**Carrie Doehring**

**PART 1. Scenario for the Caregiving Conversation [detail the scenario for the fictional spiritual care conversation and your role]**

I am the minister who officiated at Wade’s mother’s funeral and witnessed the drinking and violence at the farmhouse before the service. I am the minister at the local Presbyterian Church that Wade’s family has always been associated with, although none of the family attend worship or are involved in congregational life. I arrange to meet with Wade a few days after the funeral. Wade arrives with his fiancée, Margie, looking somewhat disheveled. There is alcohol on his breath. I realize that Wade is in crisis: he is dysfunctional at work, abusing alcohol, and becoming violent with increasing frequency. In this precarious psychological state, he is about to set up a new household with his fiancée and daughter.

**PART 2. Conversation**

Minister (1): Wade, after the funeral I was concerned about whether your father was safe living on his own. I didn’t realize until I was at the house before the funeral that your father was not able to look after your mother. He was drinking a lot and almost got into a physical fight with you.

Wade (1): I’m trying to look after Pops. We haven’t been able to get Pops to go to his doctor’s for a long time. I was shocked when I found out the furnace had broken down and Mom had died in her bed.

Minister (2): What about having an evaluation done? I called Dr. Blair’s office and her nurse says the county social services office could send a social worker to evaluate him.

Wade (2): Yeah, maybe Dad will listen to the social worker. It was too bad about Mom. Pop just didn’t know how to look after her. I saw my lawyer yesterday. I was telling him that the custody case is going to be stronger now that I can bring Jill to the farmhouse. Heck, I should have thought about this a long time ago. Mom shouldn’t have died like that. It’s time for me to look after the rest of the family.

Margie (2): I am worried about you, Wade. You just lost your job at LaRiviere’s. What about finding work first? You know, it’s going to be hard to try and get more visits with Jill if you are unemployed.

Wade (3): Yeah, maybe you’re right. But moving into the farmhouse would get me out of that damn trailer.

Margie (3): Yes, I do worry about you out there on your own. You drink too much. It’s so depressing.

Wade (4): Yeah, you’re right on both counts.

Minister (4): Wade, I saw how you and your father were drinking a lot at the farmhouse before the funeral.

Wade (5): Yeah, but at least I stuck with beer.

Minister (5): How many beers do you usually drink in a day?

Wade (6): Hell, I don’t count ’em.

Margie (6): You know, Wade, you’ve been drinking more. You started this morning. And then you seem to get so angry about things.

Wade (7): Yeah, I have been pretty pissed off about losing my job, and all the bullshit going on in this town.

Margie (7): What about you going with me to talk someone in the hospital program—you know, the one my father went to.

Wade (8): What, that’s for alcoholics. They make you go sober.

Margie (8): Well?

Minister: (9) What are the pros and cons of getting treatment for substance abuse?

Wade: (9) Well, Margie would stop bugging the hell out of me about my drinking. Jill sometimes looks scared when I get pissed off. But man, I just don’t know if I could go cold stone sober like your dad did, Margie.

Margie (10): They’d do a physical, Wade, like they did with Dad. Remember he had to stay there for a couple of days?

Wade (10): God, to dry out? You mean, like detox?

Margie (11): Yeah.

Wade (11): Man that would be whole new beginning; a new Wade! I don’t know if I’m ready.

Minister (12): Sounds like you want to be a good partner for Margie and a good father for Jill.

Wade (12): Yep, that’s top of the list. But, how much will it cost? I just lost my job.

Margie: (12): I think you’ll qualify for Medicaid.

Wade (13): Yeah, you’re right. That would cover the cost. Damn, I have had a lot of close calls lately. You know, I drink at night in the trailer and then LaRiviere gets me out of bed to plow snow and I know I’ve had too much to drink. Yep, maybe it’s time. Maybe that’s my best hope.

Minister (13): You’re best hope?

Wade (14): Yeah. If I am going to move into the farmhouse and look after Pops, I can’t drink. Otherwise I’ll turn out just like him.

Margie (14): That is your best hope, Wade. Let’s do it. The hospital billing office can help us fill out the Medicaid application. Then we’ll go over to the treatment center.

Wade (15): Yup. Let’s do it.

Minister (15): Wade and Margie, I’d like to stay in touch. Would it be okay, Wade, if I called tonight to see how it goes?

Wade (16): Yes.

Margie (16): Call me if for some reason Wade doesn’t answer.

Wade (17): Yeah, I am going to need all the help I can get.

**PART THREE: MY EMBEDDED/LIVED THEOLOGY GENERATED BY STRESS-, EMOTION-BASED REACTIONS**

This case study involves multiple kinds of crises involving traumatic grief (the death of Wade's mother, PTSD (Wade's childhood abuse), moral injury (Wade's possible guilt/shame about his mother's death), and addiction. In my imaginary conversation I focus on addiction. Here is the theology of addiction I experience under stress:

1. *Emotions:* Anxiety, disgust, hopelessness, anger: I imagine in this conversation that my body's stress reactions could make me feel anxious about Wade's addiction. The smell of alcohol could also make me feel disgusted with Wade because of my experiences of caring for a brother with a substance use disorder that often made me feel anxious and disgusted, and hopeless about his commitment to sobriety when he continually relapsed after my efforts to help. I also can feel angry about the demands of being in a helping role because of my parents’ helplessness to care for my brother.
2. *Values (5 most salient values):*
3. *Responsibility*: if I don’t look after Wade/my brother, something terrible will happen to them, and I will experience moral injury, especially if someone else is hurt, too.
4. *Concern for others*: I am committed to helping others and can easily feely moral stress when caring for someone with complex needs like Wade. My moral stress is compounded if I feel like I am going against AA rules of helping in the ‘wrong’ ways (i.e. that foster co-dependency). I can easily feel angry and hopeless when people like Wade do not change in the ways I want them to.
5. *Financial security*: Wade needs to be on Medicaid to get the healthcare he needs especially for his substance use disorder. How will he find part-time work that can support himself and help him stay on Medicaid? These questions take on a life-and-death quality for me.
6. *Health*: I feel disgusted with the ways Wade is ruining his body and relationships through drinking. I hold high values around caring for my health and making changes to enhance my health.
7. *Achievement*: I want to be able to use all of my knowledge and gifts as a caregiver. If Wade is not able to change/get better in the ways I want him to, I can easily see myself as a failure in my caregiving role.
8. *My embedded beliefs about this crisis arising from my stress-based emotions and values:*
9. *Moral suffering:* My anxiety and anger make me see Wade as responsible for his health and addiction. He needs to conform to 12 step rules in order to get better. The 12 steps become the 10 commandments for Wade’s choosing life instead of death. His suffering is God’s punishment for his being in denial of his addiction. I align myself with an angry, judging God and am justified in cutting him off and abandoning him to his suffering if he does not choose sobriety.
10. *Redemptive suffering:* Wade’s addiction to alcohol grips him in a ferocious kind of idolatry that shapes his entire life and relationships. If he can renounce this idol, he will be liberated from captivity. My sense of responsibility and concern for him can easily feel like it’s all up to me, in a kind of savior/redemptive role, to get him to change. God will judge us both if we fail at redeeming his addiction.
11. *Eschatological suffering:* I look for any signs of change talk in Wade, and any sort of conversion/repentance of addiction as signs of hope. At the same time, I can easily feel hopeless, knowing the likelihood of relapse, which can make me angry and hopeless again. God offers hope but if we cannot use our spiritual practices to change, God will judge us.
12. *Radical suffering/lament:* I sense that Wade’s alcohol is fueled by his anger, and beneath anger, are his shame and hopelessness. His underlying shame is easily contagious, and my shame can keep me stuck in a kind of chronic, privatized lament/struggle with his addiction and my inability to help him. I feel ashamed as a woman, socialized to help others, who has failed in her caregiving role. God seems as helpless as I feel. “What do we do with a God who appears to be absent, inattentive, or impotent and who seems to let oppression and suffering happen for no good reason?” Nelson, 2003, p. 404).
13. *Ambiguous suffering:* My sense of responsibility and concern for Wade makes me use my knowledge about the complexity of substance use disorders to reinforce my anxiety and hopelessness, and my sense of failure as a caregiver when I cannot use my knowledge to help Wade change.
14. *Habitual ways of coping:*
15. *Work harder, invest in other area of achievement:* If I feel hopeless or like a failure in efforts to help Wade, I will work harder at roles and tasks where I can redeem failure through achievement.
16. *Take care of my health:* If I feel hopeless or like a failure in efforts to help Wade, I can easily feel smug/self-satisfied in the ways I resist using alcohol, food, or other forms of consumption to cope with stress. At the same time, I can exaggerate the shame/guilt I feel when I do use consumption as a way to experience superficial pleasure, and then cravings for this kind of pleasure.
17. *Try using spiritual practices:* I try to re-commit to my spiritual practices of meditating, listening to sacred music, exercising in nature and worshipping in my community of faith. If I feel hopeless or angry about helping Wade, I can end up feeling guilty: if I were more committed to the ‘duties’ of my spiritual practice/integration, I would be a better caregiver.

**PART 4**: Intersecting social oppressions/privileges that shape my emotions, values, beliefs and coping in life limiting ways

*Sexism*: I have been socialized as woman, especially in my childhood family roles, to feel responsible for others and concerned for their well-being. I can easily feel shame and anger when I fail in this role.

*Classism:* My father ‘redeemed’ himself through education to become middle class in his role as a professor of psychology. Like him, I experienced social privileges of education without incurring debt, which gave me financial security and status as a minister, psychologist and professor. I can easily feel guilty about not using my knowledge and financial assets to help others. I can also feel disgust and anger when people like my brother and Wade are not able to

‘redeem’ themselves in the ways I did.

*Religious Rigidity:* I internalized aspects of my Roman Catholic upbringing that makes me sometimes feel like a ‘bad’ girl when I do not conform to religious authority. I can easily experience 12 step beliefs and practices as a kind of religious authority. If I do not conform in the ways I help, then I am judged as enabling/in denial and will be ‘punished’ accordingly by remaining entrapped in an alcoholic system with Wade/my brother.

**PART 5: MY INTENTIONAL THEOLOGY**

1. *Spiritual Practices:* Describe a body-centered spiritual practice you could use during the conversation to be aware of when/how (a) your body reacts to stress and then (b) you inadvertently live out a theology of stress-associated emotions (like anger, fear, shame, guilt).

I meditate while listening to sacred music. In my meditation I do a body scan to identify where my body holds stress. As I attend to my breath I focus on stress in my body and related emotions, like anger and anxiety. I try to compassionately hold such emotions and understand what they are telling me about stress in my life today, especially the beliefs and values I am living out when anxiety or anger energizes my stress reactions.

1. *Emotions:* My spiritual practices foster compassion for the ways I can easily feel anxious, angry, disgusted, and hopeless. My spiritual practices foster self-compassion for the ‘younger’ version of myself that was overwhelmed in roles of caring for others.
2. *Values:*
3. *Spirituality:* Using my spiritual practices to connect with goodness/God helps me embrace my younger self/reactions and shift out of an anxiety life-and-death orientation to Wade’s care into a more hopeful orientation.
4. *Interconnected Responsibility:* Compassion helps me see that I am in a web of relationships energized by the power of God’s becoming/love which supports me, my brother, Wade and my younger self through relationships of give and take.
5. *Creativity:* Compassion and love energized through being in a loving web open up creative possibilities for change----not only Wade’s but my own change through the unique contextual possibilities of our caregiving relationship.
6. *Interdependence:* There are others in the community who can care for Wade and also care for me as we work toward change.
7. *Belonging:* Caring for Wade is not tied up now with my sense of achievement, and the securities of working hard at financial stability and health. Now, my care of Wade is part of belonging to the human family, and beliefs that I am because we are.
8. *Beliefs in order of relevance:*
9. *Ambiguous Suffering:*

Human beings are given freedom to shape the world, and that freedom is the ground both for imagining good and evil and also for an anxious awareness that human beings are limited and not in control. Limits, change, conflict, and death all tear at an anthropocentric sense of how life should be and tease out nagging doubts about whether there is any order or meaning to creation at all. For this paradigm, creation is a gift of God and it is good, but not unambiguously so. (Nelson 2003, p. 405)

My knowledge helps me appreciate the complex webs of relationships that have made Wade depend on alcohol as a way to cope with childhood abuse, PTSD, traumatic losses and moral injury. Intersecting social systems, especially of classism and sexism, have exacerbated his suffering, shame and use of alcohol as a way of coping. I see now the creative possibilities for hope represented in establishing a new kind of family at the farmhouse. Wade cannot make such a radical change on his own; nor can Margie or I on our own help him to change. We need to use interconnected webs of relationships available in this town to support change. The ripple of effects of change could bring about justice for Wade and others like him in this town, especially if all three of us could bring the hope of change to others who experience the same kind of social oppression as Wade, but made more complex for those of minority races or whose immigrant status limits work and threatens their remaining in this country.

1. *Radical Suffering/Lament:* Wade’s and my angerbecome responses to injustice and energize our efforts at changing not only Wade and his family, but all those who suffering similar ways. Experiencing anger as lament also helps us each grieve the losses and moral injuries arising from addiction and brings us into solidarity with person and families in the grip of addiction.
2. *Eschatology:* I want Wade and Margie to begin to recognize moments of hope and identify the circumstance for hope that might then become spiritual practices for them. I’d like to start exploring this with Wade right away, especially as a resource for coping with cravings. I wonder whether, if it works out for them to move into the farmhouse if/when Wade is able to maintain sobriety, whether a house blessing would be meaningful.
3. *Redemption:* Redemption might be part of the long term process of change, if Wade can maintain sobriety, find ways to use spiritual practices to experience self- compassion and hope, and experiment with living in the farmhouse while monitoring his stress reactions and using spiritual practices and helping relationships to cope with cravings and anger/lament. It might be helpful to identify particular anniversaries in which to retrospectively look back and see the new life that has come out of sobriety and a commitment to spiritual wholeness and social justice. If Wade and Margie end up attending the church where I pastor, there could be seasons in the church year that also help them experience liberation from the bondage of addictions, and redemption that comes out of being beloved by and committed to a God of love, not the god of alcohol.
4. *Moral:* If Wade does find the 12 steps meaningful, he will begin a moral inventory when he is ready for that step, which will help him face the moral injuries that are part of his addiction (his responsibility for the ending of his first marriage, and for making his daughter frightened of him, and for not looking after his parents); also the ways he lived out intergenerational patterns of abuse (his father’s abuse of him that he has tried to cope with through alcohol use).

Like his father, Wade is caught in a web of violence that combines sexism, classism, and heterosexism. The term “affliction” is part of the theology of lament that Rolfe begins to construct—a theology that protests the intergenerational cycle of raising boys beaten by their fathers, who become men who use alcohol and violence to cope with life (Banks, 1989, p.340). (Doehring, 2014, p. 593).

**Learning Goals**

* 1. What have you learned about yourself as a spiritual caregiver from this video spiritual care conversation?

I learned that my theology of anxiety and anger about addictions can easily overtake me in offering spiritual care to someone struggling with an addiction.

When caregivers involved in this kind of complex care can self-reflexively monitor their reactions to a care seeker’s pain, they will be less likely to experience the empathic distress that makes them withdraw and more likely to compassionately draw closer. (Doehring, 2014, p. 594).

I remembered also how helpful my spiritual practices are for shifting me into a theology of compassion, which make my caregiver much more creative and flexible. I learned how important consultation is for tangibly experiencing the support and compassion of a colleague and for co-creating new meanings about caregiver (for example, our discussion about sainthood).

* 1. What learning goals do you have as a result of what you have learned?

One important goal is to continue to use spiritual practices and more intentionally access these when I am aware of my stress responses.

Finding and using spiritual practices that help religious leaders and chaplains experience embodied and relational goodness and hope that become the emotional and relational wellspring for co-creating complex values and beliefs about suffering and injustice. (Doehring, 2018, p. 4)

I also realized how important self-differentiation is: “Tracking one’s personal theology/orienting system (stress-related and intentional beliefs, values and practices for coping) and discerning how it shapes a care-giving relationship” (Doehring 2018, p. 3). I realized in reflecting on my anger that I want others to change as a result of my care so my identity as a caregiver can be reinforced. I need to be really mindful of this tendency. I need to seek consultation when this dynamic gets activated.

* 1. How/where can you pursue these learning goals?

Through consultation and ongoing practices in lots of different kinds of helping relationships.

* 1. What support do you need to pursue these learning goals?

I need to make room for weekly participation in my worshipping community. I need to seek help with my own spiritual self-care habits from family and friends.

*References:*

Doehring, C. (2014). Emotions and change in intercultural spiritual care. *Pastoral Psychology, 63*(5), 583-596. doi: 10.1007/s11089-014-0607-3

Doehring, C. 2018. Equipping chaplains and religious leaders in intercultural, evidence-based and socially-just spiritual care: Research proposal.

Nelson, S. L. (2003). Facing evil: Evil's many faces: Five paradigms for understanding evil. *Interpretation, 57*(4), 399-413. doi: 10.1177/002096430005700405