

# Establishing Healthy Relationships and Understanding our Limits

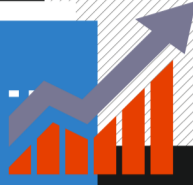


The authors find it more useful to pay attention to relationships than to boundaries. By focusing attention on bounded, individual psychological issues, the metaphor of boundaries can distract helping professionals from thinking about inequities of power. It oversimplifies a complex issue, inviting us to ignore discourses around gender, race, class, culture, and the like that support injustice, abuse, and exploitation. Making boundaries a central metaphor for ethical practice can keep us from critically examining the effects of distance, withdrawal, and non-participation. (Combs & Freedman, 2002)

## Just the Facts

The Study: 1050 pastors surveyed by Fuller Seminary in 2005/2006.

- 948 (90%) claim to be frequently fatigued, and worn out on a weekly/daily basis.
- 935 (89%) of the pastors we surveyed considered leaving the ministry at one time. Five hundred ninety, (590 or 57%) said they would leave if they had a better place to go including secular work
- 802 (71%) of pastors stated they were burned out, and they battle depression beyond fatigue on a weekly and even a daily basis.
- 315 (30%) said they had either been in an ongoing affair or a one-time sexual encounter with a parishioner.
- Most statistics say that 60% to 80% of those who enter the ministry will not still be in it 10 years later, and only a fraction will stay in it as a lifetime career.
- The stress, according to Blackmon, is a primary result of the continual, intense, care responsibility of pastors compared to a medical doctor who will see a terminally ill patient for an hour or so, then see them again in a few weeks. He suggests that the pastor must set personal limits for himself to maintain balance, develop relationships outside of the church, and to be in a support group with other pastors.



#1

## Healthy Relationships

- Making boundaries our central focus in deciding what is and is not ethical in our relationships can keep us from critically examining the effects of distance, withdrawal, non-participation, and related issues. (Combs & Freedman)

We believe that professional helpers should not use their power to abuse, harass, or exploit the people who seek their help. Professional helpers, when practicing their professions, should put the safety, security, and desires of the people who consult with them far ahead of their own desires, safety, and security. (Combs & Freedman)

- Every day when we go to work we are trusted with stories of heartfelt pain, life-and-death struggle, and the courage to fight back. What an honor it is to be let in, not just as a spectator on another's life, but as a partner in another's struggle.

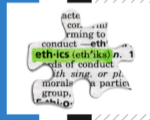


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## Ethical Relationships (Combs & Freedman)

One practice that we have found helpful in endeavoring to participate in ethical relationships is to ask ourselves the following questions:

- Whose voice is being privileged in this relationship? What is the effect of that on the relationship and the work?
- Is anyone showing signs of being closed down, not able to fully enter into the work? If so, what power relations or discourses are contributing to the closing down?
- What are we doing to foster collaboration? Among whom? What is the effect of that collaboration?
- Are we asking if and how our actions are useful, and tailoring them in line with the response?
- Is this relationship opening up or closing down the experience of agency for the people who are consulting with us?
- What are the effects of this relationship on other relevant people, communities, and cultures?



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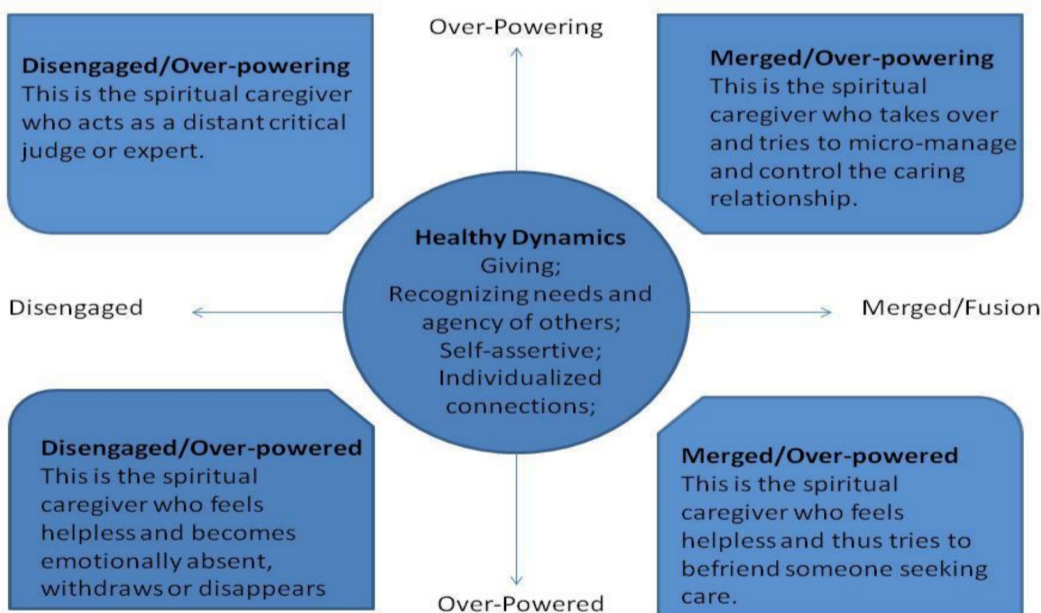
## People, Power, Problems

- A healthy relationship begins with believing in the dignity and value of the person in front of us. Out of that belief, we can develop a sense of respect for them, and hopefully come to the conclusion that to value them is to create situations in which they are empowered in life-giving ways.

- Healthy relationships value the role that power plays in the dynamics of our interactions with one another. Part of realizing the role that power plays in relationships is through self-awareness and how we continue the process of reflection during our conversations. The more we are able to see people as authoritative and as experts on their own life and stories, the more we are able to step back and empower them to respond to what they experience.

- Simply put, people are people, they are not problems; nor are they the problems they bring with them. Jamie Beachy, a colleague and CPE supervisor, once mentioned that "people often have the answers they are seeking within themselves. Our task as caregivers is to help provide the safe place in which these can be discovered." Sometimes this happens because of things we say; sometimes it happens in spite of the things we say.

#4



#5



## Setting Ethical and Effective Limits

The following dimensions of crisis response and referral will not always happen in the order presented and will need to be revisited as each encounter unfolds.

- Are you or the care seeker in immediate danger? Is anyone else in the care seeker's world in imminent risk as a result of this crisis? If so, take initiative quickly and clarify an appropriate response
- Move to a more public setting if you do not feel safe in the situation and involve outside help if needed. Have a plan for dealing with high risk individuals who may show up unannounced, threatening your safety and the safety of others.
- Take time to clarify their concerns and reason for seeking your help.
- Validate the feelings that are present in the moment. You may encounter emotions such as shock, disbelief, anger, regret, sadness, and confusion in the care seeker's sharing. Acknowledge and appreciate the care seeker's response to the situation before moving to solutions.
- Based on your assessment of needs and resources, work with the care seeker to create a plan to respond to the crisis. Have a list of professionals and agencies that you can refer care seekers to as needed. Be sure to offer more than one option if you are making a referral (unless you are in a hospital, then refer to the hospital support system).
- Identify situations that are beyond your comfort level, time/energy resource, and/or expertise. Do not agree to offer help that you are not professionally trained to provide. In a congregational context, generally, do not meet with a congregant more than three or four times before referring to a therapist for ongoing issues. Be direct about what you can and cannot offer. An immediate referral may be needed.

#6

Combs & Freedman. (2002). "Relationships, not boundaries." Theoretical Medicine. p. 203-217

Krejcir, R.J. (2007). "What's going on with pastors in America." Retrieved from: <http://www.intothyword.org/apps/articles/?articleid=36562>

✿ This research was done by a conservative group who generally only ordains men to ministry; thus there may be some discrepancy for our purposes

#7