a part of God's family treating one another with love, compassion and forgiveness. We presented the elements necessary for health, function and competence.

We have presented the family system in a way of understanding present situations in terms of past relationships or family histories and understanding the family as a single emotional unit made up of interlocking relationships existing over many generations. Individual behavior throughout life is more closely related to the functioning in one's original family than most people realize. We have attempted to move beyond cause-and-effect thinking to a more comprehensive understanding (Michael Meta-Framework) of the multiple factors which interact across time to produce problems or symptoms, and recognizing this interplay between biological, genetic, psychological and sociological factors determines individual behavior.

Also presented were the foundations of systemic cybernetic and integrating the useful techniques and application for the family and the Church. We discussed in detail the framework that encompasses the systemic elements:

1. Recursion
2. Feedback
3. Morphostasis and Morphogenesis
4. Rules and Boundaries

5. Openness and Closeness
6. Entropy and Negentropy
7. Equifinality and Equipotentiality
8. Communication and Information (that includes processing)
9. Congruent and Incongruent Communications

Each element plays an important role in the process to assist the client(s) in making changes to health that deals with the here-and-now.

We discussed that in systemic therapies individuals, couples and families would only be understood within the social context in which they exist. This is to say that the church must understand its social context. Systems theory emphasizes balance or stabilization within systems. We have shown that systems theory actually emphasizes controlled change that allows the development of highly complex interactional patterns to increase rather than decrease options for the system.

We considered how family systems identify some of the ways that human functioning is similar to the functioning of all other forms of life. Postulating that certain principles governing behavior are common to all life forms and views of most human life as being guided by emotional forces, which to a varying degree can be regulated by an individual's ability to think rationally. (Emotional here includes a smorgasbord of automatic responses such as those driven by instinct, genetics, biology and hormones as well as automatic feeling or sensory responses.)

We postulated that the degree to which individuals and churches may be able to exercise some choices regarding how much they respond to their automatic emotional input can be predicted by understanding the functioning of the family or church unit. It indicates that people are able to modify their responses to the automatic emotional input by undertaking a study of their own patterns of behavior and their link to patterns of

behavior in their multi-generational family. Systemic-family theory is based on a different foundation of assumptions about reality and its appropriate description, which includes the following: It asks: What? The systemic approach is based in reciprocal causality, holistic/dialectical, subjective/perceptual freedom of choice/proactive patterns, here-and-now focus, and relational, contextual and relativistic thought. The church system is affected in the same manner.

We have shown our perspective also known as the Bowen theory and Bowen's natural systems theory to distinguish it from general systems theory and others. Churches represented as a larger family system that experiences many of the same types of functional and dysfunctional characteristics. Throughout this dissertation, the systemic principles and concepts are applicable to the church as well as the family.

We have discussed:

1. Family processes.
2. Life stages and transitions, stress and coping.
3. The development of healthy characteristic through family assessment measures.
4. We proposed techniques of family and church interventions it was posed that the church provide support groups for the specific needs of the people it serves
5. Families in transition and family stages of life.
6. Assessments needed for evaluating church and family systems.
7. The family and larger systems religious institutions, and governments per the Michael Meta-Framework.
8. Ethnicity, social class, gender, and sexual orientation as it relates to the family.
9. Cross-cultural perspectives on families.

### **Summary of Characteristics of Healthy Relationships and Churches**

As I considered health in the family and the Church, there were basic characteristics that became apparent:

#### **Atmosphere of Systems**

Family and church atmosphere is influenced by a belief in helping each other,

acknowledge human needs for reassurance and support and viewing mistakes as human. Family and church members know that human needs are satisfied through relationship, and when children grow and leave home their independence is continually dependent on other community systems. While these members strive for competence, they know they do not solely control their outcome. They believe they can make a difference through their own efforts and influence their success in the world, but we know also that success is a result of variables beyond their complete control.

When especially children or adolescents make errors in judgment, members of family or church seek to help produce change through warmth in relating versus over controlling. This does not mean that clear and defined consequences are not invoked. It does mean, however, the motives or reasons for mistakes are evaluated from a variety of different angles, rather than assuming the person “bad or stupid.” Members believe in the inherent “goodness” of one another and do not assume bad intent of other members. Instead, a learning orientation to life with emotional availability to members helps ease distress.

### **Boundaries**

Clear boundaries between family church members means that the responsibilities of adults are clear and separate from the responsibilities of the growing child(ren). Family and church people talk freely for themselves, expressing differences of feelings and opinions without fear of punishment or retaliation. Boundaries also refer to the permeability of the family and church structure to the larger extended family and outside community. The family and church are a cohesive balance with acceptance of outside persons and resources to be flexible and resilient.

**Power and Intimacy**

People are able to relate intimately when they feel they have equal power. This is because when we get frightened, two options are open to us: to relate through loving and caring to get our needs met, or to control others or our situation. We may choose the power of love or the power of control. When persons want to control power in decision-making intimacy suffers. Family and Church alike consider paying attention to equal consideration, which leads to decisions that promote intimacy because those decisions are made in consideration of others.

**Honesty and Freedom of Expression**

Members of a family and church are free to express themselves autonomously, including different opinions or viewpoints if the family interactions support individuality. Lively and even heated discussions can be acceptable for family and church members to have differences. Love and caring is not withdrawn if a person thinks differently. If ambivalence and uncertainty are accepted, as well as differences, families tend to enjoy an open atmosphere of honesty in relationship.

**Warmth, Joy and Humor**

When there is joy and humor in relationships, people seek out the comfort of these interactions. Family and church members' enjoyment and trust in one another is an important energizing resource. There is the feeling that there is always someone to talk to who cares and someone with whom you can laugh and have fun with at various times as well. Humor plays a very important role in family bonding. One aspect of mental health is the ability to laugh at oneself good-naturedly. This is not the same as laughing at or making fun of someone at their expense. A shared experience of humor lightens up the

potential to take oneself too seriously, and not be able to see “the forest for the trees.”

Humor often allows us to regain an overview or larger perspective that has been temporarily lost in the stress of everyday living.

### **Organization and Negotiating Skill**

A necessary aspect of family and church life is coordinating tasks, negotiating differences and being able to reach closure effectively. Negotiating skills include the ability to listen and make choices in what family church members feel is a fair process. There is room for discussion without being overly controlling. There tends to be a spirit of trust built up over the years so organization is relatively easy. This of course goes along with the other characteristics of healthy families, which includes clear boundaries and roles in the family. Organizational structure learns to be flexible enough for updating from time to time as needs of family and church members change.

### **Value System**

Part of the health and function of any family or family system is dealing with weaknesses, fears and stresses in the system itself. Nobody is perfect and no system is perfect. But in healthy families, truth is accepted as not absolute. Different perspectives on reality are acceptable and people are basically good. In addition to a basic positive view of humanity and life in general, healthy families and churches also deal with the inevitable losses that occur in the family life cycle. Healthy families include some larger concept of life that encompasses the fact that we all die. Therefore, we must inevitably be able to find some meaning in something that is a larger whole, the Church and community. The individual must be able to find significance in the contribution to something greater than the self must. Whether in society, family, grandchildren, God,



politics, or social change, an individual must be able to find meaning that in some way transcends the ultimate loss of individual life.

As we travel through the life cycle, we continue to grow and learn. The older we get, the less we find we know. Helping each other through this process of living the best way we can is what the family and Church is all about. It is my hope that the characteristics described in this dissertation will help others.

As we have seen, no church is completely healthy or very unhealthy, but most lie somewhere along a continuum or as a tapestry, reflecting difference in degree along many dimensions.

We have shown our own families and the Church are a multi-colored tapestry. This dissertation has considered the necessary dimensions for developing a growing and healthy church and the families of that church. We have considered what is unhealthy and retards growth.

We have examined the interpersonal relationships that are actually occurring and their affect on the health of the Church and individuals in a church. A healthy church functions as the body of Christ. The greatest call for our families and the church is to accept God's call to be apart of His family. It is only through Christ that we understand family and become truly healthy.

The Holy Trinity is God's family living in every element and system created by His love. God's family is our model of how we are to relational to one another and lives are full of relationships that can be normal or abnormal. Church leadership can teach and model these principles for each family and church so we find peace, acceptance, grace and hope for all those who are the family of God.

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## **APPENDIX A: Key Words for Systems Theory**

Family Systems Theory: Key Words of Systems Theory

Reprint from Bateson, Family Systems Theory: Key Words of Systems

Theory Palo Alto, CA: MRI Mental Research Institute

# (Family) Systems Theory

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## Key Words of Systems Theory

A *system* is a set of elements standing in interaction. These elements are put together in such a way that whatever affects one part also affects the other parts. A family is a system whose members and sub-systems interact much like the organism of the human body with its ongoing interactions of organs, blood flow, nutrition, etc.

### Assumptions about the Family

- Families are able to change
- Families are informational processing systems
- Families are more than the sum of its parts (synergy and Gestalt)
- Families do not exist in isolation but interact with the environment and are changed by their reaction to and interaction with this environment.

### Key Concepts

1. Boundaries 2. Rules 3. Family System Type 4. Subsystems 5. Circular Causality 6. Roles
7. Hierarchies 8. Homeostasis 9. Cybernetics 10. Triangulation

**Boundaries** - Boundaries define who is in and who is out of a particular system. They serve to regulate the flow of information and feedback with other regulated systems. Boundaries may be:

1. Physical; such as a room, house or fence (i.e. "Dad's chair")
  2. Psychological; shared values or feelings (religion, dating, abortion, etc)
- Permeability of boundaries - the relative ease or difficulty outside persons and/or elements can move into and out of the system. Varies from closed to random.

**Closed Boundaries** - systems that minimize their interaction with the environment or other systems. High conformity and low conflict. Protective self-contained systems are organized to preserve the status quo and resist change.

**Open Boundaries** - allows for the interaction of the system with the environment and other systems. Open to new information and thus are subject to change. Open boundaries allow for balance between group consensus and individual expression. Conflict and conformity are variable.

**Random Boundaries** - Individuality takes precedence over group consensus. Minimum conformity and high conflict. Disorganized.

**Rules** - defines how the family functions. They describe how the members treat each other and how things are done. Rules may be overt, covert, logical or morphogenic.

**Overt:** there are rules that are clearly stated and everyone in the family knows and follows them (we don't open other's mail)

**Covert:** these are rules that have never been stated in the family yet everyone knows what they are and obeys them (i.e., family does not talk about mom's drinking problem).

**Family System Type:** this describes how a family establishes connectedness and separateness between members.

- a. **enmeshed**- members of a family have a heightened sense of belonging but often at the expense of independence and individuality. There is strong emotional connectedness. The behavior of one member immediately affects the others.
- b. **disengaged** - members of the family may function independently but lack feelings of belonging/loyalty and the capacity of interdependence and for requesting support when needed. Family members get more gratification outside the family in relationships and activities (enmeshed get more inside). Only high levels of stress activates the family support systems.
- c. **interdependent** - balance between connectedness and separateness.

**Subsystems** - a part of a system that carries out a particular process within that system. Within the nuclear family there are three subsystems:

- a. spousal
- b. parent-child
- c. sibling-sibling

Subsystems have their own organization, boundaries, rules, and interactive patterns that may be different from the rest of the family system.

**Circular Causality** - Within systems when an something happens with one element, a reaction is triggered in other elements. This, in turn, affects the system and the system affects the individuals. This process has no beginning or end and is defined as circular.

#### **ABC-X Model (Hill, 1958)**

A= stressor event  
 B = family resources  
 C= perception/meaning of the event  
 X = degree of stress or crisis

**Roles** - assignment of position and responsibilities (“father”, “mother”, “scapegoat”, “hero”, “lost child”)

**Heirarchy** - refers to the power structure of the family. Who has the power and how is it divided in the family?

**Homeostasis** - the maintaining of and attempting to maintain a steady state within the family often involving resistance to change. Most families consciously or unconsciously strive toward this goal.

**Cybernetics** - self-guiding and self-directing systems (originally applied to machines) employed by Bateson to make models for family development and dynamics.

**Triangulation** - the employment of a third (parent, sibling, outside person or system) to titrate rising anxiety levels between two members of a system (family).

**Differentiation** (Bowen, 1978, 1984): The ability to remain non-reactive to other people's reactivity....also to be able to retain decision-making skills in times of high emotionality...ability to separate thought from emotion.

Terminology by Gregory Bateson (circa 1970) MRI (Mental Research Institute of Palo Alto, CA)

## **APPENDIX B**

### **APPENDIX B: ARNOLD LAZARUS' MULTIMODAL THEORY ITEMS:**

1. Lazarus' Concept of Basic identification
2. Lazarus' Multi-Modal Techniques and Interventions

# A Brief Overview of Multimodal Therapy

Figure 9

At the end of the initial interview or session, clients are usually given the 12-page Multimodal Life History Questionnaire (Lazarus, 1981), which they complete at home and then bring to their next session. The questionnaire, in addition to reviewing the client's early development, family interactions, educational, sexual, occupational, and marital experiences, specifically assesses the most salient aspects of the BASIC I.D. Ambiguous or incomplete answers are usually discussed with the client during the second session. Thereafter, with notes from the first two meetings, and responses on the Life History Questionnaire, it is relatively straightforward to construct a Modality Profile. Generally clients are asked to do their own Modality Profiles; it is often particularly valuable for therapist and patient to perform this exercise independently and then compare notes.

## CLIENT'S INSTRUCTIONS FOR CONSTRUCTING MODALITY PROFILES

Before being asked to draw up their profiles, clients are provided with a brief explanation of each term in the BASIC I.D. A typewritten instruction sheet with the following information usually suffices:

**Behavior:** This refers mainly to overt behaviors: to acts, habits, gestures, responses, and reactions that are observable and measurable. Make a list of those acts, habits, etc., that you want to increase and those you would like to decrease. What would you like to start doing? What would you like to stop doing?

**Affect:** This refers to emotions, moods, and strong feelings. What emotions do you experience most often? Write down your unwanted emotions (e.g., anxiety, guilt, anger, depression, etc.). Note under "behavior" what you tend to *do* when you feel a certain way.

**Sensation:** Touching, tasting, smelling, seeing, and hearing are our five basic senses. Make a list of any negative sensations (tension, dizziness, pain, blushing, sweating, butterflies in stomach, etc.) that apply to you. If any of these sensations cause you to act or feel in certain ways, make sure you note them under "behavior" or "affect."

**Imagery:** Write down any bothersome recurring dreams and vivid memories. Include any negative features about the way you see yourself your "self-image." Make a list of any "mental pictures" past, present, or future that may be troubling you. If any "auditory images" tunes or sounds that you keep hearing constitute a problem, jot them down. If your images arouse any significant actions, feelings, or sensations, make sure these items are added to "behavior," "affect," and "sensation."

**Cognition:** What types of attitudes, values, opinions, and ideas get in the way of your happiness? Make a list of negative things you often say to yourself (e.g., "I am a failure," or "I am stupid," or "Others dislike me," or "I am no good"). Write down some of your most irrational ideas. Be sure to note down how these ideas and thoughts influence your behaviors, feelings, sensations, and images.

**Interpersonal Relationships:** Write down any bothersome interactions with other people (relatives, friends, lovers, employers, acquaintances, etc.). Any concerns you have about the way other people treat you should appear here. Check through the items under "behavior," "affect," "sensation," "imagery," and "cognition," and try to determine how they influence, and are influenced by, your interpersonal relationships. (Note that there is some overlap between the modalities, but don't hesitate to list the same problem more than once, e.g., under "behavior" and "interpersonal relationships.")

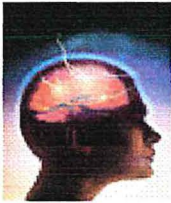
**Drugs/biology:** Make a list of all drugs you are taking, whether prescribed by a doctor or not. Include any health problems, medical concerns, and illnesses that you have or have had. It is not assumed that patients are capable of identifying or articulating all problem areas throughout the BASIC I.D. It is obvious that different people display different degrees of awareness and disclosure, so that many thoughts, beliefs, wishes, feelings, impulses, and actions may not be immediately ascertained from the initial profile. During the course of multimodal therapy, *nonconscious processes* and *defensive reactions* are addressed whenever indicated (Lazarus, 1981). Indeed, part of the purpose of therapy is to discover certain hitherto unrecognized factors that fit into one or more categories of the BASIC I.D. (one form of "insight"). Assessment and therapy are both reciprocal and continuous. The technique of second-order BASIC I.D. assessment often uncovers material that has been inaccessible to other avenues of inquiry.



## Multi-Modal Techniques & Intervention

### Friendship

**training:** This overlaps with *communication training* and with *social skills and assertiveness training* but has a number of distinctive elements. It stresses that friendship is predicated on sharing, caring, empathy, concern, self-disclosure, give-and-take, positive reinforcement, and complementarity. whereas power plays, one-upmanship, competitive striving, and self-aggrandizement are apt to undermine friendship and truncate the development of intimacy. Yet, when observing the behavior of many people, one wonders why these self-evident truths are so frequently ignored, and why people who neglect them are perplexed by their social isolation. In friendship training, one identifies



**Goal-rehearsal or coping imagery:** Goal-rehearsal implies a deliberate and thorough visualization of each step in the process. The rationale is that the deliberate picturing of oneself coping with situations will enhance transfer to the actual events. Clients are told, "If you practice something in imagination, it is bound to have an effect on the real situation. A person with an aversion to hospitals wished to visit a sick friend. By picturing the hospital scene vividly, replete with all of her negative feelings toward the situation, she imagined herself dealing with it and emerging with a sense of having given support to her friend. This realistic expectation enabled her to experience the actual event with minimal discomfort.

**Graded sexual approaches:** Men and women with sexual anxieties are advised to engage in sensual and sexual play only as long and as far as pleasurable feelings predominate. They are not to proceed to the point where anxious feelings erupt. By keeping sensual enjoyment ascendant over anxiety, the client tends to facilitate the emergence of higher levels of sexual arousal with each amorous session. Step by step, as the anxieties recede, greater degrees of intimacy become possible, so that uninhibited and total lovemaking is the culminating experience.



**Hypnosis:** People who enter therapy believing that hypnosis will facilitate their progress often have a built-in, self-fulfilling prophecy that should be incorporated into their therapy. It is useful to learn several methods of trance-induction in order to slip effortlessly from one into another, thus maximizing the chances of success with individual clients. Most hypnotic-induction techniques involve sensory fixation (e.g., staring at a spot on the ceiling) while listening to monotonous repetitions, such as "drowsy and relaxed," "heavy and sleepy." (I have never used this technique)

**Meditation:** There are numerous meditative techniques, but the most widely used practice or process consists of sitting down, relaxing, gradually closing one's eyes, and inwardly repeating prayerful thoughts. As thoughts float in and out of awareness, the mediator continues to think the words "in," "out," again and again. Some clients report that the practice of meditation assuages marked tension, lowers high blood pressure and produces a calm and more serene outlook. Some derive maximum benefit from mini-meditations, two- or three-minute sessions several times a day.



**Modeling:** Basically, modeling consists of learning by observation. The therapist serves as a model or provides a role model for a particular behavior the client is encouraged to imitate. Some people (especially in group therapy) respond better to peer modeling and imitation.

**Non-reinforcement:** Many problems are maintained by attention (social reinforcement) from other people. By not attending to the behavior, by not rewarding or reinforcing it, a therapist or other individuals in the client's social environment may facilitate its extinction. Reward those behaviors you wish to encourage; ignore those you wish to discourage. This basic aphorism captures the essence of *positive reinforcement* and *non-reinforcement* as two of the most fundamental mechanisms in learning and habit-formation.



**Paradoxical strategies:** Innumerable paradoxical interventions have been used in psychotherapy. The two most common are *symptom prescription* (e.g., a compulsive client is told to *increase* his checking and ritualistic behaviors), and *forbidding a desired response*. In defiance of these admonitions, the compulsive client may decrease his extreme behaviors, and the sexually dysfunctional man is likely to engage in sexual intercourse. It takes considerable clinical skill to know when to encourage or agree with something we disapprove of, when to discourage what we really desire, and when to exaggerate or distort a response to achieve a desired result.

**Positive imagery:** The picturing of any pleasant scene, real or imagined, past, present, or future, has many benefits. As a tension-reducer, as an anxiety-inhibitor, and as a direct enjoyment-enhancer, positive imagery can play an important role. The power of positive mental imagery for healing physical afflictions is beginning to gain attention. Positive imagery can help one cope with pain, and it can induce a feeling of optimism while overcoming boredom (Lazarus, 1978a; Singer & Switzer, 1980).



**Positive reinforcement:** The observation that behavior is often a function of its consequences, points to the basic reality that pleasant or rewarding (positively reinforcing) stimuli will strengthen a response. In psychotherapy, positive reinforcement is usually social and is dispensed in the form of praise, recognition, and encouragement. Tangible objects such as food and money are also used as positive reinforcers, especially in dealing with children and adolescents. "backup" reinforcers are also employed frequently.

**Problem solving:** Most problem-solving situations call for a modicum of logic and a fairly coherent or scientific progression. It is often impossible to reach solutions without first generating plausible hypotheses that can be strengthened or weakened by gathering relevant data. Clients who do not apply these elementary but fundamental principles to their ongoing problems tend to feel bewildered and overwhelmed.

Compiled from Lazarus'



## Multi-Modal Technique & Intervention



**Anger-expression:** Coaxing the client, especially in-group settings, to state, "I am angry!" over and over, louder and louder, are a well-known method of bringing the person in touch with his or her anger.

**Behavior-rehearsal** may be employed to deal with legitimate resentments.



**Anti-future shock imagery:** Apart from helping clients solve their ongoing problems, it is important to prepare them for changes that are likely to occur within the coming months and years.

**Anxiety-management training:** Clients are first taught general *relaxation training* and *goal-rehearsal* or *coping imagery* as basic anxiety-reducing techniques. On achieving some proficiency with these methods, they are encouraged to generate anxiety to dwell on unpleasant sensory concomitants, negative imagery, catastrophic cognitions, and whatever else will produce feelings of anxiety.



**Associated imagery:** The value of dipping into and tracking ongoing thought processes has been underscored by William James in his writings on "the stream of consciousness" and by Freud's method of free association. Clients frequently experience unpleasant sensations and emotions that they are unable to account for.

**Aversive imagery:** There is a long history to the technique of associating unpleasant thoughts and feelings with behavior that is undesirable but self-reinforcing (e.g., alcoholism, sexual deviations, overeating). Instead of using emetic drugs and electric shocks to discourage undesirable behavior many have found the use of extremely unpleasant mental pictures sufficient.



**Communication training:** Communication training is comprised of *sending skills* and *receiving skills*. When expressing ideas or conveying feelings, many people send messages that are vague, ambiguous, contradictory, and difficult to follow. To improve *sending skills*, the client learns about the importance of eye-contact, voice-projection, body posture, the use of simple, concrete terms, the avoidance of blaming and pejorative remarks, forthright rather than manipulative intent, and statements of empathy. Good *receiving skills* call for active listening, verification and acknowledgment, and rewarding the sender for communicating. Role-playing and *behavior-rehearsal* are especially suited for promoting the development of communication skills.

**Contingency contracting:** The client agrees to increase, decrease, or maintain a specific behavior, with the explicit understanding that rewards will ensue from fulfilling the terms of the contract, and negative consequences will be imposed (usually self-imposed) for breaking them.



**Correcting misconceptions:** Clients often harbor mistaken attitudes about society, about particular people, or about themselves. Dispensing information is an integral aspect of psychotherapy. Psychotherapy as an education in living implies that one's clients be given *facts*, not myths or superstitions, to cope with the demands of daily living.

**Bibliotherapy** is often an important component in correcting misconceptions.

**Ellis "A-B-C-D-E paradigm:** Albert Ellis has emphasized that people upset themselves via their own belief systems. Clients are shown how they falsely attribute their own upsets to outside or activating events. They learn that when feeling upset it is essential to examine their B's (beliefs) instead of blaming the A's (activating events). They are shown that activating events (A's) do not result automatically in emotional and behavioral consequences (C's), but that it is mainly the beliefs about A (i.e., B's) that are responsible for the impact at point C. By disputing (D) the irrational beliefs at point B, the effect (E) is the diminution or elimination of negative consequences (C's).



**Feeling-identification:** Clients seem to require two different processes in the clarification of their feelings: defining their terms and exploring affective areas. People often use terms that convey idiosyncratic meanings anxiety, depression, guilt, anger, and so forth. Feeling-identification is centered on exploring the client's affective domain in order to identify significant feelings that might be obscure, occult, or misdirected. The various methods of feeling-identification have been the mainstay of traditional psychotherapy since its inception.

**Focusing:** This is an introspective technique adapted from the work of Eugene Gentling. When in a quiet, relaxed state, the client is encouraged to enter a contemplative mood and is gently coaxed into examining spontaneous thoughts and feelings until one particular feeling emerges at the focus of his or her full experiential awareness. After several minutes of intense focusing, the client is asked to try to extract something new from the sensations, images, and emotions. By shifting the emphasis from talking and thinking about problems to their felt bodily expressions, the client is often able to circumvent cognitive blocks, with the result that important material may be brought to light. Focusing exercises also tend to have a desensitizing effect in some cases.



## Multi-Modal Technique & Intervention



**The empty chair:** Typically, the client sits facing an empty chair that he or she imagines is occupied by a significant other (parent, sibling, relative, friend, employer, or even one's alter ego). The client commences by accusing, or attacking, or forgiving, or requesting something of the imagined occupant of the empty chair. The client then moves into the empty chair and becomes the other person, who then directs all remarks to the chair that the client had occupied, as if talking to the client. Again the client changes chairs and becomes himself or herself and continues the dialogue. Switching from one scribed communications. They flip a coin to determine who opens the dialogue who talks and who listens. A timer is set for five minutes. During those five minutes the talker discusses whatsoever he or she pleases. The listener may not interrupt. He or she may take notes in preparation for rebuttal, but no verbal input may occur until the five minutes elapse and the bell sounds. At that point, the talker is to stop immediately whatever he or she is saying. The timer is then set for another five minutes, with the listener now doing the talking under the same ground rules. Each partner has six five-minute intervals in which to talk and six to attend to the other person's verbalizations. At the end of the hour, the couple is to hug each other and to drop any further discussion of the issues that were raised until the next preset appointment. Those who adhere to the rules of time-limited intercommunications find it an effective means of achieving more equitable levels of understanding and communication within a mean of two or three weeks. Some couples have difficulty tolerating hour-long sessions, in which case the time frame can be adjusted accordingly.

**Thought-blocking:** A simple but effective way of combating certain obsessive and intrusive thoughts is simply to scream "STOP!" sub vocally over and over again. Some clients also picture huge neon signs flashing the letters "S T O P" on and off. Others while thinking, "STOP!" find it effective to add the distraction of flicking their wrists with a rubber band. A man who was unable to fall asleep at night for fear that his house might burn down had been in traditional therapy with no success. By applying thought blocking, he was able to bring his catastrophic fears under control.



**Tracking:** This refers to a careful scrutinizing of the "firing order" of the different modalities. For example, some clients tend to generate negative emotions by dwelling first on catastrophic ideas (cognitions), immediately followed by unpleasant mental pictures (images), that lead to tension and heart palpitations (sensations), culminating in avoidance or withdrawal (behavior). Others follow a different sequence, and at times, the same client may display different firing orders. Clients are asked to take special and careful note of the stimuli and events that precede and accompany any negative emotional reactions.

## APPENDIX C

### **Appendix C: Basic Genogram Components**

1. Assemble Your Genogram Instructions
2. Genogram symbols
3. Examples of genogram
4. Examples of family genogram



## **Assemble Your Genogram**

1. **Construct a genogram** following the guidelines from this set of materials. The genogram must include at least three generations, beginning with the family of the identified person (the person whose genogram you are constructing) and working backward to a third generation.

2. **Construct a chronology of events.** Follow the guidelines described in the genogram chapter in your bulk pack. Remember that a chronology of events lists nodal events in the family in chronological order, from past to present. Its purpose is to elicit patterns and convergences.

3. **Draw patterns of distance and closeness** using the symbols described in your bulk pack.

When you begin your genogram respond to the following questions.

Describe your sources and method of collecting data e.g. if you interviewed people, whom did you interview and under what circumstances. Describe your responses and that of other family members to the process of developing the genogram.

- Use family systems terms to describe family patterns that you have tracked on the genogram
- Identify gender, ethnicity, culture and class issues in the family
- Identify family resources/assets/strengths
- Identify family burdens/risks/deficits (include major losses and traumas)

Use family systems terms to give your assessment of the balance of resources and burdens in the family and the intervention strategies you would propose

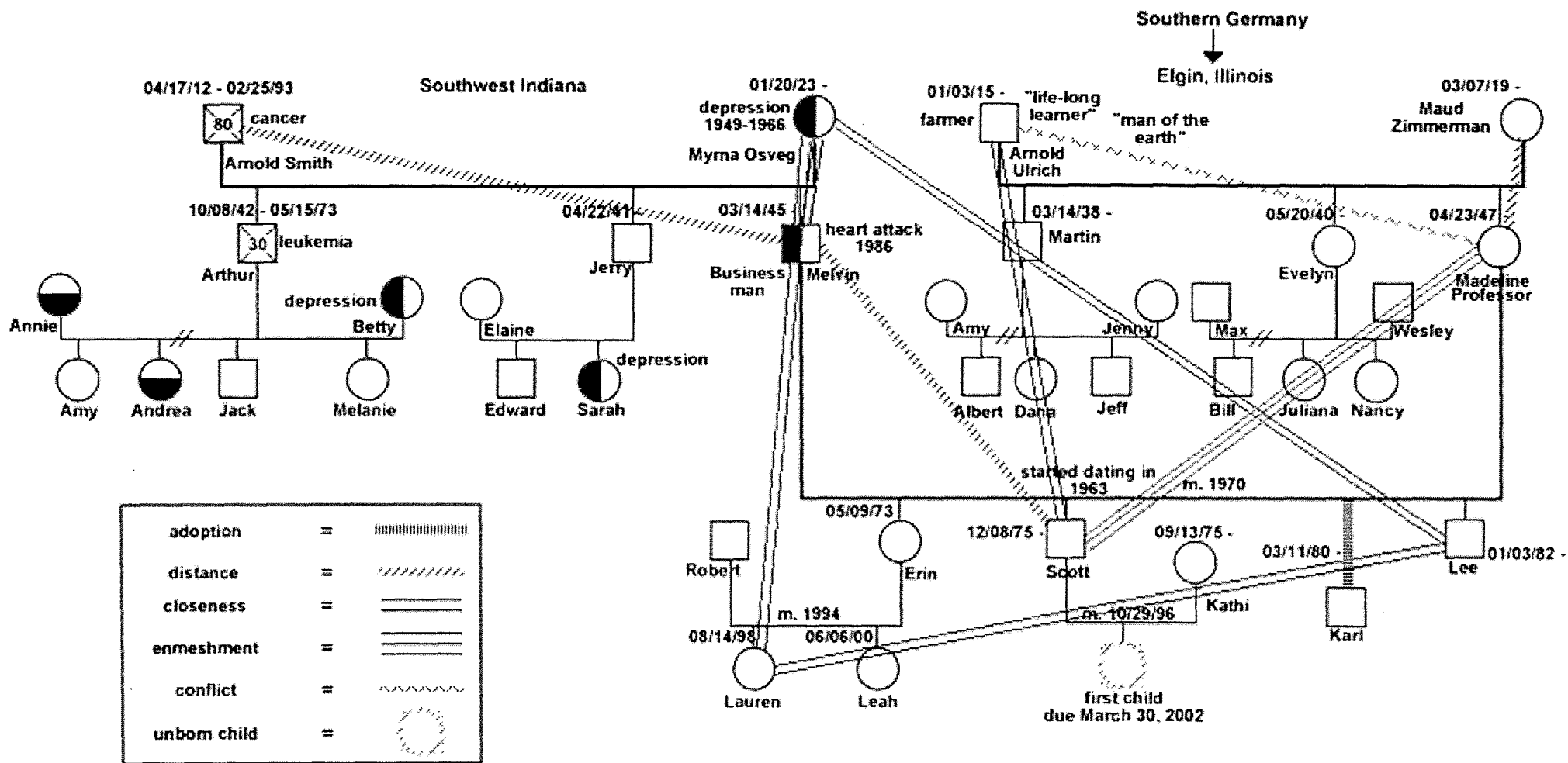
### **YOUR GENOGRAM SHOULD BE COMPOSED AS FOLLOWS**

35% Genealogy within the theoretical framework

15% Accurate use of concepts

40% Description, interpretation and commentary

10% Report on reactions of self and family



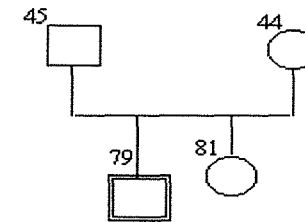
## Basic Genogram Components

Although there is general agreement on the basic genogram structure, and codes, there are some variations on how to depict certain family situations, such as cutoffs, adoptions etc. (Bowen, 1980; Kramer, 1985; McGoldrick, Gerson, & Shellenberger, 1999). The following are the codes we will use in this site:

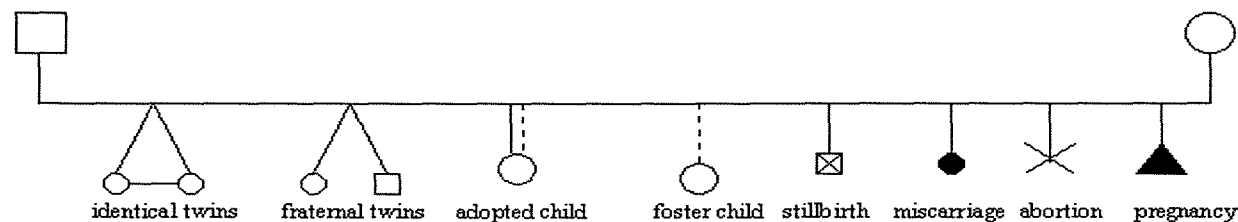
The male is noted by a square, the female by a circle. The male is placed to the left of the female in the father/mother dyad. Marriage is shown by a line connecting the two.



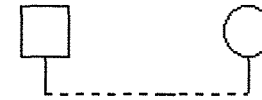
Children are noted oldest to youngest, left to right. The index person of the genogram (or person from whose perspective it is being drawn) is set off from the others and marked with double lines. Birth dates are often recorded to the upper left or right. If the first two digits of the year can't be mistaken, the last two digits of the year are often all that's needed.



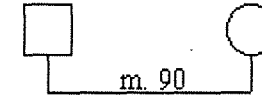
Other importation notations are shown below:



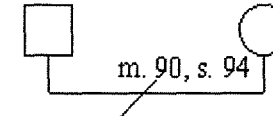
**Liasons** or a couple living together are displayed similar to marriage, but with a dotted line.



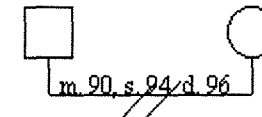
**Marriage** dates are recorded above the line connecting husband and wife.



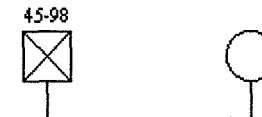
A **separation** of a couple is marked with one slashed line. The date is also usually recorded.



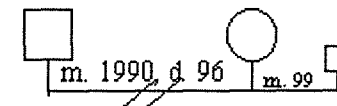
A **divorce** of a couple is marked with two slashed line. The date is also usually recorded.



The **death** of a person is indicated by an "X" through the shape. The birth and death dates are also usually recorded.



A **remarriage** (or former marriage) is shown to the side with a smaller shape. The focus couple is the one in the middle with the larger shapes. *Note: If there has been more than one remarriage, the marriages are usually placed from left to right with the most recent marriage coming last.*





**Closeness of relationship:** You can also depict the type of relationship of two family members with lines connecting those persons. For example, two people with a normal relationship would have one line drawn between them. Those with a close relationship would have two lines drawn between them. Those with a fused (extremely close) relationship would have three lines drawn between them.

Depictions of other types of relationships can also be shown. A dotted line\* between two people indicates a distant relationship (This is different than the dotted line showing a romantic liaison or the dotted line showing a foster or adopted child.) A jagged line shows a hostile relationship. A jagged line with two straight lines shows a close, hostile relationship, and a jagged line with three straight lines shows a fused, hostile relationship.

**Dysfunctional relationships:** You can depict some additional, dysfunctional relationships with genograms, also. Sexual abuse is shown by a large jagged line with an arrow from the abuser to the abused. Physical abuse is shown by a small jagged line and an arrow from the abuser to the abused. A relationship where one member is focused unhealthily on another member is depicted by a straight line with an arrow from the focused member to the member being focused upon. A relationship that is cutoff, where the two family members do not have contact, is shown with two short perpendicular lines that break up the relationship line.


**Triangles:** Another pattern in family relationships is the triangle. In a family system, a triangle represents the coalition of two family members against another family member (McGoldrick, Gerson, & Shellenberger, 1999) and can be represented on a genogram. Triangles are often seen among two parents and one child, where one of the parents creates an alliance with the child against the other parent. Another classic triangle involves a son, his wife and his mother. Such a triangle may play out in a variety of ways. For example, the wife may blame her mother-in-law for her frustrations with her husband, while the mother-in-law blames the wife for taking her son away (McGoldrick et al., 1999)

Now you know the important components of genogram construction and are ready to move on to learning more about understanding the relationships and patterns that are seen in genograms.

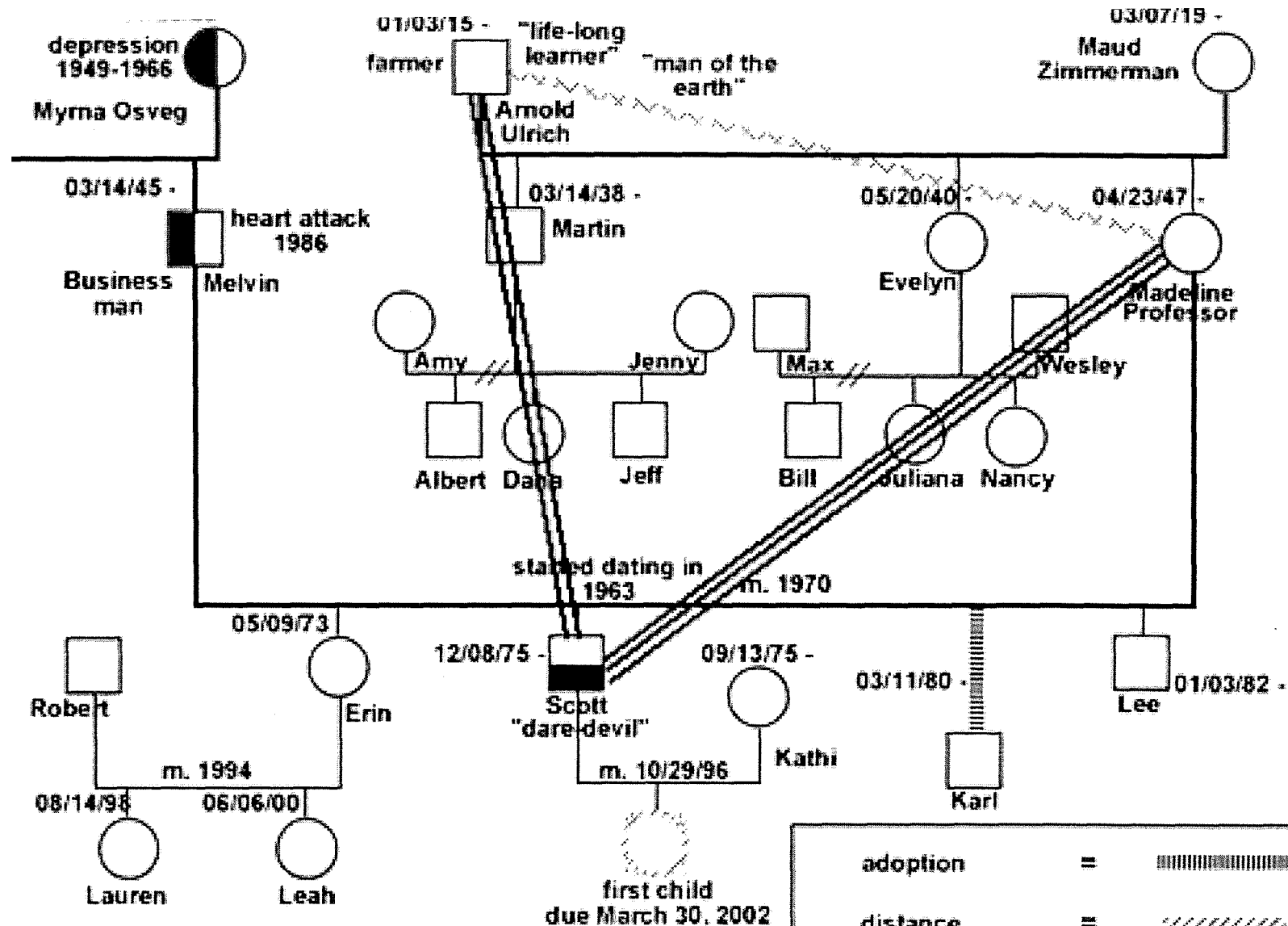
## Genogram Clues: Understanding Relationships and Patterns

There are many ways to interpret a genogram. One way for beginners to start is by looking for issues that serve as clues that will help you when confronting a jumble of lines and words. The following examples of clues may be helpful as you search for patterns and meaning in all types of genograms. We will use small parts of genograms to highlight key issues.

After you look at a genogram, you may want to print it out or minimize the screen for later reference. When you are finished with that particular genogram, you can close its screen.

To give you practice in evaluating and interpreting genograms, there are questions in the clue descriptions that are marked with a . Some of the questions have suggestions for answers and some are there simply for you to think about. Spend some time with these questions. They will give you the practice you need to create and interpret genograms.

(McGoldrick, Gerson, & Shellenberger, 1999)



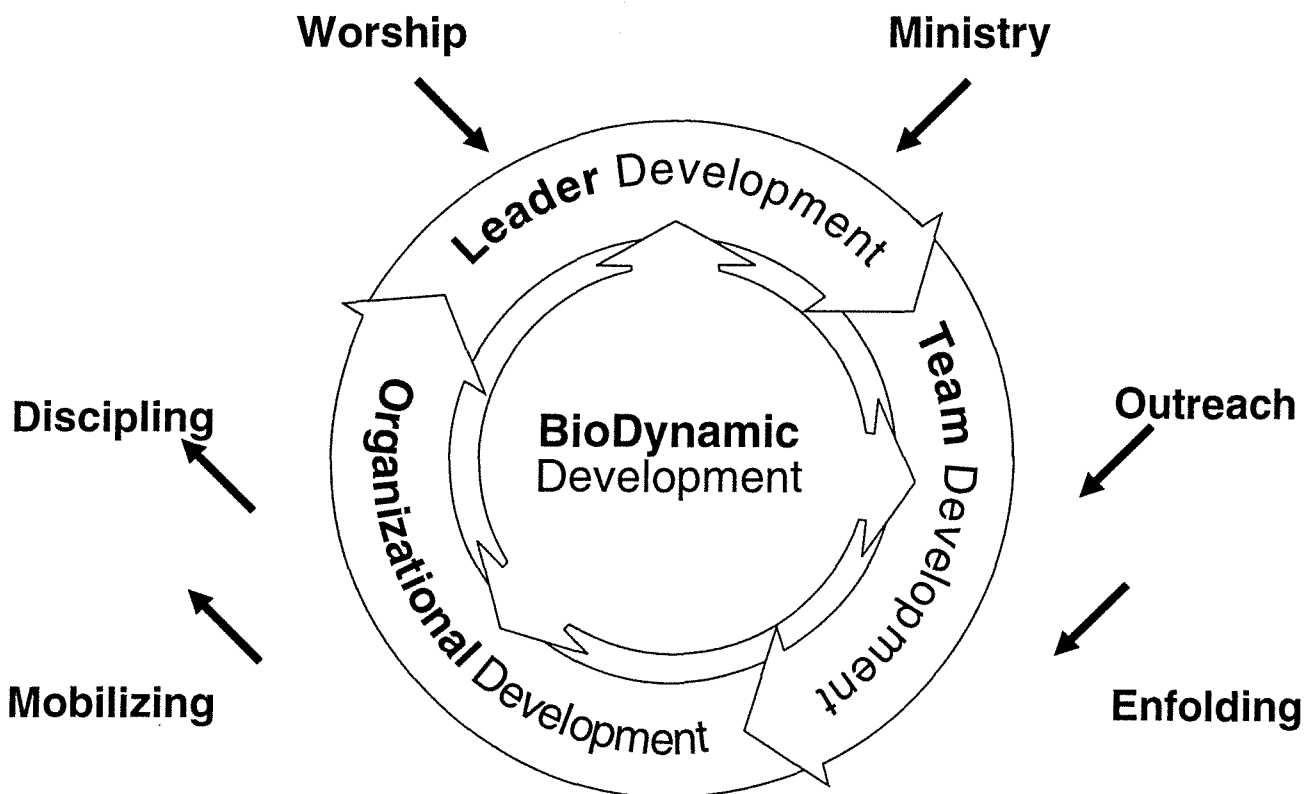
## APPENDIX D

### APPENDIX D: Church Map Assessment Profile:

- Included are the essential program for doing an assessment of the entire congregation (included is a sample of Church Map profile and the whole assessment may be found a [WWW.idesign.net./strategicesources](http://WWW.idesign.net./strategicesources))
- A plan for leadership evaluation and training of leadership
- Assessment of six key areas:
  1. Worship
  2. Ministry
  3. outreach
  4. Discipling
  5. Outreach
  6. Enfolding
  7. Mobilizing

# The ChurchMAP Assessment

**T**he ChurchMAP (Church Macro Assessment Profile) is a discovery tool for Christian leaders who want to gain insight into the overall health and condition of their church. The church is both a living **organism** and a social **organization**. For any church to be adequately understood by its leaders, it must be evaluated from both of these angles. The ChurchMAP will provide you with a way to measure these two dynamics. First, in this assessment you will examine your church's functional health in the six basic movements of the church as a body. Second, you will examine four critical dimensions of your church's development, which serve as sources of empowerment for its six basic movements. These elements are summarized below:



## SIX EXTERNAL MOVEMENTS<sup>1</sup>

**A** powerful biblical metaphor for the church is found in the image of the human body. One of the critical factors affecting the health and vitality of any body is its need for movement. An immobilized body soon atrophies and sickens unless it can regain the capacity for movement. Additionally, movement is critical in the various processes of growth, self-preservation, as well as meaningful occupation. The same is true for the church as a body.

Error! Reference source not found., © 2001

Email: [RonFord@pkfamily.com](mailto:RonFord@pkfamily.com)

Download a free Excel spreadsheet for building your own ChurchMAP report at <http://www.iwdesign.net/strategicresources>



# **STRATEGIC PLANNER'S TOOLKIT**

*A Workbook for Leaders of Smaller Churches,  
New Church Plants, Departments, Missions, Task Forces,  
or Christian Service Organizations*



*A Practical Process For Transforming  
Your Vision Into Effective Action*

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**Ron Ford with Bill Bean**



# **INTRODUCING THE STRATEGIC PLANNER'S TOOLKIT**

Leaders of Christian organizations at all stages of development can utilize the principles and processes of strategic planning to turn their visions into action.

In the Strategic Planner's Toolkit you will find:

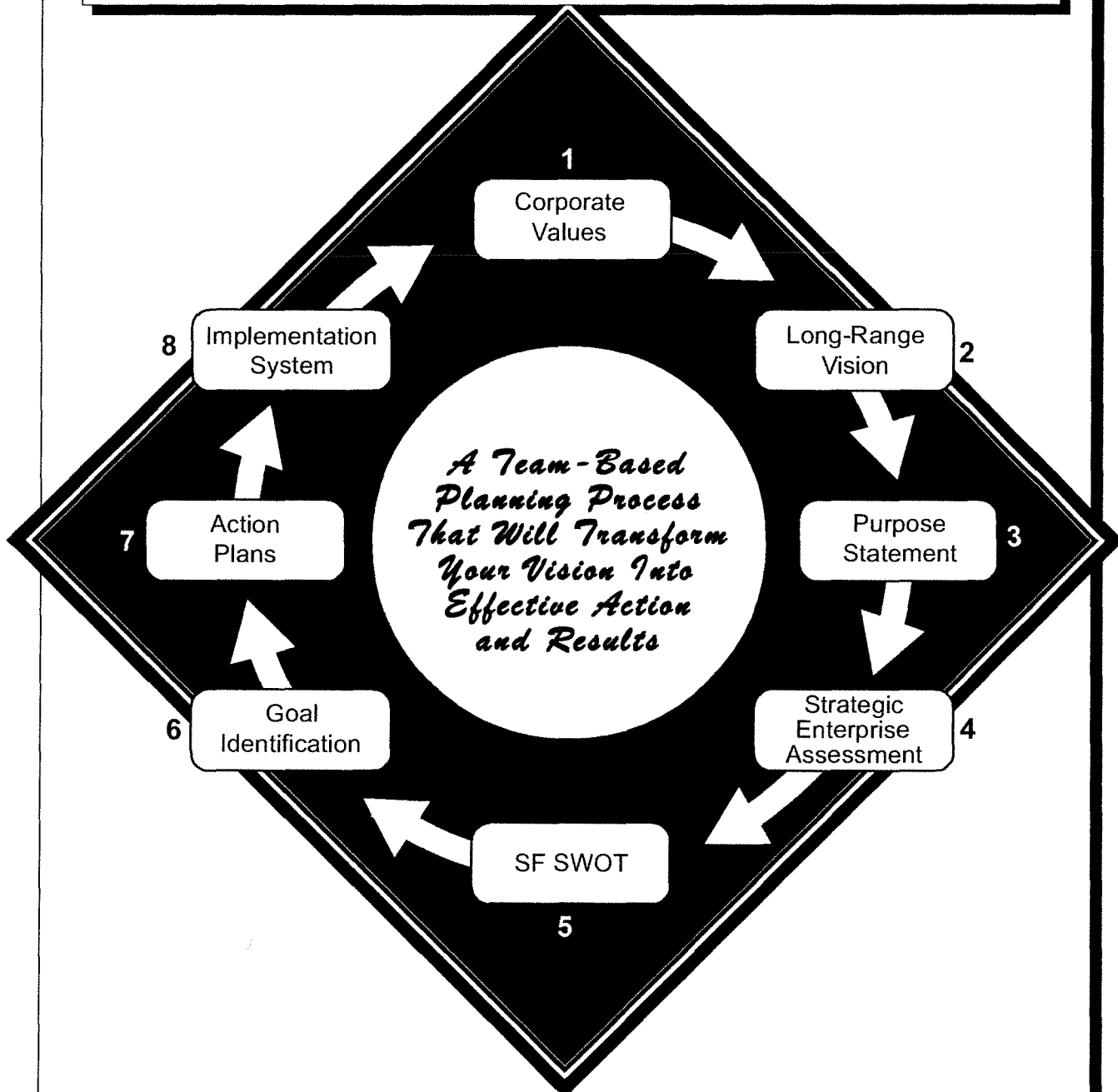
- ✓ A complete process that addresses all of the issues that need to be included in your strategic plan. You will work through the issues of Where you want to go, Where you are now, What needs to be done next, and who is going to do what by when.
- ✓ Easy to use worksheets and exercises.
- ✓ A comprehensive examination of the strategic needs and opportunities of the organization.
- ✓ 3 different planning paths to choose from.  
You can follow the *Comprehensive* path for an in-depth planning experience, or you can choose the *Quick Start* path if you need a fast way to build a good set of goals and action plans. You can always revisit the exercises you skipped when you have more time. Or you can use the *Start Up* path for developing plans for new organizations. Use this path if you are starting a new church or ministry.
- ✓ Writing Tips and Hints along the way make it even easier to work through the process.
- ✓ A thorough implementation system to insure that what you plan gets done.

**STRATEGIC RESOURCES** Our mission is to help Christian leaders transform their personal and corporate visions into effective action. We provide resources, training and team-based planning facilitation for leadership and management teams that serve to optimize their potential and accelerate their growth.

**RON FORD** A veteran church planter, pastor, and consultant with churches, not-for-profit organizations and businesses, Ron established Strategic Resources in 1993.

# **S**TRATEGIC TEAMWORK**K** *Transforming Vision Into Action*

## Team Facilitator's Guide



**Ron Ford**

with Bill Bean



## ERIKSON'S DEVELOPMENT STAGES

Psychoanalyst Erik Erikson describes the physical, emotional and psychological stages of development and relates specific issues, or developmental work or *tasks*, to each stage. For example, if an infant's physical and emotional needs are met sufficiently, the infant completes his/her task — developing the ability to trust others. However, a person who is stymied in an attempt at task mastery may go on to the next state but carries with him or her the remnants of the unfinished task. For instance, if a toddler is not allowed to learn by doing, the toddler develops a sense of doubt in his or her abilities, which may complicate later attempts at independence. Similarly, a pre-schooler who is made to feel that the activities he or she initiates are bad may develop a sense of guilt that inhibits the person later in life.

### Infant

#### *Trust vs Mistrust*

Needs maximum comfort with minimal uncertainty to trust himself/herself, others, and the environment



### Toddler

#### *Autonomy vs Shame and Doubt*

Works to master physical environment while maintaining self-esteem



### Preschooler

#### *Initiative vs Guilt*

Begins to initiate, not imitate, activities; develops conscience and sexual identity



### School-Age Child

#### *Industry vs Inferiority*

Tries to develop a sense of self-worth by refining skills



### Adolescent

#### *Identity vs Role Confusion*

Tries integrating many roles (child, sibling, student, athlete, worker) into a self-image under role model and peer pressure



### Young Adult

#### *Intimacy vs Isolation*

Learns to make personal commitment to another as spouse, parent or partner



### Middle-Age Adult

#### *Generativity vs Stagnation*

Seeks satisfaction through productivity in career, family, and civic interests

### Older Adult

#### *Integrity vs Despair*

Reviews life accomplishments, deals with loss and preparation for death




Compiled from class notes  
1999 Human Development  
Thomas Newton-2003

Illustration 1



## The Stages of the Family Life Cycle

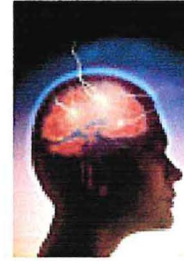
Family Life Cycle Stage	Emotional Process of Transition: Key Principles	Second-order Changes in Family Status Required to Proceed Developmentally
<p>1. Leaving home: Single young adults</p> 	<p>Accepting emotional and financial responsibility for self</p>  <p>Commitment to new system</p>	<ul style="list-style-type: none"> <li>a. Differentiation of self in relationship to family of origin</li> <li>b. Development of intimate peer relationships</li> <li>c. Establishment of self re-work and financial independence</li> </ul>
<p>2. The joining of families through marriage: The new</p>		<ul style="list-style-type: none"> <li>a. Formation of marital system</li> <li>b. Realignment of relationships with extended families and friends to include spouse</li> </ul>
<p>3. Families with children</p> 	<p>Accepting new members into the family system</p>	<ul style="list-style-type: none"> <li>a. Adjusting marital system to make space for child (ren)</li> <li>b. Joining in child-rearing, financial &amp; household tasks</li> <li>c. Realignment of relationships with extended Families include parenting and grandparenting roles</li> </ul>
<p>4. Families with adolescents</p> 	<p>Increasing flexibility of family boundaries to include children's independence &amp; grandparents' frailties</p>	<ul style="list-style-type: none"> <li>a. Shifting of parent child relationship to permit adolescents to move in and out of the system</li> <li>b. Refocus on midlife marital and career issues</li> <li>c. Beginning shift toward joint caring for older generation</li> </ul>
<p>5. Launching children and moving on</p> 	<p>Accepting a multitude of exits from and entries into the family system</p>	<ul style="list-style-type: none"> <li>a. Regeneration of marital system as a dyad</li> <li>b. Development of adult relationships between grown children and their parents</li> <li>c. Realignment of relationships to include in-laws and grandchildren</li> <li>d. Dealing with disabilities and death of parents (grandparent)</li> </ul>
<p>6. Families in later life</p> 	<p>Accepting the shifting of generational roles</p>	<ul style="list-style-type: none"> <li>a. Maintaining own and/or couple functioning and interests in face of physiological decline; Support for a more central role options of middle generation</li> <li>b. Support for a more central role of middle generation</li> <li>c. Making room in the system for the wisdom and experience of the elderly, supporting the older generation without overfunctioning for them</li> <li>d. Dealing with loss of spouse, siblings, and other peers. Life review &amp; integration</li> </ul>





## SYSTEMIC MAN

**Spiritual:** The essence of who we really are. The unique spark of life that provides positive consciousness. This is the divine essence given by God.



**Behavior:** This refers mainly to overt behaviors: to acts, habits, gestures, responses, and reactions that are observable and measurable. Make a list of those acts, habits, etc., that you want to increase and those you would like to decrease. What would you like to start doing? What would you like to stop doing?



**Cognition:** What types of attitudes, values, opinions, and ideas get in the way of your happiness? Make a list of negative things you often say to yourself (e.g., "I am a failure," or "I am stupid," or "Others dislike me," or "I am no good"). Write down some of your most irrational ideas. Be sure to note down how these ideas and thoughts influence your behaviors, feelings, sensations, and images.



**Affect:** This refers to emotions, moods, and strong feelings. What emotions do you experience most often? Write down your unwanted emotions (e.g., anxiety, guilt, anger, depression, etc.). Note under "behavior" what you tend to do when you feel a certain way.



**Interpersonal Relationships:** Write down any bothersome interactions with other people (relatives, friends, mate, employers, acquaintances, etc.). Any concerns you have about the way other people treat you should appear here. Check through the items under "behavior," "affect," "sensation," "imagery," and "cognition," and try to determine how they influence, and are influenced by, your interpersonal relationships. (Note that there is some overlap between the modalities, but don't hesitate to list the same problem more than once, e.g., under "behavior" and "interpersonal relationships.")

**Imagery:** Write down any bothersome recurring dreams and vivid memories. Include any negative features about the way you see yourself your "self-image." Make a list of any "mental pictures" past, present, or future that may be troubling you. If any "auditory images" tunes or sounds that you keep hearing constitute a problem, jot them down. If your images arouse any significant actions, feelings, or sensations, make sure these items are added to "behavior," "affect," and "sensation."



**Sensations:** This refers to our ability to see, hear, smell, taste, and touch. We use these senses in very specific ways of gathering information.

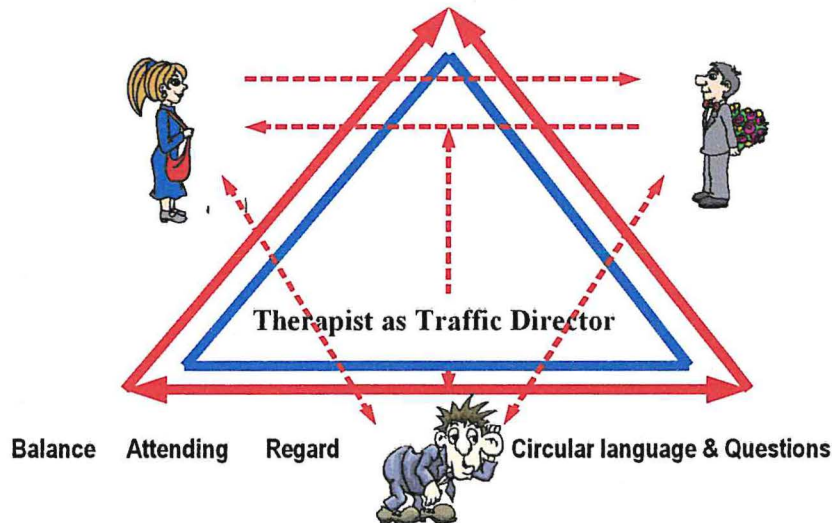


**Drugs/biology:** Make a list of all drugs you are taking, whether prescribed by a doctor or not. Include any health problems, medical concerns, and illnesses that you have or have had. It is not assumed that patients are capable of identifying or articulating all problem areas throughout the BASIC 1.D. It is obvious that different people display different degrees of awareness and disclosure, so that many thoughts, beliefs, wishes, feelings, impulses, and actions may not be immediately ascertained from the initial profile.

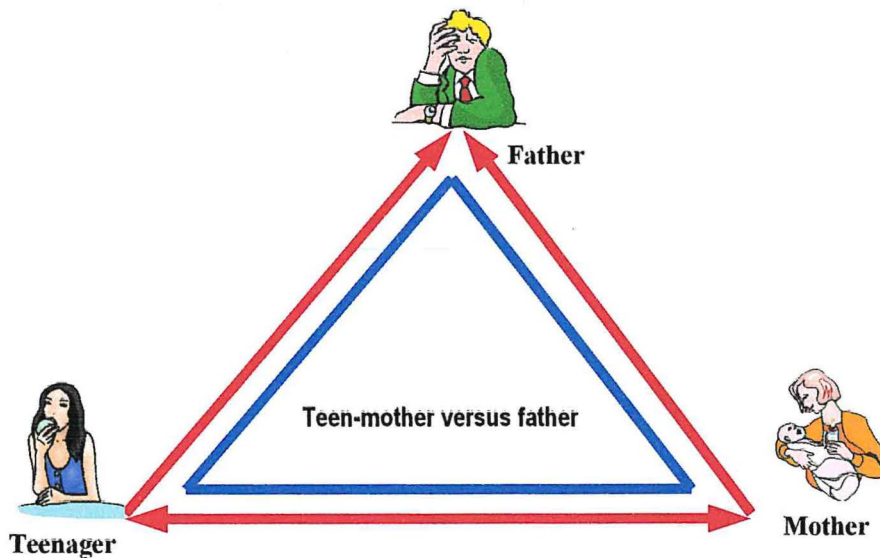
## Types of Triangles



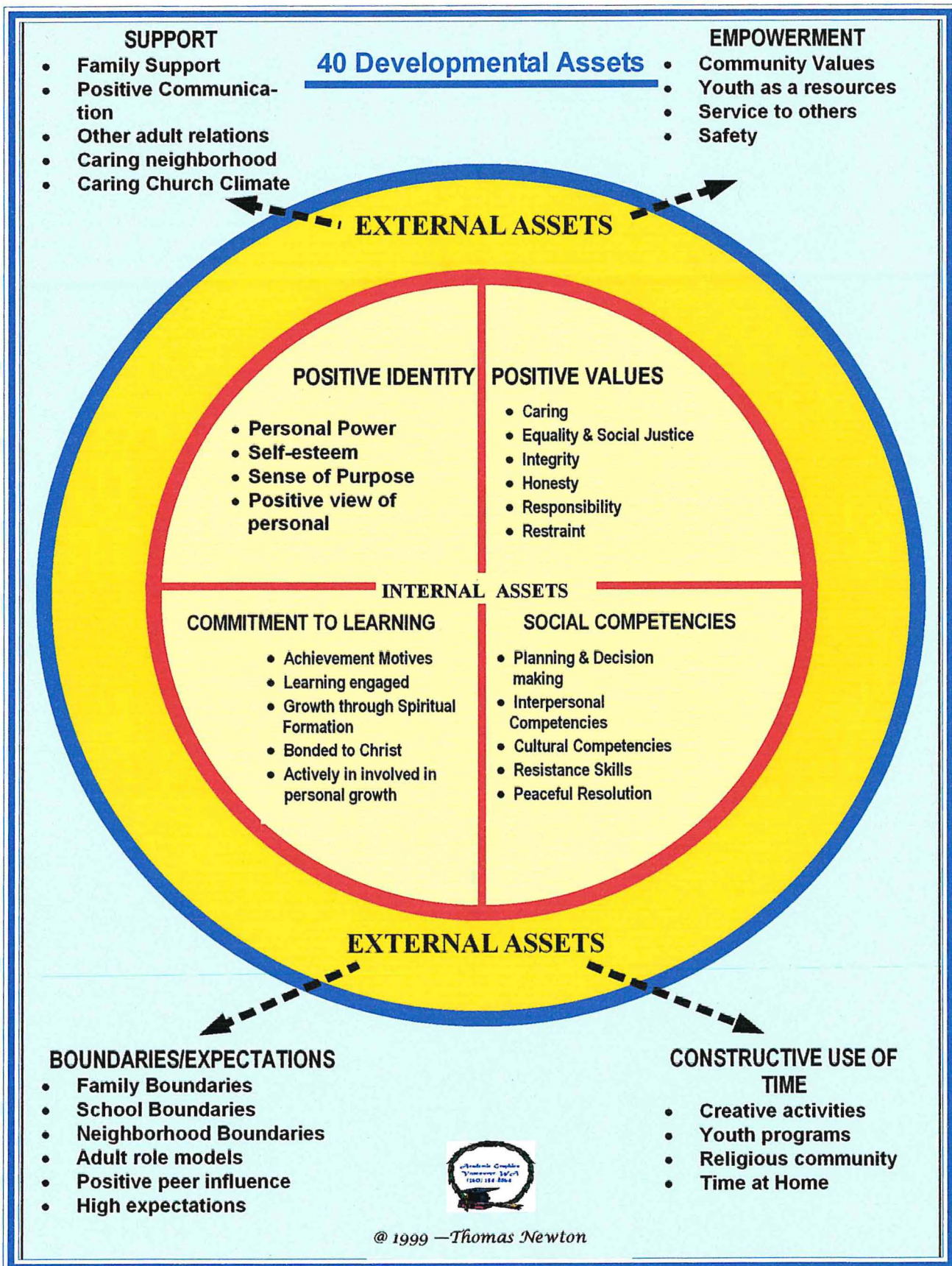
Balance: Visual, Spatial, Temporal, Emotional



**Triangles** are the basic units of systems. Dyads are inherently unstable as people in dyads vacillate between closeness and distance. When stressed or under high emotion, dyads become distanced and triangulate a third party to decrease anxiety or emotionality, in effect freezing the system in place. The lower the adaptive level of functioning in a system, or ability to cope with stress, the more likely the people in the system will triangulate. The person with the least differentiation of self, the most vulnerable, will be the person most likely to get triangulated into some other dyad.











## Characteristics of Healthy Families



- The family is open to others from outside of the immediate family system.
- They allow outsiders to enter the system and members are allowed to go outside of the system for help when needed.
- Parents set clear generational boundaries. Parents assume the role of primary caregivers and children are secure in their role as siblings, children and individuals.
- The family recognizes that stressful situations are inevitable and temporary. They recognize that stress can be positive if handled appropriately.
- The family works together to minimize stress. They focus on their strengths as a family and as individuals.
- The family works together to find solutions to problems. Their energy is focused on solutions, not blame.
- Family members focus on what is controllable. They make the best of situations over which they have little or no control.
- The family develops and revises rules to deal effectively with day to day life. When they are under stress they work together to revise existing rules and evaluate the results.
- Family members recognize that decisions and routines are flexible. Rigid rules and expectations are challenged as a family.
- Family members feel empowered as a result of effectively dealing with stress. They see challenges as opportunities rather than roadblocks.

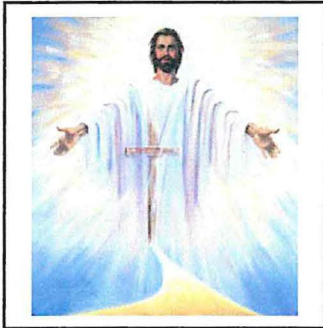
Compiled from notes

Illustration: 6

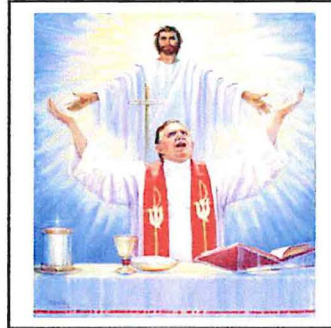
@ Thomas Newton 2003 Dissertation

## Macchia's-Becoming a Healthy Church

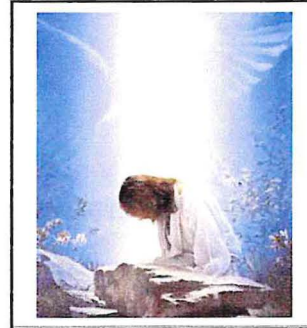
### TEN CHARACTERISTICS OF A HEALTHY CHURCH



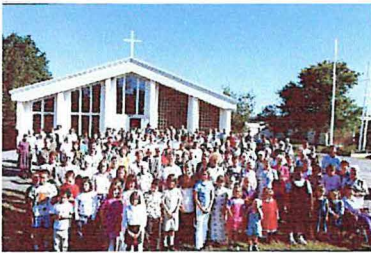
**1. God's Empowering Presence**



**2. God's Exalting Worship**



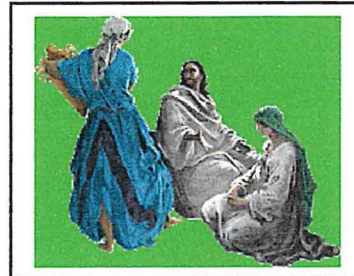
**3. Spiritual Disciplines**



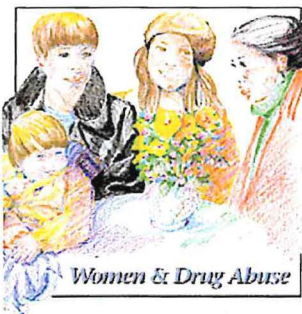
**4. Learning and Growing Community**



**5. Commitment to Loving Caring Relationship**



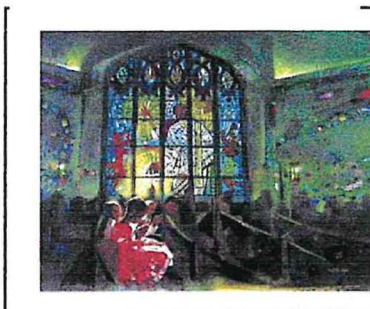
**6. Servant-Leadership Developing**



**7. An Outward Focus**



**8. Wise Administration and Accountability**



**9. Networking with the Body of Christ**



**10. Stewardship and Generosity.**

Survey of 100 Church with  
1,900 Individuals

**ILLUSTRATION 7**



# Normal Family Development



To Bowen, all families lie on a continuum, and there are no different "types" of families. Optimal development occurs when members are differentiated, anxiety low, and parents are in good emotional contact with their families of origin.

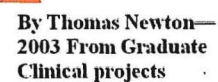


## Adjusted families:

1. are balanced and can adapt to change
2. see emotional problems as in the system with components in individual members
3. are connected across generations
4. have a minimum amount of fusion and distance
5. have dyads that can deal with problems between them
6. tolerate differences
7. have differentiated members
8. are aware of what they get from outside and from within
9. allow each member to have their own emptiness
10. preserve a positive emotional climate
11. have members who think its a pretty good family
12. have members who use each other for feedback rather than emotional crutches









## THE PLAYERS

### “How The Not-So-Merry Goes ‘Round”

ROLE	What is Often Seen	What is Hidden	What is Needed
<u>CHEMICAL</u> Or <u>BEHAVIORAL</u> <u>ADDICT</u>  “Actor-Outer”	<u>THE MASK</u> Charming Grandiose Aggressiveness self-righteous Blaming	<u>SHAME</u> Worthlessness Fear Guilt loneliness despair	<u>LOVE</u> Supportive Confrontation Being held accountable Acceptance Private space & Time Validation
<u>THE CHIEF</u> <u>ENABLER</u>  “ReActor”	<u>THE MASK</u> Super responsible martyrdom wimpish virtuous manipulative	<u>SHAME</u> Rage Guilt exhaustion paranoia dependency Victimized	<u>LOVE</u> Supportive Confrontation Detachment meeting their own needs depending on their own identity attentive to their own feelings
<u>THE FAMILY</u> <u>HERO</u>	<u>THE MASK</u> successful helpful independent perceptive needless got-it-together	<u>SHAME</u> guilt confusion neediness inadequacy fear of failure fear of success	<u>LOVE</u> unconditional acceptance walking through fear vulnerability permission to relax letting go
<u>THE SCAPEGOAT</u>	<u>THE MASK</u> “Forbidden behaviors” defiance acting-out loyalty to peers blaming	<u>SHAME</u> Rejection worthlessness loneliness confusion fear of trusting	<u>LOVE</u> supportive confrontation structure acceptance positive attention consistency opportunity for success
<u>THE LOST CHILD</u>	<u>THE MASK</u> Mellow loner super independent retreating reticent	<u>SHAME</u> rejection rage valueless fear of trusting powerlessness	<u>LOVE</u> invitation to risk active participation encouragement positive attention reassurance
<u>THE MASCOT</u>  Satir work book	<u>THE MASK</u> peace-maker non-serious “monkey business” lovable attention-seeking fragile	<u>SHAME</u> confusion feeling left-out terror of being alone helpless feeling “little”	<u>LOVE</u> inclusion consultation affection taken seriously affirmation





## 15 CHARACTERISTIC OF A DYSFUNCTIONAL CHURCH

Illustration 11



### 1) Abusive Relationships

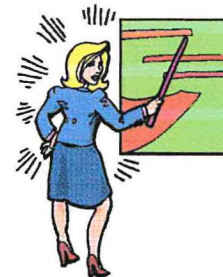
Abusive relationships are found when the organization (or parts of it) seek a Scapegoat (an individual or a group) designated to suffer pain for others or the organization. Anyone who chooses not to share in the Scapegoating will also be scapegoated and/or face severe consequences (e.g. rejection, blame, physical and/or emotional abuse, censure, et al) for rejection of that role. Dysfunctional organizations tenaciously maintain the Scapegoat role, for without it; they would be unable to project their dysfunction on others but would have to bear the pain of the dysfunction themselves.



### 2) Perfectionism

This goes beyond merely seeking excellence. Instead, it is a controlling tactic by individuals or groups replace a healthy sense of trust and spontaneity with a legalistic, zealous, destructive focus on minute defects of others, their leadership style: procedures, the organization, et al.

Mercilessly drawing attention to otherwise irrelevant minutiae, it directs energy focusing on the big picture to an over-attention to details. Bureaucracy-perpetuates constitutions, detailed bylaws, and detailed policies and are all part of a dysfunctional organization's on-going prescription for aggravated conflict as they simply provide ammunition for those enforcing the perfect way of operation.



### 3) Rigidity

Rigidity, like Perfectionism, relies on unbending rules and strict adherence to various "objective" standards (Constitutions, Policies, Doctrines, supposed denominational dictates, the "right" way). The main purpose of the bureaucracy (formal or informal) is to enforce and enlarge control over others while squashing spontaneity and risk taking. No surprises are allowed...although that in or seeking control may instantaneously and repeatedly change any dictum or direction without warning. However, those being controlled must do everything the "right" way.



### 4) Silence

People don't speak up at appropriate times in appropriate situations with appropriate People. Results: Repeated "unanimous" decisions that get undermined, sabotaging supporters.

### 5) Repression

Unspoken rules that it is not "Christian" to express feelings of disagreement, dissent, or anger. Instead, one must hide how one really feels or suffer censure for expression of emotions. Instead of expressing feelings, feelings must be hidden. Result: Repression ultimately must be released in episodes (or series of episodes) of uncontrollable anger and hostility.



## 6) Rationalization and Denial

Groups or individuals re-work truth and reality to fit their distorted view of situations, individuals, and other groups.



## 7) Triangulation

Triangulation is using "go-betweens" to communicate indirectly with other parties. Results: Unsuspecting, but sympathetic message-bearers become entangled in an unwanted destructive web of blame, anger, and miscommunication. Result: They become uncomfortable with their roles and jump ship.

## 8) Double Messages

Such duplicity or "two-faced" aspect is exemplified by people whose actions always have an opposite "flip side." Some examples: "I care/get lost;" "I love you/don't bother me;" "I need you/you're in my way," "Yes, I accept you just as you are/Why don't you change!"



## 9) Lack of Fun/Anti-Spontaneity

Dysfunctional churches can't loosen up, let go, play and have fun. Being overly serious, humor will be seen as un- "unrighteous" and "undignified" church activity. When play is attempted, people get hurt...the deeps wounds experienced endure for decades as warnings to others to avoid use of fun humor. Any humor that is used is used to hurt (e.g. "low blow", humiliation, double messages, etc.)



## 10) Martyrdom

High tolerance by individuals or groups to bear abuse, pain, and extreme sacrifice for the organization. No real atmosphere or opportunities exist in the organization for expressing pain, loss and providing healing mechanisms. Designated martyrs are made to feel "deserving" of their pain.



## 11) Entanglement: The "Hooterville Syndrome"

This is the situation where everyone knows everyone else's Business but the Information is never accurate, relevant, timely or constructively directed.

## 12) "We Care" Syndrome

An extension of the double messages mentioned above, dysfunctional individuals and organizations will often claim to care but, when given opportunity to assist, have other "priorities and needs" which will cause presented needs to go unmet on a regular basis.



### 13) Elevations of Dysfunctional Leaders

When certain attention-seeking individuals can't find attention in their family, job, or elsewhere, the church becomes a convenient—and easy—place for such "attention addicts" to get their attention by becoming a Chairman of a congregational group. By not saying "no" to such incompetents, the church succumbs to an inordinate amount of incompetence, incomplete tasks, and other types of associated narcissistic fallout.



### 14) Inability to Grasp a Positive Vision

Those entrenched in perfectionism, procedures, victimization and control will be too pre-occupied to deal with positive things such as present and future Organizational vision. Instead, there's a self-defeating zealous preoccupation with the past and present which leaves no possibility for deliberating regarding the future.

### 15) Dysfunctional Expectations of the Pastor

The general disrespect for the Pastoral Office, testified by an on-going succession of short-tenured pastors often indicates that either one or both of the following dysfunctionalities are present and operative in the given congregation.



Used by Permission of Thomas F.  
Fischer, M.Div., M.S.A.  
<http://ministryhealth.net/mh>



# Michael Meta-framework

## INTERSYSTEM:

### \* Individual system



### \* Interactional



### \* Intergenerational



## Development

Individual & family  
Life Cycle--FOO  
past & present

sub-systems

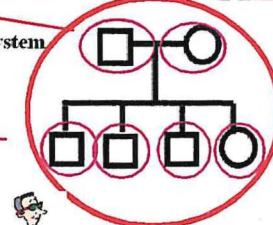


## Process

Communications Process  
Conflict Management

Individual system

Interactional



## Structure

Boundaries

Rules

Roles

Hierarchy

How The Family Functions



## Socio-cultural Milieu

Church, School, Community, Education

Concept by Dr. Randy Michael  
Art work by Thomas Newton

# A Picture of my Family

Illustration 13

## My Family Tree



My Family Name: \_\_\_\_\_



Grandparent's Name \_\_\_\_\_



Grandparent's Name \_\_\_\_\_

## How my Family Developed:

My Family Culture



## How my family talks

### MY FAMILY

Dad: \_\_\_\_\_ Mom: \_\_\_\_\_



\_\_\_\_\_ age \_\_\_\_\_



\_\_\_\_\_ age \_\_\_\_\_



\_\_\_\_\_ age \_\_\_\_\_



\_\_\_\_\_ age \_\_\_\_\_



\_\_\_\_\_ age \_\_\_\_\_

## How our family works



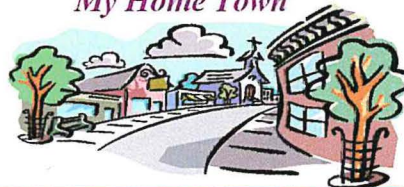
Who is the boss in my family? \_\_\_\_\_

What are the rules in my family?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## My Home Town



Concept: Dr. Rand Michael. Art work Thomas Newton



## Assemble Your Genogram

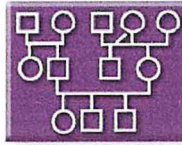


Illustration 14

1. **Construct a genogram** following the guidelines from this set of materials. The genogram must include at least three generations, beginning with the family of the identified person (the person whose genogram you are constructing) and working backward to a third generation.

2. **Construct a chronology of events.** Follow the guidelines described in the genogram chapter in your bulk back. Remember that a chronology of events lists nodal events in the family in chronological order, from past to present. Its purpose is to elicit patterns and convergences.

3. **Draw patterns of distance and closeness** using the symbols described in your bulk pack.

When you begin your genogram respond to the following questions.

Describe your sources and method of collecting data e.g. if you interviewed people, whom did you interview and under what circumstances. Describe your responses and that of other family members to the process of developing the genogram.

- Use family systems terms to describe family patterns that you have tracked on the genogram
- Identify gender, ethnicity, culture and class issues in the family
- Identify family resources/assets/strengths
- Identify family burdens/risks/deficits (include major losses and traumas)

Use family systems terms to give your assessment of the balance of resources and burdens in the family and the intervention strategies you would propose

### YOUR GENOGRAM SHOULD BE COMPOSED AS FOLLOWS

35% Genealogy within the theoretical framework

15% Accurate use of concepts

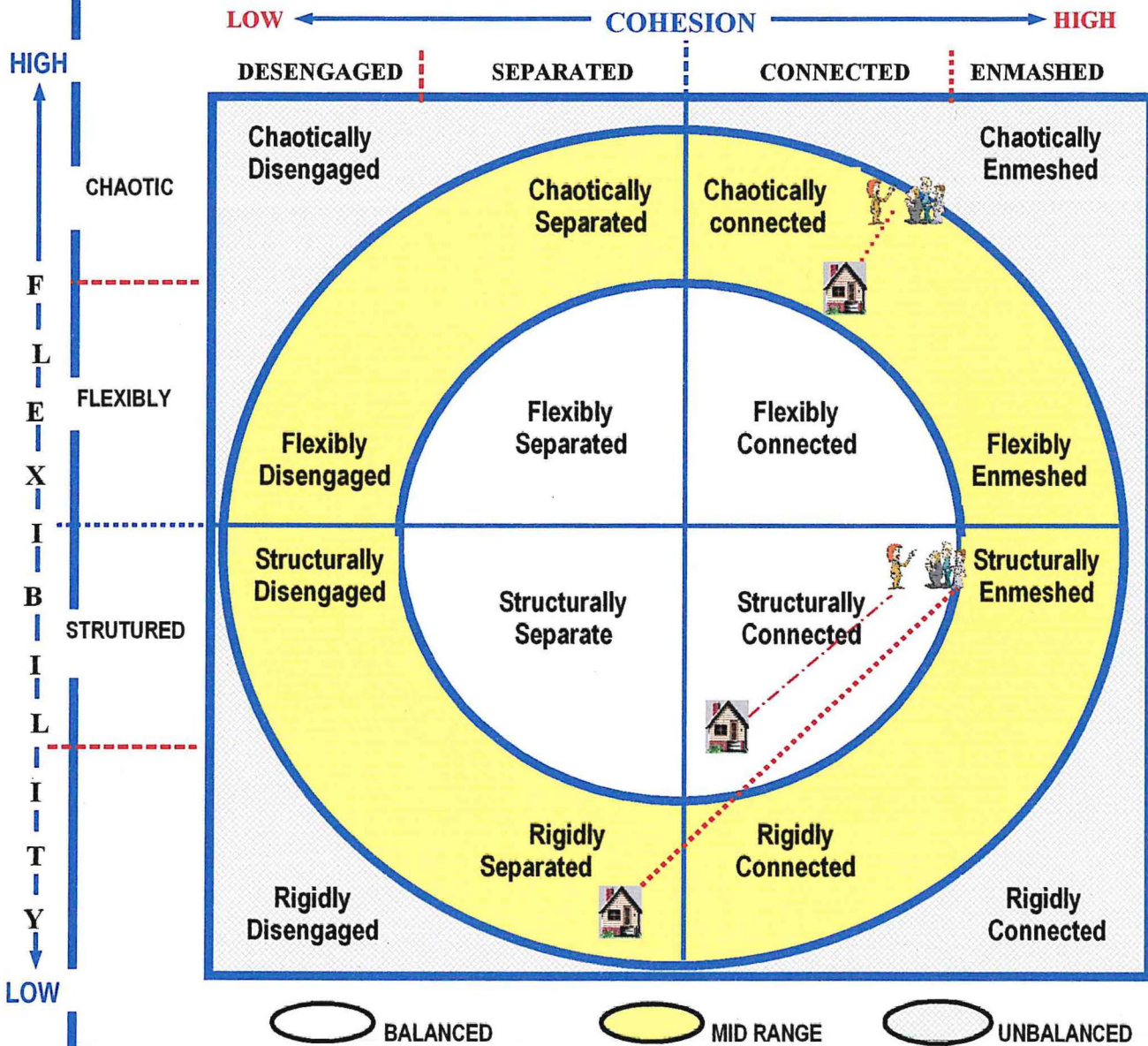
40% Description, interpretation and commentary

10% Report on reactions of self and family

**Thomas Newton**  
**Dissertation 2003**



# CIRCUMPLEX MODEL USED TO MAP PHASES OF ECOSYSTEM INTERVENTION



Sprenkle, D. and Olson, D (1978). Circumplex Model of Marital and Family Systems. Journal of Marriage and Family Counseling, 4, 59-74. Art work by Thomas Newton 2000

# The Application of the Circumplex Model for the Family & Church

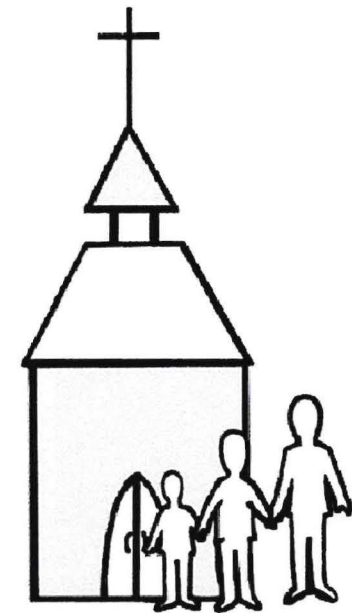
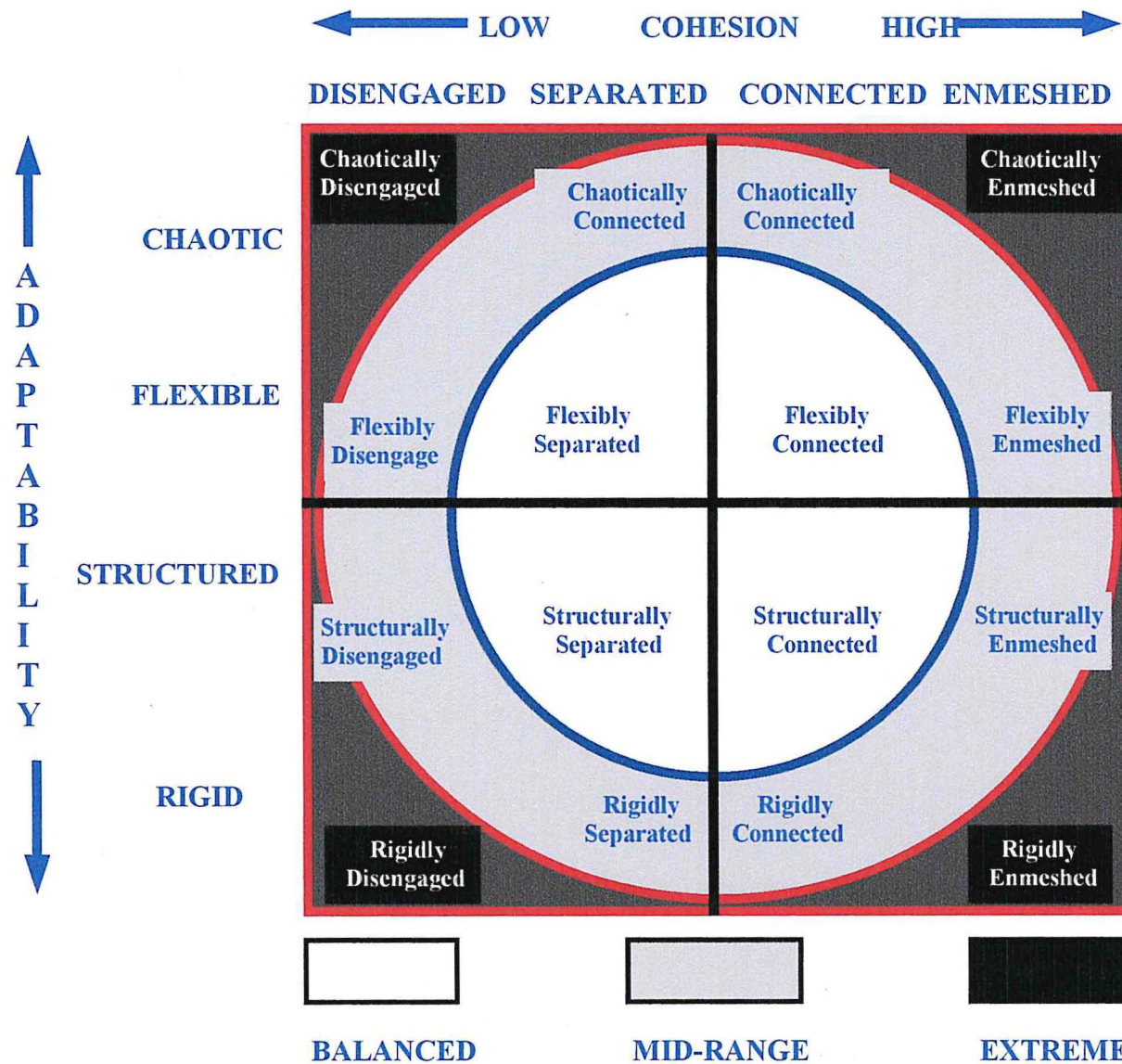
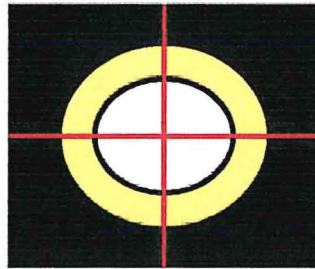


Illustration 15-B



## COHESION



Balanced



Midrange



Unbalance

Illustration 16

Second  
Order  
Change

Faces III  
Scores

HIGH

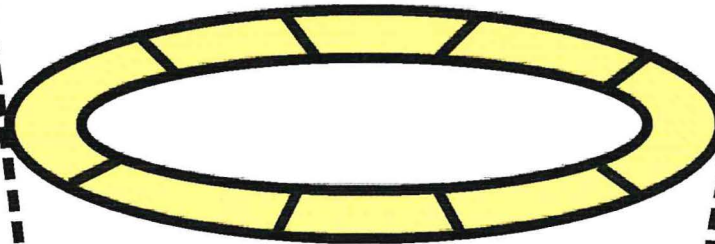
FLEXIBLY  
SEPARATED

FLEXIBLY  
CONNECTED

STRUCTURALLY  
SEPARATED

STRUCTURALLY  
CONNECTED

*BALANCED  
TYPES*



Disengaged

Chaotically  
Enmeshed

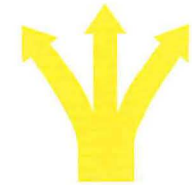
Rigidly  
Disengaged

Rigidly  
Enmeshed

*Unbalanced  
Types*

LOW

# Use & Types of Questions & Circular Questions

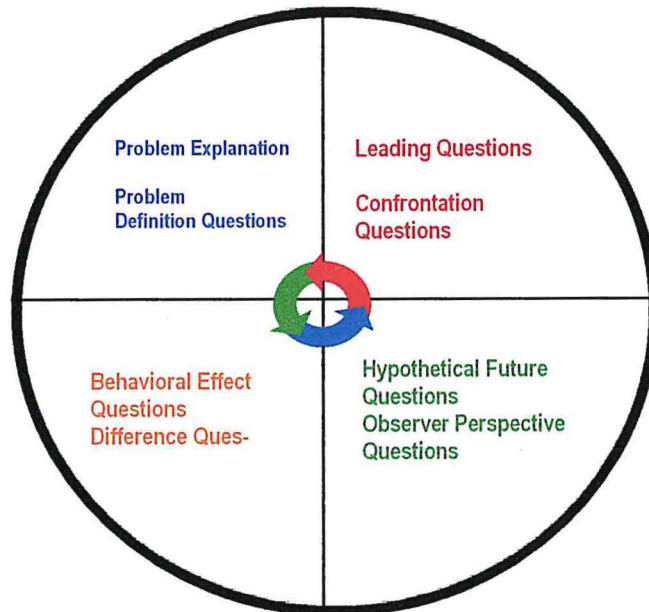


**LINEAL  
QUESTIONS**

**ORIENTING  
QUESTIONS**

**CIRCULAR  
QUESTIONS**

**LINEAL ASSUMPTIONS**



**CIRCULAR  
ASSUMPTIONS**

**STRATEGIC  
QUESTIONS**

**INFLUENCING  
INTENT**

**REFLEXIVE  
QUESTIONS**

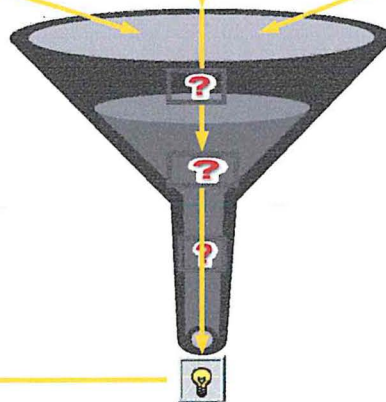
**Illustration 17**

**? OPEN-FRAMED QUESTIONS ?**



**Closed-framed  
questions**  
Specific questions  
bringing discovery.

self-discovery  
understanding  
revelation



**Transitional  
questions**  
From generalized  
to more specific  
questions







## Satir's Four Categories or Stances Which People Adopt Under Stress

Each of these categories is characterized by a particular body posture, set of Jesters, accompanying body sensations, and syntax. Each is caricature:



### PLACATER

Always talks in ingratiating way, trying to please, apologizing, never disagreeing, no matter what.

WORDS--agree-- "*Whatever you want is okay. I am just here to make you happy.*"

BODY--placates-- "*I am helpless.*"

INSIDES-- "*I feel like a nothing; without her I'm dead. I am worthless.*"

The placater always talks in an ingratiating way, trying to please, apologizing, never disagreeing, no matter what. He is a YES man.



### BLAMER

WORD--Disagrees-- "*You never doing anything right. What is the matter with you?*"

BODY--Blames-- "*I am the boss around here.*"

INSIDE-- "*I am lonely and unsuccessful.*"

The blamer is a fault-finder, a dictator, a boss. Blaming requires the person to be loud and tyrannical as they can. They are accusing and finger pointers.



### COMPUTER

WORDS--Ultra-reasonable-- "*If one were to observe carefully, one might notice the work worn hands of someone present here.*"

BODY--computes-- "*I'm calm, cool, and collected.*"

INSIDES-- "*I feel vulnerable.*"

The computer is very correct, very reasonable, with semblance of any feeling showing.



### DISTRACTER

WORDS--irrelevant-- "*the words make no sense.*"

BODY--Angular and off somewhere else.

INSIDES-- "*Nobody cares. There is no place for me.*"

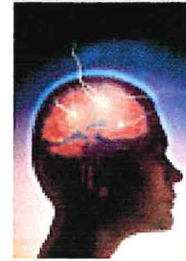
Whatever the distracter does or says is irrelevant to what anyone else is saying or doing.





## SYSTEMIC MAN

**Spiritual:** The essence of who we really are. The unique spark of life that provides positive consciousness. This is the divine essence give by God.



**Behavior:** This refers mainly to overt behaviors: to acts, habits, gestures, responses, and reactions that are observable and measurable. Make a list of those acts, habits, etc., that you want to increase and those you would like to decrease. What would you like to start doing? What would you like to stop doing?



**Cognition:** What types of attitudes, values, opinions, and ideas get in the way of your happiness? Make a list of negative things you often say to yourself (e.g., "I am a failure," or "I am stupid," or "Others dislike me," or "I am no good"). Write down some of your most irrational ideas. Be sure to note down how these ideas and thoughts influence your behaviors, feelings, sensations, and images.



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**Imagery:** Write down any bothersome recurring dreams and vivid memories. Include any negative features about the way you see yourself your "self-image." Make a list of any "mental pictures" past, present, or future that may be troubling you. If any "auditory images" tunes or sounds that you keep hearing constitute a problem, jot them down. If your images arouse any significant actions, feelings, or sensations, make sure these items are added to "behavior," "affect," and "sensation."



**Sensations:** This refers to our ability to see, hear, smell, taste, and touch. We use these senses in very specific ways of gathering information



**Drugs/biology:** Make a list of all drugs you are taking, whether prescribed by a doctor or not. Include any health problems, medical concerns, and illnesses that you have or have had. It is not assumed that patients are capable of identifying or articulating all problem areas throughout the BASIC 1.D. It is obvious that different people display different degrees of awareness and disclosure, so that many thoughts, beliefs, wishes, feelings, impulses, and actions may not be immediately ascertained from the initial profile.

# Stages of Family Growth Lifecycle

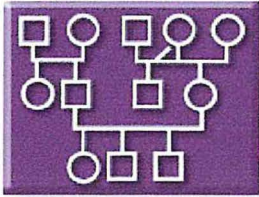
Illustration 20

Stage	Reward	Challenge	Spiritual Task	Congregational Resources	Examples
<b>Courtship &amp; Marriage</b>	<ul style="list-style-type: none"> <li>Couple time</li> <li>Romance</li> <li>Freedom</li> <li>Intimacy/belonging</li> </ul>	<ul style="list-style-type: none"> <li>Emancipation from family of origin</li> <li>Adjustment to living together: sex, marital chastity, money, lifestyle, friends, work, religion</li> </ul>	<ul style="list-style-type: none"> <li>Develop couple spirituality - entering the 'covenant' relationship</li> <li>Discuss, detect faith differences</li> <li>Finding or forming 'church'</li> </ul>	<ul style="list-style-type: none"> <li>Annual renewal of marriage vows, retreats</li> <li>Marriage enrichment programs</li> <li>Marriage preparation programs</li> <li>Young married programs</li> <li>Interfaith marriage ministry</li> <li>Second marriage preparation</li> <li>Natural family planning</li> </ul>	<p><u>Couple Alive</u></p> <p><u>Marriage Care</u></p> <p><u>Association of Interfaith Families</u></p>
<b>First child in home</b>	<ul style="list-style-type: none"> <li>Generativity</li> <li>Joy in watching child develop</li> <li>Enriched identity as a family</li> </ul>	<ul style="list-style-type: none"> <li>Less couple time</li> <li>Less personal freedom</li> <li>New roles</li> <li>Develop new relationship to extended family</li> </ul>	<ul style="list-style-type: none"> <li>Expand to family spirituality</li> <li>Develop religious traditions/rituals</li> <li>Re-evaluate church membership</li> <li>Awareness of vocation of parenting</li> </ul>	<ul style="list-style-type: none"> <li>Marriage enrichment</li> <li>Baptismal preparation programs</li> <li>Baptismal follow-up and support groups</li> <li>Family prayer materials</li> <li>Media awareness Training</li> <li>Values education (peace &amp; justice)</li> <li>Parish parenting program/network</li> <li>Christian sexuality materials/media</li> </ul>	<p><u>Couple Alive</u></p> <p><u>School Parenting Program</u></p>
<b>Last child enters school</b>	<ul style="list-style-type: none"> <li>Shared responsibility in the home</li> <li>Mother's world expands</li> <li>Joy in watching child develop</li> </ul>	<ul style="list-style-type: none"> <li>School and outside activities pull family apart</li> <li>Responsibility of being primary religion and sex educators</li> <li>Adults dealing with mid-life issues, perhaps addictions or family of origin issues</li> </ul>	<ul style="list-style-type: none"> <li>Pass on faith to children through traditions/rituals/prayers/stories</li> <li>Plug into larger church community for support</li> <li>Relational spirituality of home (spiritual/corporal works of mercy)</li> <li>Family as 'servant' community</li> <li>Making peace with family of origin</li> </ul>	<ul style="list-style-type: none"> <li>Marriage enrichment</li> <li>Ministry to hurting marriages</li> <li>Divorce ministry</li> <li>Single-parent network</li> <li>Parenting classes</li> <li>Family Prayer materials</li> <li>Media Awareness Training</li> <li>Values Education (peace &amp; justice)</li> <li>Christian Sexuality Materials/Media</li> <li>Family retreats</li> <li>Education in Family as 'vocation'</li> <li>Ministry for Children with losses</li> </ul>	<p><u>Couple Alive</u> <u>Marriage Class</u> <u>Sunday School Hour</u></p> <p><u>Marriage Care</u></p> <p><u>5-15 Parenting Programs</u></p> <p><u>Parenting &amp; Sex</u></p> <p><u>Disruptive</u> and behavioral disorders for parents</p>

<b>Adolescence</b>	<ul style="list-style-type: none"> <li>Joy in watching child develop</li> <li>Beginning of new kind of relationships in family</li> <li>Increasing independence and competence in children</li> </ul>	<ul style="list-style-type: none"> <li>Challenge to parental authority (negotiating)</li> <li>"Middle-escence" meets adolescence</li> <li>Less time with extended family</li> <li>Continued mid-life challenge in marriage relationship and with extended family</li> </ul>	<ul style="list-style-type: none"> <li>Letting go of children while maintaining family unity and values</li> <li>Co-operation with larger church for adolescent faith development programs</li> <li>New forms of family prayer and recreation</li> </ul>	<ul style="list-style-type: none"> <li>Marriage Enrichment</li> <li>Ministry to hurting marriages</li> <li>Parenting teens material</li> <li>Drug, alcohol, sex education support groups</li> <li>Youth ministry</li> <li>Ministry to teens with losses</li> <li>Media awareness training</li> <li>Parish parents support systems</li> </ul>	<u>Couple Alive Parenting Teenagers programs</u>  Learning to relate to others of differing cultures and faith  Learning to deal with you teen culture
<b>Letting go</b>	<ul style="list-style-type: none"> <li>Friendship with children</li> <li>Entry of caretakers into new arenas (career, volunteer)</li> <li>More time with spouse, friends</li> </ul>	<ul style="list-style-type: none"> <li>Renegotiating couple relationship</li> <li>Caring for own parents</li> <li>Extra financial burdens</li> <li>Breaking continuity of family</li> </ul>	<ul style="list-style-type: none"> <li>Letting go, "healing the dream"</li> <li>Redefining spirituality of couple</li> </ul>	<ul style="list-style-type: none"> <li>Bereavement ministry</li> <li>Marriage Enrichments</li> <li>Ministry to struggling marriages</li> <li>Support for people caring for ageing parents</li> <li>Support for dealing with mid-life issues</li> <li>Support for widowed, separated and divorced</li> </ul>	Bereavement support groups  <u>Couple Alive</u>  <u>Marriage Care</u>  <u>ASDC</u>
<b>Empty Nest</b>	<ul style="list-style-type: none"> <li>Freedom: finances and time</li> <li>Children settling in</li> <li>Grandchildren</li> <li>Back to "couple ness"</li> </ul>	<ul style="list-style-type: none"> <li>Loneliness</li> <li>Children returning home</li> <li>letting go- pain of loss (evaluating self as parent)</li> </ul>	<ul style="list-style-type: none"> <li>Emphasize personal spirituality</li> <li>Exploring new opportunities</li> <li>Wisdom, acceptance, trust</li> </ul>	<ul style="list-style-type: none"> <li>Marriage Enrichment</li> <li>Support for Struggling marriages</li> <li>Support for Widowed, Separated, Divorced</li> <li>Celebration of Ageing Church members</li> <li>Retirement Groups</li> </ul>	<u>Couple Alive</u>  <u>Marriage Care</u>  <u>Beginning Experience</u>
<b>Ageing</b>	<ul style="list-style-type: none"> <li>Fulfillment in Life</li> <li>Decrease in tasks, free time</li> <li>New relationship with widow/ers, friends</li> <li>Grandchildren</li> </ul>	<ul style="list-style-type: none"> <li>Loss of energy, work, identity, health, spouse and friends</li> </ul>	<ul style="list-style-type: none"> <li>Acceptance</li> <li>Preparing for eternity</li> <li>Emphasize personal spirituality</li> <li>Wisdom, acceptance, trust</li> </ul>	<ul style="list-style-type: none"> <li>Bereavement ministry</li> <li>Outreach to housebound elderly</li> <li>Like-to-like social group for elderly</li> <li>Reminiscence opportunities for older church ministries</li> </ul>	<u>Stewardship and investments- Learning to avoid traps</u>  <u>Weekly "Golden year" each Thursday Noon</u>  <u>Bereavement support groups</u>  <u>Meals on Wheels</u>

Complied By Thomas Newton –  
Dissertation 2003





# Bowen Theory

## Nuclear Family Emotional System The four basic relationship patterns are:



### Marital conflict-

As family tension increases and the spouses get more anxious, each spouse externalizes his or her anxiety into the marital relationship. Each focuses on what is wrong with the other, each tries to control the other, and each resists the other's efforts at control.



### Dysfunction in one spouse-

One spouse pressures the other to think and act in certain ways and the other yields to the pressure. Both spouses accommodate to preserve harmony, but one does more of it. The interaction is comfortable for both people up to a point, but if family tension rises further, the subordinate spouse may yield so much self-control that his or her anxiety increases significantly. The anxiety fuels, if other necessary factors are present, the development of a psychiatric, medical, or social dysfunction.



### Impairment of one or more children-

The spouses focus their anxieties on one or more of their children. They worry excessively and usually have an idealized or negative view of the child. The more the parents focus on the child the more the child focuses on them. He is more reactive than his siblings to the attitudes, needs, and expectations of the parents. The process undercuts the child's differentiation from the family and makes him vulnerable to act out or internalize family tensions. The child's anxiety can impair his school performance, social relationships, and even his health.



### Emotional distance-

This pattern is consistently associated with the others. People distance from each other to reduce the intensity of the relationship, but risk becoming too isolated.

The basic relationship patterns result in family tensions coming to rest in certain parts of the family. The more anxiety one person or one relationship absorbs, the less other people must absorb. This means that some family members maintain their functioning at the expense of others. People do not want to hurt each other, but when anxiety chronically dictates behavior, someone usually suffers for it.

**STEP ONE**



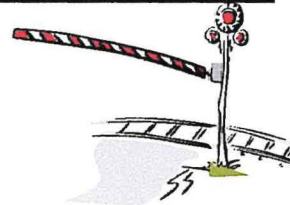
**Determine who has  
the Problem?  
Determine what is  
the Problem?**

**STEP**



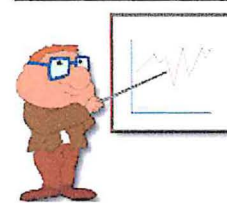
**Look for what is  
missing.  
Where are there  
holes in the  
family?**

**STEP THREE**



**Block the  
Dysfunctional  
Pattern (S)**

**STEP FOUR**



**TRACK THE  
PROCESS**

**STEP FIVE**



**EXPERIENCE  
BEFORE  
EXPLANATION**

**STEP SIX**



**BE PROACTIVE**  
Bring together  
1) vision  
2) Expectations  
3) Perceptions

**STEP SEVEN**



**BE HONEST**

**MAPPING  
out the  
FAMILY**





# The Skilled-Helper Model

## Stage One: Current Scenario

### I-A: STORY

The Current State of Affairs-Clarification of the Key Issues Calling For Change: \*Identify and Clarify Problem Situations and Unused Opportunities \*Help Client tell story \*On-going assessment \*Move Client to action \*Integrating evaluation in process \*Relationship building \*Problem finding \*Est. a working Alliance \*Action: Intent & use of resources coming out from under self-defeating emotions \*Help Client Explore problem situations and & Unexploited & undeveloped Opportunities

### I-B: Blinds Spots

\*Helping Clients Challenge Themselves \*Helping clients deal with blind-spots \*Goals: Dysfunctional mindsets and perspectives \*Self-limiting internal actions \*Problematic external actions \*Help clients find Strengths amid their weaknesses \*Invite clients to Own their problems & unused opportunities \*Invite client to state their problem as solvable, to Move beyond Flawed Interpretations, to challenge the predictable Dishonesties of Life

### I-C: Leverage

\*Clients as Decision Makers: rational decision, information, analysis, making a choice. \*Goals: is client ready for change, effective decision maker, screen-problems, stay-focused, & on right things

## Stage Two: Preferred Scenario

### II-A: POSSIBILITIES

Helping Clients Determine What They Need and Want

\*Possibilities for a better future \*The change agenda \*use of the client's imagination to spell of a better future \*Moving to the important issues \*Moving towards the possibilities \*"What do you (the client) want?" \*"What do you really need?"

### II-B: Change Agenda

Choose realistic goals and challenging goals designed to manage the key problems and the unused opportunities \*Helping the client set priorities for themselves \*What does the client really want? \*Options

### II-C: Commitment

\*Commitment to change \* Helping the client find the Incentives that will help them persist until they get what they need and want within realistic goals \*Client discovers possibilities for a better future \*Set up an agenda that will make a difference in their lives \*Putting into action

## Stage Three: Action Strategies

### III-A: POSSIBLE ACTIONS

\*Putting into action the agenda or goal \*Strategies for action-helping clients discover how to get what they need or want \*Helping the client see there are many different ways of achieving their goals through a clear picture of the possible actions and a view of the different routes to their goal.

### III-B: Best Fit

\*Bests Fit Strategies \*Best action \*That fit the client's talents, resources, style, temperament and timetable \*What kind of plan will get the client what they want \*What is the best action for the client

### III-C: The Plan

\*Help the client organize the actions they are going to take to accomplish their goals \*Brainstorm strategies to achieve their goals, tailoring those strategies to their resources and the conditions in which they have to work and organizing those actions into a coherent goal-accomplishment plan

**ACTION LEADING to VALUED OUTCOMES**

Illustration 23

# Seven Clinical Principles of Redemptive Therapy



## Clinical Principle #1: *Private Intimacy with God.*

To trust God is to be enabled to trust oneself at the very core of one's being. Once we have been grasped by God's affirmation of us, we have experienced love at the very heart of things, a love that cannot and will not let us go. And the power of that love begins to make all things in this fragmented world whole again. -- Theodore Runyon The most central premise of Christian therapy is the enabling of one's ontological intimacy (one's deepest nature -- ground of being) with God.



## Clinical Principle #2: *Focus -- The patient's pain and God's interest and concern in addressing it.*

The power of pain should never be underestimated. It is the lack of quality of soul that drives human beings to madness. The very first thing a *Redemptive Therapist* seeks to discover is the nature and dimensions of a patient's pain. That pain remains in focus throughout the therapeutic procedure. His consciousness is constantly taking it's measure; constantly seeking to relieve, to heal, to eradicate it's torment.



## Clinical Principle #3: *Diagnosis: Identifying & categorizing pathology.*

The sequence of events that form the basis of a patient's pain do not all happen an hour before he arrives in the therapist's office. A person in pain is the product of a lifetime of pressures which form his personality, his values and his thinking.



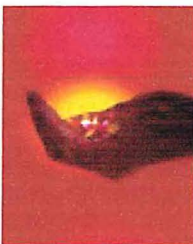
## Clinical Principle #4: *The Absolute Solution.*

Here we are concerned with the values evidenced by the patient's ideation as compared to constructive, healthy values upon which functional ideation is built. We are concerned with behavioral "norms."



## Clinical Principle #5: *Engendering love & affirmation within the patient.*

Love is the only way to grasp another human being in the innermost core of his personality. No one can become fully aware of the very essence of another human being unless he loves him. By the spiritual act of love he is enabled to see the essential traits and features of the beloved person; and even more he sees that which is potential in him. Furthermore, by his love, the loving person enables the beloved person to actualize these potentialities. By making him aware of what he can be and of what he should become he makes the potentialities come true.



## Clinical Principle #6: *Medication & Psychiatric support.*

There is a growing tendency in the psychotherapeutic community to utilize psychoactive drugs. Since much of psychopathology is derived from GCH components, this is not surprising. This is not to say that psychopathology not derived from biological features should not be treated with medication. The potential benefit from these medications can hardly be overestimated. The potential for overuse or abuse is no greater or less than medications used for other purposes; the conse-



## Clinical Principle #7: *Programmed Cathartic Regeneration (PCR):*

In therapy, I often use a form of clinical visualization designed to address and sometimes mentally restructure events in the past which have damaged the psyche and which are causing current behavioral problems. This is not so exotic as it might sound. If the patient is a Christian, the body, soul and spirit are inhabited by the Holy Spirit. In this procedure, the therapist merely finds a posture in which he can facilitate these entities toward a healing solution.

@ Thomas Newton-2002



# A Christian Model for Counseling



Illustration 25

## STAGE 1

### IMPARTING a SENSE of BELONGING

(Where are You?)

GOAL: To get counselees to trust the counselor and to feel that they are part of GOD's Family



1. EMPATHY
2. GENUINNESS
3. WARMTH and RESPECT
4. CONCRETENESS

Trust and Self-exploration

Kirwan 1984, p. 159.

## STAGE 2

### EDIFICATION

(I love you)

GOAL: To build up counselees so they acquire insight into and work through problems



1. Doctrinal Self-disclosure
2. Confrontation
3. Immediacy

RISK and Internalization (appropriation of Biblical concepts into the heart)



## STAGE 3

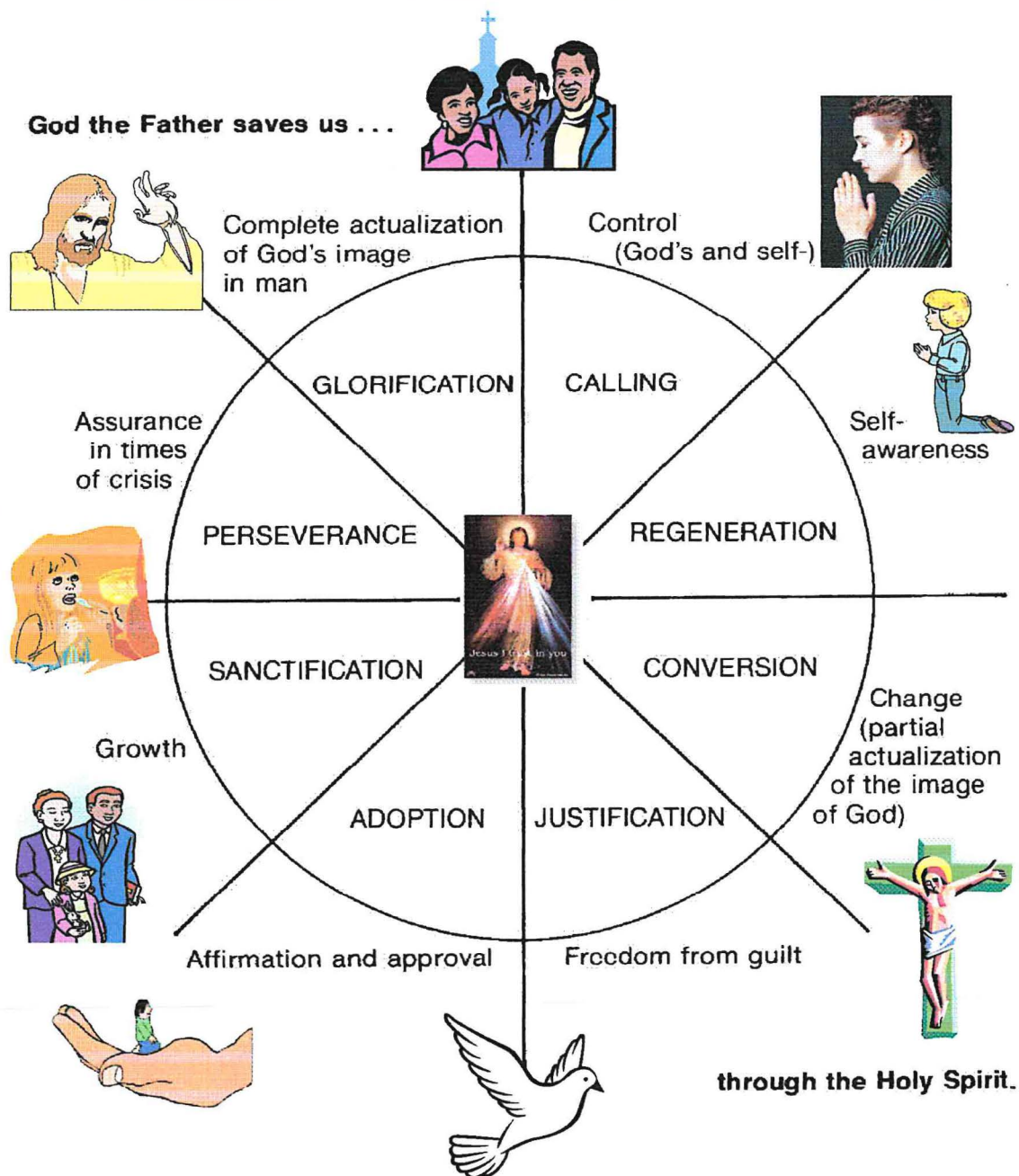
### SERVICE

GOAL: To so serve counselees that they in turn serve God and others

Planning and Implementation of a Personal Course of Actions

SECURITY and Externalization (active living-out of the internalized biblical concept)

## The Steps of Salvation and Their Implications for Psychological Healing



Kirwan (1984) page 191

ILLUSTRATION 26

By Thomas Newton—Dissertation 2003

## **AUTOBIOGRAPHICAL STATEMENT**

### **L. THOMAS NEWTON**

Thomas comes from a family of ministers dating back to the 15<sup>th</sup> century Church of England and later the Methodist tradition. Thomas also inherited a life of faith and ministry to others. His parents Rev. Lloyd and Ruth Newton are a testimony of sixty years of ministry as faithful servants to Christ and His Church. He lived in Utah from 1945 through 1961 growing up as a "preacher's kid." In 1961 when Thomas was in his junior year in high school, his family moved to Vancouver, Washington to start a new congregation.

Thomas graduated in 2000 from George Fox University with a M.A. in marriage and family therapy. He graduated from Lexington Theological Seminary, Lexington, Kentucky with a M. Div. in pastoral care and counseling where he did an internship and completed his certification in alcohol and drug treatment with the National Institute of Mental Health from 1969 to 1970. He graduated in 1967 from Northwest Christian College Eugene, Oregon in pastoral counseling. In 1964, Thomas graduated from Clark Junior College with an associate degree in psychology.

He also received a certification with the U.S. Department of Education in drug and alcohol treatment programs at Mills College in 1974. In Gresham, Oregon, He did an internship in Marriage and Family Therapy from 1999-2000 at

Eastwind Family and Community Center and a certificate from Counterpoint Center in the treatment of sexual offenders. He also received certificates in crisis intervention and treatment in 2000.

Thomas has been married 38 years to his wife, Diane, and has two grown children, Paul Newton and Michelle Gale. He still resides in Vancouver, Washington.