Pastoral Psychol (2015) 64:663–680
DOI 10.1007/s11089-015-0656-2

# Finding Language for What Matters Most: Hosting Conversations about Sexuality in Pastoral Counseling

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Published online: 27 May 2015


**Abstract** This article draws from intertwined Gospel accounts, in Luke 8 and elsewhere, of Jesus healing a hemorrhaging woman and a 12-year-old girl presumed dead, building on Capps's (2008) claim that their physical symptoms manifested intense unconscious anxieties resulting from untenable sexual expectations of their culture. In these cases, healing derives from their capacity to believe in someone who has faith in them (Capps 2008, p. 124). The article encourages contemporary pastoral counselors to attend not only with strenuous professional ethicality but also with subversive moral generosity to minute differences among individuals marginalized due to sexual yearnings perceived to deviate from a presumed societal norm.

**Keywords** Sexual counseling · Pastoral counseling · Jesus' healing ministry · Sexual anxiety and marginalization · Loneliness · Somatoform disorders · Somatic symptom disorder · Luke 8 · Jairus's daughter · Hemorrhaging woman · Donald Capps · C. A. Tripp · Mark Vonnegut

> Now when Jesus returned, the crowd welcomed him, for they were all waiting for him. Just then there came a man named Jairus, a leader of the synagogue. He fell at Jesus' feet and begged him to come to his house, for he had an only daughter, about 12 years old, who was dying.
> As he went, the crowds pressed in on him. Now there was a woman who had been suffering from hemorrhages for 12 years; and though she had spent all she had on physicians, no one could cure her. She came up behind him and touched the fringe of his clothes, and immediately her hemorrhage stopped. Then Jesus asked, "Who touched me?" When all denied it, Peter said, "Master, the crowds surround you and press in on you." But Jesus said, "Someone touched me; for I noticed that power had gone out from

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> me." When the woman saw that she could not remain hidden, she came trembling; and falling down before him, she declared in the presence of all the people why she had touched him, and how she had been immediately healed. He said to her, "Daughter, your faith has made you well; go in peace."
> While he was still speaking, someone came from the leader's house to say, "Your daughter is dead; do not trouble the teacher any longer." When Jesus heard this, he replied, "Do not fear. Only believe, and she will be saved." When he came to the house, he did not allow anyone to enter with him, except Peter, John, and James, and the child's father and mother. They were all weeping and wailing for her; but he said, "Do not weep; for she is not dead but sleeping." And they laughed at him, knowing that she was dead. But he took her by the hand and called out, "Child, get up!" Her spirit returned, and she got up at once. Then he directed them to give her something to eat. Her parents were astounded; but he ordered them to tell no one what had happened.
> —Luke 8:40–56 (NRSV)

Is there something foreordained about the link between sexuality and loneliness? Is this merely the plight of the seminary students with whom I talk (a plight that is not unfamiliar to their teacher)? Whether a culture's sexual ethos is restrictive and repressed, as is often presumed about Freud's, or enlightened and libertarian, as some consider our own, the intimacies that bind us together come replete with loneliness and shame.

## Inhibition and exhibition

I read some years ago an article in the *New York Times* entitled "Students Still Sweat, They Just Don't Shower." Johnson (1996) describes how, at some point in the 1990s, adolescents and young adults stopped taking showers together after gym classes or athletic events, even when mud-covered after football games, an antipathy that puzzles coaches of a previous generation: "'These guys don't want to undress in front of each other,' said John Wren, a [high school] teacher … in suburban Chicago, who can scarcely conceal his contempt for the new sensibilities. 'I just don't get it. When I started in'74, nobody even thought about things like this.'" The *Times* journalist points out that

> modesty among young people today seems, in some ways, out of step in a culture that sells and celebrates the uncovered body in advertisements, on television and in movies. But some health and physical education experts contend that many students withdraw precisely because of the overload of erotic images—so many perfectly toned bodies cannot help but leave ordinary mortals feeling a bit inadequate.

In addition, the high level of acceptance of homosexuality in this demographic of American young people paradoxically adds to their increased sense of personal distress in the locker room: "'You never know who's looking at you,' said Vicki Johnson, an 18-year-old from Algonquin, Illinois." Or as "Andre Hennig, an 18-year-old senior at McHenry High School in the northwest suburbs of Chicago," puts it, "'Standing around together naked? Oh no, man—people would feel really uncomfortable about that.'"

I was chatting with a Princeton sociologist of my own generation about his research plans as we stood in the vast men's locker room of the university's ancient gym. He was looking to find a way, he said, for researchers to observe people in their own homes on a matter of interest

to him but wasn't sure how to attain this level of access to their lives. I told him I had read in the newspaper that some companies that specialize in bathroom showerheads and shampoo wanted to observe how consumers were actually using their products in their daily routines, so the market researchers proposed filming people "taking real showers in their own homes." The investigators initially worried about how they would be able to find subjects willing to participate: "'We thought it would be hard to recruit people,' said Daniel C. Buchner, [one such company's] vice president for innovation and design, 'but that was the easy part'" (Taylor 2006; see also Horovitz 2007). My sociologist friend was amazed to hear that volunteers expressed no qualms about being filmed while showering in their own homes. In this era of reality television, I told him, I was not very surprised.

At the very moment he and I were talking, I could see over his shoulder a university student who had just returned from swimming. The student was going through the contortions of getting out of his swimming suit and back into his street clothes without having to expose himself (and, needless to say, without having first showered). He wrapped a towel over his swimsuit, peeled off the wet suit under the towel, and put on his underwear with the towel still protecting him—a common ritual today among young people.

But despite their locker room reserve, many young men his age—perhaps even the very student I observed—have few inhibitions about displaying themselves online. In their book *A Billion Wicked Thoughts: What the Internet Tells Us About Sexual Relationships*, neuroscientists Ogas and Gaddam (2012, pp. 40–42) note that in eye-tracking studies, men looking at various images consistently first direct their gaze to the male crotch. They also point out that if "historically, male exhibitionism has been considered a mental disorder," then the Internet today "suggests we are a planet of mentally deranged men." On the website Chat Roulette, for example, viewers see whatever other users choose to put in front of their webcams. A recent study showed that of nearly 1300 consecutive Chat Roulette sessions, fully one-fourth were aimed at a penis. On another website, Fantasti.cc, "23 percent of the male users use an image of their penis as their avatar, while another 13 percent used a penis from a porn clip" (p. 42). "On Reddit's heterosexual Gone Wild forum, where users are free to post NC-17 pictures of themselves," Ogas (2011) notes, "35 percent of images self-posted by men consist of penises," despite the fact that by an overwhelming statistical margin it is men, not women, who show interest in seeing men's genitals: "Men's desire to show their penis is only matched by men's equally natural urge to look at *other* men's penises" (Ogas 2011, emphasis in original). An exaggerated modesty among young men in the locker room, in other words, does not translate into a lack of interest in seeing other men's packages or in displaying their own.

So I was struck in that conversation with the sociologist by the odd disconnect between what we were discussing, i.e., the nonchalance of consumers willing to be filmed unclothed in their own showers, and what I was observing right behind him, i.e., the obvious discomfort of an athletic young man with undressing in a men's locker room. The modesty of the young man unwilling to be seen in the locker room concerned me at least as much as did the immodesty of those willing to be filmed in their homes. Intriguing as well is the disparity between young men's reluctance to be seen when in the company of actual men and their hunger to see and be seen in the presence of virtual millions. But most important to me in all this is that the sexual permissiveness or freedom we often presume among young people was juxtaposed in that conversation with evidence of a new expression of their sexual anxiety. The more things change, the more they stay the same.

It matters less whether the sexual conventions of the crowd or culture are restrictive or libertarian than that certain vulnerable individuals predictably fall prey to them in one or another symptomatic way. Authentic personal conversations about sex and sexuality remain as

rare in our era, saturated with sexualized images and messages, as they are in times and places where sex remains secreted away from public view. We continue to find ourselves "most resistant to talking about the things that matter most to us," notes British psychoanalyst Adam Phillips (2010, p. 77). "People organize their lives," Phillips asserts, "to avoid the imagined catastrophe of certain conversations; and they come to analysis, however fluent they may be, because they are unable to speak" (1994, p. 84). Whatever a given society's sexual conventions, it appears that sexuality and vulnerability, intimacy and isolation, inhibition and exhibition continue to surface as fated companions. Sexuality and loneliness—perfect together. It is at this unsettling interface where the gifts and resources of pastoral counselors, though they too suffer these inner ambiguities, come into play.

## More or less lonely?

In his memoir *Just Like Someone Without Mental Illness Only More So*, Mark Vonnegut (2010), a celebrated Boston pediatrician and son of novelist Kurt Vonnegut, describes his personal struggles with bipolar illness. These included several psychotic episodes that required hospitalization at various intervals in his early adult life and beyond. After publishing a book in his mid-20s recounting his experiences to that point with psychosis (Vonnegut 2002), he decided at age 28 that he wanted to go to medical school. Despite his undergraduate GPA of 1.8 in math and the sciences and having been rejected by 19 other medical schools, he was admitted, against all odds and just four years after his hospitalization, to Harvard Medical School (Vonnegut 2010, p. 62). In his more recent memoir, written from the vantage of his 60s, Vonnegut reflects on the improbability, even in the 1970s, of his admission to any medical school, let alone Harvard, but also on how his admission would be inconceivable in today's frenzied academic climate. Had he not been admitted to Harvard Medical School, Boston would have been deprived over the past decades of a wise and acclaimed pediatrician and clinical professor of medicine.

At some point Vonnegut was enlisted to conduct admissions interviews for applicants to Harvard Medical School. He came to lament in this role how indistinguishable they all seemed. "They were all bright and earnest and planning to help people," he said. "I hurried them through all that because I couldn't tell one from the other. 'Yes, yes, yes … but what exactly is being a doctor going to do for you?'" he wanted them to tell (p. 78). His eventual criterion for discerning between them? "What I asked myself about applicants," he says, "was whether talking to them made me more or less lonely" (p. 66).

Recently I was eating with another professor at a seminary lunch table. A student soon joined us and a lively exchange ensued, but then a seminary official sat down at our table and proceeded to commandeer the conversation. Recalling Vonnegut's gut admissions interview benchmark, it occurred to me after that lunch that in this colleague's presence I tended to feel more rather than less lonely. It was somehow satisfying to be able to use Vonnegut's test to name this feeling.

His standard—whether in talking with a particular individual we feel more or less lonely—hints at a ubiquitous sense of loneliness within us as persons. Loneliness is inevitable. We are going to be lonely no matter what. It also suggests, however, that in certain encounters, more so than in others, we feel less lonely for having had them. Feeling less lonely rather than lonelier seems on balance a good thing.

But Vonnegut's little gut-check for medical school applicants is equally relevant to the professional work of pastoral theologians, caregivers, and counselors. Foremost among the

claims of the present article is that *a given society's conventions concerning its range of acceptable sexual interests and practices inexorably take their toll among its more vulnerable citizens*. But, as important, *when our parishioners, students, or counselees summon up courage to confide in us as counselors about the idiosyncratic ways these societal tolls manifest as symptoms in their personal lives, they should feel less rather than more lonely for having done so*, even right from the start. Pastoral counseling, it strikes me, should help people feel better. Feeling better, feeling less lonely, is one clue that the counseling process is on a productive path, just as for Vonnegut in medical school admissions.

## Attending to differences that fuel isolation

At first glance, this latter claim may seem obvious enough. *Therapeuo* is a biblical word, Greek for *I cure* or *I heal* or *I serve* (Luke 12:42; Acts 17:25), and it occurs dozens of times in the New Testament. Jesus' own inordinate attention to healing and serving was a distinguishing mark of his ministry. *Therapeuo*—from which, of course, we derive the word *therapy*—is no dubious practice for Jesus. It is, rather, just what he does, his line of work. It defines his life and ministry.

Despite this, however, there has developed over the years a kneejerk reaction against therapy, especially among learned theologians and the spiritual elite for whom it somehow has become a tainted word, a spiritually suspect practice. Theological detractors of *therapeuo* furrow their brows at any enterprise that hints of drawing on psychology or of attending to the needs of particular individuals over the concerns of wider communities. Their disdain may simply reflect an extension to theologians of Mencken's (1949/1982, p. 624) classic definition of Puritanism as "the haunting fear that someone, somewhere, may be happy." Whatever its source, this cloud hovers over the discipline of pastoral theology even as it casts its shadow on the work of pastoral care and counseling. Even Vonnegut's sense of having felt less lonely for talking with someone would be likely to raise eyebrows among religious professionals. Spiritual direction? By all means, yes. "Christian" or so-called "biblical" counseling? Of course. Dynamic pastoral counseling or psychotherapy? Not so much.

I recall the impact on me two decades ago of reading two simple questions posed by my colleague, Donald Capps (1993, pp. 114–115), in response to what Robert Bellah and others (1985) were decrying at that time as a rampant "expressive individualism" and the so-called "triumph of the therapeutic" (Rieff 1966/2006) in American cultural life. In a chapter entitled "Expressive Individualism as Scapegoat" in *The Depleted Self*, Capps (1993) methodically counters these critiques of individualism, notably by challenging the way Bellah and others read Ralph Waldo Emerson (1946/1981, pp. 72–91, 138–164) in, for example, "Self-Reliance" and the "Divinity School Address," on the purposes and possibilities of the individual in American life. "Emerson would not have devoted so much attention to the problem of social conformity, especially its destructive effects on one's inner character," Capps (1993, p. 109) writes, "if he did not assume that the individual would also be an active participant in social life."

But even more than by Bellah and colleagues, Capps finds himself irked by theologians who reflexively rush to baptize Bellah's criticisms of the therapeutic. As one example, C. Ellis Nelson (1989), in his book *How Faith Matures*, draws on Bellah to denounce the modern sense that

> authority is [no longer] in God, who comes into a person's life with a mission; it is rooted in a person's psychological needs.… The search is not for truth about God but

> for religious beliefs and practices that help people cope with inner difficulties or provide a way to make sense of the variety of events taking place around them. (p. 38)

Capps (1993) in turn proceeds to raise two devastating questions of Nelson, the two questions mentioned above that have long influenced my own vocational quest: "What is so wrong," Capps wants to know, "with churches helping people cope with inner difficulties and make sense of events taking place around them? And why assume that divine authority and human mission is incommensurate with our psychological needs?" (p. 115).[1] His questions have led me again and again over the years to shout into the wind that *therapeuo*—healing, curing, serving—is biblical, divinely blessed, not just an essential aspect of Jesus' ministry but an aspiration for our own. We should honor, not disdain, those moments when individuals—when we ourselves and when those we counsel—come to feel, with Vonnegut, less lonely rather than lonelier for having confided in another.

This is not to suggest that counseling conversations are without pain and struggle. Counseling is hard work for both counselor and counselee. Sometimes counselees may need to feel worse—that is, to begin to feel previously suppressed grief, anxiety, loneliness, or despair—as the path to their being able to feel anything at all. In a lengthy biopic on rocker Bruce Springsteen in *The New Yorker*, Remnick (2012) reveals that Springsteen has long used therapy to battle malignant depression but also that his "creative talent has also been nurtured by the darker currents of his psyche":

> "I'm 30 years in analysis!" [Springsteen] said. "Look, you cannot underestimate the fine power of self-loathing in [my line of work]. You think, I don't like anything I'm seeing. I don't like anything I'm doing, but I need to change myself, I need to transform myself. I do not know a single artist who does not run on that fuel. If you are extremely pleased with yourself, nobody would be fucking doing it! Brando would not have acted. Dylan wouldn't have written 'Like a Rolling Stone.' James Brown wouldn't have gone 'Unh!' He wouldn't have searched that one-beat down that was so hard. That's a motivation, that element of 'I need to remake myself, my town, my audience'—the desire for renewal." (p. 54)

In therapeutic vulnerability, as in artistic creativity, disconcerting feelings—Springsteen's "fine power of self-loathing"—can precipitate a generative capacity for renewal.

But however predictable this trajectory in pastoral psychotherapy and in artistic expression, should not parishioners and counselees on balance feel less rather than more lonely for having revealed even these painful kinds of emotions to their minister or counselor, even after just one conversation together? So too we might ask Vonnegut's question of ourselves as counselors as

[1] Disaffection for pastoral care and counseling by prominent Christian theologians continues unabated. In one recent example, William H. Willimon (2013), professor of the practice of ministry at Duke Divinity School, criticizes the priorities of ministers formerly under his supervision as a United Methodist bishop: "My admiration is unbounded for clergy who persist in proclaiming the gospel in the face of the resistance that the world throws at them. But I found too many clergy who allowed congregational caregiving and maintenance to trump more important acts of ministry, like truth telling and mission leadership. These tired pastors dash about offering parishioners undisciplined compassion rather than sharp biblical truth. One pastor led a self-study of her congregation and found that 80 percent of them thought that the minister's primary job was to 'care for me and my family.' Debilitation is predictable for a *kleros* with no higher purpose for ministry than servitude to the voracious personal needs of the *laos*" (p. 11). Capps's response to Nelson's charges applies equally to Willimon's: Why assume that congregational caregiving and maintenance, or pastoral compassion and attention to the personal needs of parishioners, are incommensurate with biblical truth and mission leadership? In *Let the Children Come: Reimagining Childhood from a Christian Perspective,* Bonnie J. Miller-McLemore (2003, pp. 26–30) echoes Capps's concern with theologians who dismiss psychology in global terms.

a fine means of assessing any given therapeutic hour or relationship. It is okay, *therapeutic*, biblical even, to feel better for our having shared this encounter, despite unrelenting efforts of the spiritual elite to suggest otherwise.

Religious professionals critical of those searching for "beliefs and practices that help [them] cope with inner difficulties or provide a way to make sense of the variety of events taking place around them" contribute to what Capps (1998, pp. viii, 5–6) describes elsewhere as the current widespread avoidance of pastoral counseling on the part of parish ministers. Rather than seeing pastoral counseling as something "so integral to the ministry of the church that, without it, the Christian life itself is impoverished" (p. 5), parish ministers, if they encourage parishioners to seek counseling at all, choose to "leave it to the professionals, who (apparently) know what they are doing" (p. viii). "While we never even raise the question whether congregational life would be seriously impoverished if there were no preaching," Capps writes, "this 'taken-for-grantedness' does not apply to pastoral counseling" (p. 6). The work of *therapeuo* is seen, if not as unpatriotic or spiritually suspect, as Bellah, Nelson, and others convey, then at the very least as optional or beyond the reach or responsibility of ordinary ministers.

But Jesus, for his part, did far more than preach to crowds. He may well have been interested in saving humanity as a collective whole, but he rarely approached his task from the distant perch of what in the modern era William James (1890/1956, p. 256) would disparage as the "bird's-eye view" of the sociologist, in which vanish the specific details and unique attributes of individuals. Instead, Jesus attended to individual differences that fuel social isolation. James acknowledges that both points of view, the sweeping bird's-eye and the intricately detailed, may have their place, in that both are evident in nature. But he stakes his claim as a psychologist, as I read Jesus staking his, on pluralism and therefore on attention to detail and difference.

James cites "an unlearned carpenter of [his] acquaintance" who "once said in [his] hearing: 'There is very little difference between one man and another; but what little there is, *is very important*.'" James proceeds to acknowledge that "an inch is a small thing" but then goes on to refer to the proverb, 'An inch on a man's nose is much' (pp. 256–257)—think Cyrano de Bergerac. Those familiar with the tyrannical Lord Voldemort of the *Harry Potter* (Rowling 2000, p. 643) series would be quick to note that an inch *off* a man's nose is also much. Certain inches actually matter. The differences between us, however minute, signify unique attributes and abilities that also often constitute our social vulnerabilities as individuals. Jesus, long antedating William James, appears to pay careful attention to them.

Jesus zeroes in on the plights of individuals, such that in his presence the bird's-eye view itself vanishes. His healing approach is boots-on-the-ground. The multitudes that often miss the point of his preaching also prove detrimental to his efforts at healing. Often ignoring or even shutting out the crowds, Jesus elevates the significance—for him, for God, for his friends—of the distinct specificity of each individual's loneliness and need. He heals in an exacting and intimate way.

## The decisive therapeutic event in the Gospels

Nowhere is this more evident than in two entangled healing accounts in Luke 8, one of which Erik H. Erikson (1974) described as "the decisive therapeutic event in the Gospels" (p. 48). The approaches of Jesus with a woman who has suffered a hemorrhage for 12 years and in healing the 12-year-old daughter of a synagogue leader named Jairus dramatize his favoring individuals at the expense of the crowds, especially in these cases individuals whose lives have been severely compromised by social conventions signified by those very crowds.

The crowds reflect nothing exemplary in these narratives. "The growth of the crowds gathered to hear Jesus," writes New Testament scholar Green (1997), "has not been accompanied by maturation in the general perception of Jesus; indeed the crowds seem actually to have served as a potential impediment to the communication of good news in these two episodes" (p. 351). "Against this background," Green asserts, the woman "is revealed as a person of faith that survives the test," and similarly, "Jairus and his wife are able to put aside their fear and to embrace faith in Jesus' capacity to bring restoration" (p. 344). In his comments on Luke's Gospel, González (2010) points out that Jesus' calling is one "among crowds; but it is also a mission of personal touch" (p. 110). Or as Malbon (1983) puts it, "The crowd crowds Jesus" (p. 32) and ultimately abandons him. The crowd never quite fathoms Jesus here, though a long-suffering woman does; it ridicules his claims, but a desperate father of a daughter perceived to be dying does not. As important, Jesus' therapeutic tactics show keen awareness of how crowd mentality and cultural conventions—in these cases, I will suggest, a society's sexual conventions—often lead its most vulnerable members to grave psychological and somatic distress.

To recount the narrative, Jesus returns to his native Galilee from Gentile territory only to be greeted by a surging crowd. Jairus, a leader of the local synagogue, falls prostrate and begs Jesus to come to his home to heal his only child, a 12-year-old daughter who is deathly ill. While Jesus is on his way and still surrounded by throngs of people, a woman, who has suffered continual menstrual bleeding for 12 years and is now impoverished due to having sought out many physicians to no avail, presses forward to touch the fringe of his robe. As she does so, she senses immediately that the bleeding has stopped, even as Jesus detects some change within himself. He stops to ask who touched him. Peter points out that many have been pressing in. But Jesus dismisses this, saying, "Someone touched me; for I noticed that power had gone out from me." The woman, no longer able to remain anonymous, trembles forward and explains how she came to be healed. Jesus replies, "Daughter, your faith has made you well; go in peace."

Just then, an envoy from the house of Jairus arrives to report that Jairus's daughter has died. Jesus consoles Jairus by saying, "Do not fear. Only believe, and she will be saved." He continues on to the house. When he arrives, he dispels the mourners, for they laugh at him when he tells them that the child "is not dead but sleeping." He allows inside only Peter, John, and James, and the child's parents. He takes the girl's hand and calls out, "Child, get up!" She gets up. He tells the astonished parents to give her something to eat and to tell no one what has happened (see Luke 8:40–56).

All three synoptic Gospels join in tandem these two healing accounts, which share numerous parallels (Matt. 9:18–26; Mark 5:21–43). Anxious desperation saturates both encounters: Jairus's devastating fear for his child; the woman's intrepid effort to reach Jesus and her consequent alarm in being called out by him from the crowd. The number 12 surfaces both as the age of Jairus's daughter and as the number of years the woman has been suffering. Jesus chooses terms of endearment both for the woman, whom he calls "Daughter," and for Jairus's daughter, whom he addresses as "Child." In both cases, the healing is immediate and embodied; the circumstances of those previously ill are dramatically changed.

Another parallel significant for those of us who minister in this season of justified sensitivity to clergy sexual abuse and of sexual intimacy being mediated electronically through

digital proxy[2] is how for Jesus the power of human touch factors into both healings: the woman touches Jesus' cloak and Jesus takes the girl by the hand. Each instance of touch reflects how, to borrow the helpful distinction of psychiatrists Gutheil and Gabbard (1993), a boundary crossing need not entail a boundary violation; boundary violations almost always harm, whereas boundary crossings sometimes heal (pp. 188–196). In the biblical examples, each instance of touch signifies a therapeutic boundary crossing, not a boundary violation, but that comes nonetheless at the cost of socially contaminating Jesus: menstruating women in biblical times are considered ritually unclean, and touching the dead likewise is forbidden (see Fiorenza 1994, p. 124; Green 1997, pp. 343–344, 350–351; Haber 2003, pp. 182–183, 187; Kinukawa 1994, p. 288; Rambo 2009, pp. 245–246).

## The secret we may not be able to keep

An additional parallel that goes unnoticed by biblical scholars in this striking series of similarities is that the *physical* suffering of both the woman and the girl likely stems from a common *psychological* root or condition, what in biblical times and down through the centuries would have been called *hysteria* but what today we would diagnose as *somatoform* or *conversion disorders*, or, in the newest edition of *The Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; *DSM-5*; American Psychiatric Association 2013), as *somatic symptom disorders*. The bodily afflictions of the woman and the girl manifest a conflict of mind or soul. To claim that their very real physical symptoms—continual menstrual bleeding in the woman's case; constriction of breathing to the point of appearing dead in the girl's—derive from a psychological source is to say that this woman and this girl are suffering from an inability to express something they desire or, more likely, something they have forgotten they desire.

"Symptoms," writes Adam Phillips (1995), "are always a self-cure for terror and ecstasy, ways of dosing the intensity of what people feel for, and want from, each other" (p. 45). A symptom "is the secret we may not be able to keep … the sign of a wish to make something known, but by

[2] Kearney (2014), a philosopher at Boston College, recounts conversations with his students about "losing our senses," particularly the sense of touch, in an "increasingly virtual world." His students admit to enjoying the relative anonymity of messaging online "before having 'real contact' with partners," using "acronyms that signaled their level of willingness to have sex, and under what conditions." He notes the paradox in "the ostensible immediacy of sexual contact [being] in fact mediated digitally" and discerns that "what is often thought of as a 'materialist' culture" is "arguably the most 'immaterialist' culture imaginable—vicarious, by proxy, and often voyeuristic" (p. 4SR). While reports on how much of the Internet consists of pornographic material tend to be wildly exaggerated (37 % is often cited), the best recent empirical data, in Ogas and Gaddam (2012), suggests that about 4 % of the million most frequented websites and 14 % of all web searches are devoted to pornography, though these figures still represent, as Ogas notes (in Ward 2013), "very significant numbers." Ogas (as cited in Ruvolo 2011) also points out that "the single most popular adult site in the world is LiveJasmin.com, a webcam site which gets around 32 million visitors a month, or almost 2.5 %" of the world's one billion Internet users. On this site, men pay to watch "women strip on a webcam" while being able to talk with them. Through apps such as Snapchat, Snapcash, and Kik, reports Bilton (2015) in the *New York Times*, targeted virtual sex is now easily accessed on smartphones and will account for $2.8 billion in porn-related revenue in 2015. Why, Bilton asks, would anyone "pay for online pornography when it's available free everywhere"? Because "a private video chat on your mobile phone with a naked person is much more intimate and personal than a website or even a webcam. (So I hear.)" One Snapchat user told him "that people were attracted to the one-on-one nature of the interaction, as well as the built-in privacy." Kari Lerum (in Richtel 2013), a sociologist at the University of Washington, says that "men are more open, vulnerable and emotional in [web]cam [chat]rooms than in, say, strip clubs. They can also become invested in a relationship that exists only on the screen. 'This is mutual objectification,' she said of camming."

disguising it" (p. 33). At times these symptoms manifest in somatic ways, as in *somatoform disorders*, which can appear as "chronic fatigue, appetite loss, and gastrointestinal and genital-urinary problems," including irregular menses (Capps 2008, p. 13), or in *conversion disorders*, whereby unconscious psychological conflict becomes symbolically expressed in debilitating neurological disorders such as paralysis, blindness, or even seizures or convulsions (Capps 2008, pp. 8–9). In such instances, "part of the mind," as British psychoanalyst Nina Coltart (1992) puts it, "has lodged on a psychotic island on the body," and we therefore "have to ask what is the unthinkable content …. How do we build a bridge which really holds over the secret area of the body-mind divide?" (p. 13). Psychotherapy becomes then in this sense, for Phillips (1995), a way of "trying to remember what you want" (p. 43).

In his book *Jesus the Village Psychiatrist*, Donald Capps (2008) sets out to show that the physical illnesses or disabilities Jesus healed, including those suffered by the woman with the flow of blood and by Jairus's daughter, were typically psychological in origin (pp. xii–xiv). Because Jesus could recognize the nature of these illnesses in his approaches to healing, Capps says, "He was more skilled than the physicians of his day … [His methods] were more effective because he had a deeper understanding of how psychosomatic illnesses work and how they affect the person who suffers from them" (p. xiv).

Capps in no way intends to minimize the actual severe physical distress these individuals experience. The woman and the girl are not in any sense feigning their symptoms nor likely aware of the precipitating psychological conflict. They are not "faking" anything. Neither does his claim diminish the miraculous nature of these healings as marvelous acts of God. There is no shortage of evidence showing that mental illnesses are more intractable and difficult to treat than ones rooted in traceable medical conditions. Many physicians willing to take the money of the hemorrhaging woman were unable to help her.

But Capps *does* suggest that Jesus' miraculous healings did not contradict known scientific laws. Instead, for Capps, "God acted through the deeper knowledge of scientific laws that Jesus brought to his encounters with the sick and disabled" (p. xiv). In the cases of the hemorrhaging woman and of Jairus's daughter, these laws have specifically to do with how, in Coltart's (1992) words, a part of the mind can lodge itself "on a psychotic island on the body" (p. 13).

Capps points out that accounts of so-called hysterias in the ancient world predate the time of Jesus by thousands of years. He cites Micale's (1995) history of hysteria, which notes that the ancient Egyptians attributed the condition to an actual free-floating movement, or "wandering," of a woman's uterus within her body, which in turn could lead to respiratory pressure, a loss of voice, or other forms of physical distress. Micale writes, "Egyptian doctors developed an array of medications to combat the disease. Foremost among these measures were the placement of aromatic substances on the vulva to entice the womb back down into its correct position and the swallowing of fetid or foul-tasting substances to repel the uterus away from the upper parts" (Micale 1995, p. 19, as cited in Capps 2008, p. 16).

"The Greeks," Capps continues, "adopted this idea of the migratory uterus and made more explicit the connections between hysteria and an unsatisfactory sexual life" (p. 16). In the fifth century BCE, for example, Hippocrates, the father of Greek medicine, explained "that a mature woman's deprivation of sexual relations causes a restless womb to move upward in search of gratification," leading to "dizziness, motor paralyses, sensory losses, and respiratory distress … as well as extravagant emotional behaviors" (Micale 1995, p. 19, as cited in Capps 2008, p. 16). Plato saw the womb as "an animal that longs to generate children" and that therefore becomes especially disturbed "when it remains barren too long after puberty" (Micale, p. 19, quoting *Timaeus*, as cited in Capps 2008, p. 110).

Later, as anatomical knowledge grew more refined, Roman physicians abandoned the hypothesis of an actual wandering womb but continued to link hysteria to the female reproductive system or to "diseases of the womb" (Micale 1995, p. 20, as cited in Capps 2008, p. 16). They discovered the condition "most often in virgins, widows, and spinsters," particularly because it was known to begin at puberty and end at menopause (Capps 2008, p. 110). Capps notes that this would have been the "prevailing medical view" at the time in which Jesus lived.

Capps's conviction that the woman's continuous menstrual flow and the respiratory diminution of Jairus's daughter derived from psychological sources may at first disturb persons of faith. But even conservative biblical commentators have long speculated on a psychological origin of the woman's condition, in particular, though not that of the girl. In his 1963 commentary on Luke's Gospel, for example, Oxford theologian Caird (1963) writes that the woman "had an illness (menorrhagia—a continuous menstruation) which was probably psychological in origin, but none the less distressing and debilitating in its effects" (p. 124). He also notes that it rendered her permanently "unclean."

Jeffrey (2012), in his commentary on Luke, speculates, "There is a conflict between desire and conscience in the woman" (p. 129). Rambo (2009) implies that exposure to trauma was the source of the woman's illness. Green (1997) stresses less the psychological origins but more the enormous psychological implications of the woman's condition:

> The simple fact that she is a woman in Palestinian society already marks her as one of low status. In addition to this, she was sick, and her sickness, while apparently not physically debilitating, was socially devastating. Her hemorrhaging rendered her ritually unclean, so that she lived in a perpetual state of impurity. Although her physical condition was not contagious, her ritual condition was, with the consequence that she had lived in isolation from her community these 12 years.… The press of the crowds guarantees that she will infect others with her impurity, and her aim to touch Jesus is a premeditated act that will pass her uncleanness on to him.… This is the story of her resolution to cross the borders of legitimate behavior to gain access to divine power. (pp. 346–347)

Similarly, Kinukawa (1994) describes the woman's hemorrhaging as "the kind of disease that makes women depressed as well as unhealthy"; she is "polluted," not because of anything she chose, nor because of birth, but due "to the labelling … done by those who hold power" (pp. 287–288). Biblical commentators thus surmise both potential psychological origins and inevitable psychological ramifications of the woman's condition.

## An inability to speak one's desires

In the case of Jairus's daughter, however, commentators typically assume that, prior to Jesus' arrival in the house, the girl has actually died. This in turn puts even theologically conservative scholars in the awkward position of siding with the very crowd that mocks Jesus for suggesting that the girl is merely sleeping, the only instance in the Gospels in which Jesus is ridiculed in his efforts to heal (Capps 2008, p. 108). Caird (1963), who as noted allowed that the hemorrhaging woman's condition was likely psychological in origin, maintains in the case of Jairus's daughter that Jesus' "assertion that she was only sleeping was simply an assurance of his unlimited confidence in his own ability to wake her from the sleep of death" (p. 124).

McWhirter (2013, p. 52), commenting on the account in Mark's Gospel, notes that "Jesus encounters the corpse surrounded by weeping mourners" and that he, in turn, "commands the dead child to 'get up [*egeire*].'" Dornisch (2002) says of the crowd that mocks Jesus, "No wonder they ridicule him: They know that she indeed has died" (p. 105). Similarly, Green (1997) writes that "in interpreting the girl's condition as 'sleep' rather than 'death,' [Jesus] has made an authoritative claim that [the crowds] are unwilling to accept. Of course, in an important sense, the crowds speak the truth; the girl's death has already been reported to Jairus (and thus to Luke's audience), and is known by all who have gathered" (pp. 350–351).

But why in this singular instance in the Gospels would faithful believers fail to take Jesus at his word? Why choose instead to side with the very crowd that, as a consequence of its scorn, Jesus throws out of the house (especially evident in Mark 5:39–40)? In their attempt to defend Jesus' capacity to raise the dead, biblical scholars uncharacteristically assume here that Jesus is choosing euphemism over truth.

But Capps (2008), for his part, does take Jesus at his word. If Jesus did not really believe that the girl was sleeping, he writes, "he would seem to be playing with their emotions, a rather inhumane thing to do in the case of death" (p. 108). "In fact," he continues, "it could be argued that if [Jesus] did *not* mean what he said, it is the only statement or comment attributed to him in the Gospels where he affirmed something *that he did not hold to be true*" (p. 122, emphasis in original). Instead, Capps suggests that the girl had a condition that mimicked, as sometimes occurs in somatoform disorders, a "'death-like trance' that could last hours, even days" (Smith-Rosenberg 1981, p. 210, as cited in Capps, pp. 111, 113).

Capps compares her symptoms to those of Alice James (1848–1892), sister of the famous brothers, psychologist William James and novelist Henry James Jr. Alice James thought of herself as a hysteric. Throughout her life as a near invalid she simulated a theatrical "scene of perpetual dying" (Bronfen 1992, p. 389, as cited in Capps 2008, p. 113). Capps notes that at the time of Alice's death in 1892 at age 43, Henry, with whom she had been living in England, sent a cablegram to William in Boston to report her death. In his reply, William, "an expert on mental disorders, including hysteria," cautioned Henry "to make sure the death was not only apparent, because her neurotic temperament and chronically reduced vitality are just the field for trance-tricks to play themselves upon" (Bronfen 1992, p. 391, as cited in Capps 2008, p. 114). William, in other words, wanted Henry to be doubly certain that this time their sister really was dead.

Capps (2008, pp. 116–119) finds in the "excessive" nature of the symptoms in the biblical cases of the hemorrhaging woman and Jairus's daughter plausible evidence of a somatoform etiology: "The daughter is near death for no clearly stated reason; the woman's symptoms are far beyond what would appear to be normal, and the effect of seeking treatment for these symptoms has had personal consequences that seem outlandish given the nature of the medical condition itself" (p. 119). If his nuanced analysis is correct, this would suggest that the woman and girl are suffering physically from the incapacity to express some unconscious psychological conflict or desire, or from their inability to speak what they have forgotten they desire. Their symptoms are a self-cure for terror or ecstasy, the sign of a wish to make something known, the secret they are not able to keep. If in the circumstances of the woman and the girl, to recall again Coltart's (1992) evocative words, "part of the mind has lodged on a psychotic island on the body" (p. 13), then the inquisitive therapist would be curious to know the actual "unthinkable content" and would want to attend to how in his healing approach Jesus builds "a bridge which really holds over the secret area of the body-mind divide" (Coltart 1992, p. 13).

## Unthinkable thoughts

In the chapter entitled "Agency and Communion in Human Sexuality" in *The Duality of Human Existence: Isolation and Communion in Western Man*, psychologist David Bakan (1966) defends Freud's emphasis on sexuality as a "touchstone for understanding the nature of [persons]" (p. 102), especially their somatoform symptoms. Writing in the mid-1960s at the height of the sexual revolution, Bakan acknowledges that both anti-Freudians and neo-Freudians express objections "to the significance [Freud] attributed to sexuality," objections based, for example, on the "fact that human beings are concerned with many other [problematic] things" besides sex and on Freud's stressing infantile sexuality rather than sexuality as it emerges in adolescence (pp. 102–103). Bakan posits—correctly, from our current vantage—that these disputes will continue unabated into the future but stakes his claim on Freud's view, given what he considers several "a priori bases for the acceptance of the significance of sexuality in human functioning and development" (p. 103). These bases shed light on how, in Coltart's (1992, p. 13) words, part of the mind can so readily lodge on a psychotic island in the body.

First among these foundations for Bakan's (1966) claim that sexuality is a primary path to understanding human nature "is that *sexuality is the function of the human organism … most closely related to* [*an individual's*] *very existence*" (p. 103, emphasis in original). Just as Freud points out that a child's first mystery is the question of where babies come from, so too does sexuality speak to the heart of the deeper existential riddle, What is life all about, anyhow? Curiosity about the mysteries of life for children, according to Freud, soon inevitably spills over into sexual curiosity (Bakan 1966, p. 104).

Bakan's second foundation for asserting sexuality's significance concerns "the mind-body distinction" (p. 105). He notes that many "thought processes, feelings, or wishes take place in the human psyche without any conspicuous changes in the physical operations of the body" and that likewise many changes in the body occur without extensive psychological involvement. When it comes to sexual interests and desires, however, the mind and body are inextricably intertwined: "Thus, for example, the psychological and physiological aspects of sexual arousal correspond so closely that there is little invitation to conceptualize them in terms of any mind-body distinction" (p. 105). In our sexual interests, not unlike in our spiritual ones, body and mind most closely conspire.

Finally, Bakan notes the immense discrepancy between an "overendowment" of human sexual desire and our "underendowed" reproductive potentiality (p. 106). Human sexual capacities and interests far exceed anything necessary to conceive and care for children, evident, for example, in the enormous number and continuous production of sperm cells over the lifetime of males, who can ejaculate many times per week; in the number of ova produced by women, which far exceeds the number of children they can bear; and in the sexual interests of children, including their capacity for orgasm even prior to puberty.

Given these foundational observations—that sexuality pervades our existential questions; bridges the "secret area of the body-mind divide" (Coltart 1992, p. 13); and is vastly overdetermined in terms of species survival—Bakan finds convincing Freud's radical emphasis on sexuality as a marker for understanding human experience. As an individual's intense sexual interests and anxieties clash with a society's severe sexual conventions, unthinkable psychological content can become symptomatic, lodged on a psychotic island on the body. The task of the therapist becomes one of building a bridge that crosses over the secret area of the body-mind divide.

## Believing in those who believe in us

Returning again to the biblical narratives, the nature of the unthinkable content or conflict is not at all difficult to imagine in the circumstances of a 12-year-old girl who, as Green (1997) notes, is at the age of puberty and therefore "near the age of betrothal and preparation for marriage" (p. 345; see also Fiorenza 1994, p. 124). Capps (2008) reflects on this widespread societal convention in the ancient world that for many girls must have been—and in more than 50 countries of the world today, for both girls and boys, continues to be (see Sweis 2014; Strochlic 2014; Sinclair 2015)—its severe psychological repercussions. Jairus's daughter, he writes,

> was at a critical age, expected to become a woman and assume all the responsibilities that womanhood entailed, yet emotionally speaking, she was still a little girl. Confronted with these developmental ambiguities, it would not be surprising if a 12-year-old girl were to find this a greater challenge than she could handle and fall victim to one or more of the symptoms associated with hysteria. (p. 113)

Her death-like trance, Capps concludes, "suggests that whatever future she expects or anticipates as a sexual being is experienced, unconsciously, as tantamount to death itself." He asks:

> Has the anxiety that underlies her symptoms been aroused by the prospect of having sexual relations with a man she does not respect or love? Or by the prospect of being the mother of children? We cannot know for certain. We may assume, however, that by taking to her bed, and experiencing herself as dying, she was able to keep her psychological conflicts out of conscious awareness, but at enormous cost to one who was on the threshold of young womanhood. (p. 120)

In the case of the hemorrhaging woman, on the other hand, Capps speculates that her symptom suggests a conflict "relating to sexual irregularities and possibly sexual excesses":

> The psychological conflict is unconscious and may therefore have little if anything to do with her actual, real-life sexual history. In fact, her physical complaints may well have resulted in a secondary gain directly related to the primary gain, that of having an explanation for her nonparticipation in the reproductive and maternal activities that were expected of women at the time: the bearing and rearing of children. The excessive loss of blood, however, would also suggest her own depletedness. (p. 120)

Capps concludes, and I concur, that in the cases of both the girl and the woman, anxieties related to traumatic sexual conflicts offer a plausible explanation for their physical symptoms: "Their somatic symptoms reduced the anxiety and kept the conflict itself out of awareness, but the cost was exceedingly high. For both [of them], life itself was a living death" (pp. 120–121).

Jesus recognizes this high cost of what in our own era Erik H. Erikson (1974) described as "the misplacement of quantities of love and hate" (p. 49; see also Capps 2008, p. 127) in the hemorrhaging woman's life. Jesus was able to intervene with her and with Jairus's daughter in ways that others of his contemporaries were not, specifically through an embodied exchange of intense physical and relational energy (Rambo 2009, pp. 245–246; Reid 1996, p. 140) not unlike what, centuries later, Freud would recognize as *transference*. Specifically for its vivid depiction of the power of transference, Erikson (1974) finds in the healing of the woman "the decisive therapeutic event in the Gospels" (p. 48):

> This story conveys themes which renew their urging presence in each age: There is the assumption of certain quantities lost and regained and with them a quality of wholeness. Jesus, too, notices that a quantity of virtue has passed from him to her—and this as she touched him, and not (according to the age-old technique) as his hand touched her.… There could be no doubt, then, that it was her faith in his mission that had made her whole. (p. 49)

As with Erikson in the account of Jesus' healing of the woman, so Capps (2008, p. 208) finds evidence of the power of therapeutic transference in the narrative of the 12-year-old girl, with whom Jesus forges an instant bond. He concludes from the biblical account of her healing that

> we choose life not because we believe in ideas, however compelling these may be, but because we believe in persons, especially those persons who have faith in us. In the meeting of their hands, Jesus had transferred his faith to [the girl] and had given her faith in the future. For this, she would need adequate nourishment, so his final therapeutic act was to instruct her parents to give her something to eat. (p. 124)

Jesus heals, in other words, specifically through *our capacity to trust his faith in us as individuals*. But, I would add, he also *tailors* his expression of faith, evident in these two biblical narratives, to unique circumstances of need. A woman excluded from her society is nonetheless persistent and enterprising in "challenging the arbitrary boundaries set by the establishment for its purpose of maintaining the status quo" (Kinukawa 1994, p. 291). But then, at the very moment she expects to be publicly humiliated for having intentionally contaminated others, including Jesus, she is instead addressed as "Daughter" and epitomized as an exemplar of faith. With this term of endearment, Jesus restores her status in community, even as he affirms her decision to defy that community's social—including, we surmise, its sexual—conventions. He affirms, in other words, her *agency and initiative*.

Another daughter, gravely conflicted about her society's sexual conventions, is likewise renamed by Jesus, in this case as "Child" (see Haber 2003, p. 188), and thereby is entitled to be served by parents rather than compelled to serve another as wife. In this instance, Jesus expresses his faith in the girl's social subversion by affirming her *passivity and dependence*.

We find in the cases of the woman and the girl, then, that healing occurs through *intense but distinctive exchanges* of transference energy, through their belief in one who believes in them. This mutually empathic belief system is powerful enough to combat severe physical symptoms deriving from a conflict between conscience and desire, symptoms that are "a self-cure for terror and ecstacy. … the sign of a wish to make something known" (Phillips 1995, pp. 33, 45). The woman and the girl are physically ill, their troubled minds having "lodged on a psychotic island on the body" (Coltart 1992, p. 13), because of social conventions and sexual contradictions they fully inhabit but cannot consciously "think" or know. The crowd mentality isolates them from their feelings or desires. Their sexuality and their loneliness meld perfectly, ruinously, together. In Jesus, however, they find someone in whose faith in them they can believe. More simply, to recall Mark Vonnegut's (2010, p. 66) medical school admissions gut-check, they find someone in whose presence they feel less rather than more lonely.

## Pastoral counseling as social subversion

C. A. Tripp (2005), a former colleague of pioneer sex researcher Alfred Kinsey, went on to attain his PhD in psychology and to become a psychotherapist in private practice in New York.

He was also a respected historian of the life of Abraham Lincoln and created an electronic database of everything of record said by Lincoln or by historians about him—an archive still relied on by serious Lincoln scholars today.

In *The Intimate World of Abraham Lincoln*, a book he completed just weeks before his death in 2003, Tripp weighs evidence throughout Lincoln's life, point by meticulous point, to make what is for me, and, I am guessing, what would be for most psychotherapists who read it a compelling case that Lincoln was ambisexual, but more likely what today we would deem gay. He proposes that Lincoln's unorthodox sexuality contributed to his distinctive genius and, more important, that such genius never arises as a product of conventional "group-think" or morality but instead, as with Lincoln, in rare individuals compelled to dwell at the social margins:

> The uniformity that every society struggles to maintain for smoothness and easy communication (and in no small measure to defend its dogmas) is precisely the opposite of what genius requires for expression—that is, a freedom from constraint and a degree of wildness that lives at the very edge, or well over the edge, of social value. (p. 210)

Tripp notes that on the surface Lincoln "was quick to support conventional values" and the necessity of obeying the law. His reputation for being ethically above reproach was entirely merited, acknowledged even by his enemies.

But there was another side to Lincoln, Tripp points out, one that was "kind, empathetic, and sympathetic to a fault, with a quick readiness to side with plain folk," even when this involved breaking the rules and cutting through government regulations when necessary: "When it came to his personal judgments he was quite ready to make a mockery of morals, as he often did in his wit; and in serious matters he virtually always came down on the side of comfort and kindness as he placed the personal desires of individuals well ahead of formal regulations of any kind" (p. 210).

Tripp attributes this "two-sidedness" in Lincoln—unimpeachable ethics coupled with unconventional morals—to a lifelong "inversion" or "reversal of commonly expected behavior" (p. 216) derived in part from an ambiguous sexuality that propelled him to the periphery (p. 211). His recipe of pliable morality mixed with strenuous ethicality—a sane person, Phillips (2005, p. 199) says, "needs to be able to lie to the Gestapo and tell the truth to one's friend"—strikes me as in keeping with Jesus' healing ethos with the woman and the girl. This combination runs to the heart of the message I seek to express in this article, less a plea than an attempt to recognize and praise what in their vocations pastoral theologians and counselors already know and do. What they in fact do, day after day, is to host healing conversations that attend to the small differences—*an inch on a man's nose is much*—and the unique interests of individuals who suffer at the periphery as a consequence of crowd mentality. They listen to that one who confides in them so as to feel less lonely.

I recall counseling a young seminary student tormented over his sexual longings for other men. He agonized in trying to share with me a specific incident that had occurred only months earlier during his senior year at the conservative Christian college he attended in the South. Entering the college library one day for what he considered routine study and without any overt sense of distress, he sat down at a table and took out a piece of paper. For some unknown reason, however, all at once he found himself overcome by what he knew even at the time was an accumulation of internalized frustration and despair over his inability to free himself of homoerotic desire. Finding himself suddenly in tears there in the library, this upright young man vigorously started writing *Fuck you, Fuck you*, over and over again on the page, until a point where his rage turned inward, such that with equal fervor he began writing *Fuck me, Fuck me,* again and again instead. Finally, still angry but now exhausted, the paper filled with

obscenities, he pulled a random book from the stacks, put the paper inside, and replaced the book on the shelf. The next day, having had second thoughts about someone happening upon that piece of paper in the book, he returned to the library to retrieve it, found the book, but discovered that the paper was already gone.

As the student finished telling of this incident, his head and eyes were downcast with tears of shame. I responded by saying, "It sounds like you were praying." He was not expecting this and lifted his head to search my face, as if to ask, *Are you joking?* I wasn't, and so after a moment I continued, "That may have been your first real prayer. What if you were finally asking God for what you really want? You may have been asking for that much intimacy with God." More stunned silence, then more tears, this time not of agony but of release. At this point in our conversation, it seems pretty safe to suggest, we were both feeling much less lonely.

**Acknowledgments** I am grateful to Donald Capps for the many contributions to this article gleaned from his *Jesus the Village Psychiatrist* and other works, as well as for his encouraging me to believe in his faith in me over many years; to Rubén Arjona-Mejía, a doctoral candidate in pastoral theology at Princeton Theological Seminary, for introducing me to Gultheil and Gabbard's (1993) distinction between clinical boundary crossings and boundary violations; to Melanie Howard and Sarah Chae, also doctoral students at Princeton Seminary, for generous research assistance; to my former seminary student for permission to share a portion of his life story in this article; to Ryan LaMothe and members of the Midwest Region of the American Association of Pastoral Counselors for providing impetus to compose these thoughts; and to gifted friends in the Group for New Directions in Pastoral Theology, who learn and laugh with me along the way.

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