

Introduction

I come that all may have life and have it abundantly.

—John 10:10b NRSV

INTRODUCTION AND OVERVIEW OF THE TOPIC

THIS PROJECT IS MOTIVATED by three related experiences I had in my training and work as a pastoral theologian and counselor. First, having grown up in a non-Western culture as the daughter and granddaughter of missionaries from the United States, I came to my training wanting to help particularly those who dwell outside the cultural and political centers of Western (especially U.S.) society. Yet, I soon discovered that the persons I served as a clinician were overwhelmingly white and middle class. While I know that this group's needs are real, they hardly represent all those in need of care. Thus, while I understand my vocation to be caring for suffering in its many forms, most of the people I worked with in my counseling practice—and certainly those I have been most effective with as a counselor—have the particular forms of disease characteristic of the middle class. Second, while my intellectual formation emphasized the social origins of selfhood, the pastoral counseling program in which I was trained did not draw on these resources. Instead, it relied on largely existentialist theologies and individualistic psychologies to guide us in our theory and practice. Consequently, although training in social theory informs my understanding of the nature of selfhood and suffering, this theory was absent in my clinical training and I have since struggled to bridge the gap from social theory to practice. Third, now that I teach pastoral theology and care I am challenged to find resources within the field that provide an adequately social theological anthropology. I teach basic courses in pastoral care as well as advanced master's- and PhD-level seminars in pastoral theology and practice, and I find myself reaching across disciplinary lines for perspectives on human

development and human being that I believe are needed to help students imagine pastoral theology and its practices in less individualistic ways than are currently dominant.

Not surprisingly, I see a relationship between theory and practice: what we do (our practice) is shaped by how we see the world (our perspectives). Thus, what I consider to be the underlying individualistic bias in our theoretical orientation supports our work with the primary demographics particular to professional pastoral counseling's clientele (white middle- and upper-middle-class folk, though this is changing in important ways). The dominant theoretical and theological orientation fits well the mode of practice that currently dominates counseling practice (one-on-one, fee-for-service, long-term therapy).

It has long been observed that individualism is the operative ideology in American society. Fed by religious, political, economic, and cultural sources, individualism has come to shape the way Americans think about themselves and their relationships to one another and to their social institutions. But individualism is a complex ideology, containing with it seeds of both possibility and constraint, leading philosopher Charles Taylor to suggest that individualism both represents one of the finest contributions of modern civilization and serves as the source of much of the social, psychic, and spiritual malaise of modern people.¹ Alexis de Tocqueville, an early observer of life in the U.S., described individualism as

a calm and considered feeling which disposes each individual to isolate himself from the mass of his fellows and withdraw into the circle of family and friends; with this little society formed to his taste, he gladly leaves the greater society to look after itself.²

Over time, Tocqueville noted,

there are more and more people who, though neither rich nor powerful enough to have much hold over others, have gained or kept enough wealth and understanding to look after their own needs. Such folk owe no man anything and hardly expect anything of anybody. They form the habit of thinking of themselves in isolation and imagine that their whole destiny is in their hands

1. Taylor, *Ethics of Authenticity*.

2. Tocqueville, *Democracy in America*, 506.

... Each man is forever thrown back on himself alone, and there is danger that he may be shut up in the solitude of his own heart.³

For Robert Bellah, one of Tocqueville's most notable interpreters, this description of emerging individualism captures nicely what is now the generalized ideology and social experience of America's middle classes. Indeed, it has become the dominant ideology—the taken-for-granted set of assumptions about the nature of self and society that shapes how people think about themselves; it is deeply embedded in our Declaration of Independence where it is written that all persons have the right to “life, liberty, and the pursuit of happiness” (though at the time it was written the full realization of these values were reserved for white men). This ideology assumes the self is an independent entity, responsible for its own chances in life and the final arbiter of authority and judgment.

I, and others before me, note that our current dominant practices of pastoral care and counseling participate in this general cultural ideology and, as a consequence, share in its benefits but also in its limitations. And in recent decades, its limitations have become more glaring. This is especially true as pastoral counseling strives to meet the needs of those outside the American middle classes—in other words, for those for whom individualism is not the operative ideology or cultural norm. If the primary objective of pastoral care and counseling is to help create the conditions for human flourishing, a goal I will argue in a later chapter, then it is not clear that its captivity to an individualist cultural construal is helping it achieve its goals. Indeed, many pastoral theologians in the field and practitioners are deeply mindful of the suffering of those outside the cultural mainstream. And we are also increasingly aware that even for those within the middle class, individualism's demands can prove more damaging than helpful, more constraining than freeing. When forging a meaningful identity and ensuring one's well-being becomes a task for which each individual is responsible, it can become an overwhelming burden.

A liberal Protestant notion of selfhood—which provides the background for most of my training and prevails in most pastoral theology and practice—includes a generally optimistic focus on the individual's personal responsibility and ability to change, but does not account as well for the social and institutional realities that shape our experiences

3. *Ibid.*, 508.

and our selves. This may be, in part, because professional pastoral counselors typically have been among the white middle class themselves, and persons in the dominant class and culture often are blinded to the effects of prevailing social arrangements because these do not bear down on them in obviously oppressive ways; indeed, social arrangements tend to benefit white middle-class folk such as myself—often at the expense of others—and this injustice can be easily obscured from our vision and largely left unattended. We forget that the same forces and structures that privilege persons in the dominant class and culture often do so at the expense of those at the periphery. Those on the margins (or even “underside”) of our social arrangements experience deprivation, exclusion, and discrimination—all forms of oppression that create suffering in their lives and limit significantly their possibilities for flourishing.

Pastoral theologians and practitioners have not been as attentive to these social and institutional dynamics as we need to be, and our ignorance has meant that our practices of care and counseling have not addressed adequately the social sources of suffering of those outside privileged demographics. Furthermore, although we may not be as aware of the social arrangements that structure our lives because they support and benefit rather than inhibit us, by not being aware of them we miss the (often subtle) ways they negatively affect us as well. Thus, critical analysis of social arrangements can benefit all, both practitioners and clients, privileged groups as well as those less supported by the social structures in which we are embedded.

This observation has led to a set of questions that motivates this study: How can the field of pastoral theology and its practices of care and counseling respond to the challenge of individualism more effectively? How can practitioners increase their effectiveness with people whose suffering may derive more from obviously sociocultural sources than those of the typical American middle-class person? Related questions include: How can pastoral theology, care and counseling serve better the clients whose needs it meets well now? How can the field be prophetic and transformative in more socioculturally and institutionally complex ways than it currently is? In this book I argue that the narrow understanding of fundamental terms, as well as the dominant theories and theologies that underwrite pastoral theology and its practices, both obscure and largely leave unmet the needs of folks outside the white middle-class segment of the population. I assume that our understandings of the key

terms in our work shape our practices (and vice versa) in ways that limit us perhaps as much as they benefit our efforts to care well.

If our healing practices flow from the diagnostic assumptions that are implied in our operative understanding of key concepts, then our definitions of these concepts, our diagnoses, and the resulting practices are limited and finally inadequate for the most effective care of all persons who would benefit from our attention. The most commonly drawn upon theories and practices are important as far as they go, but they do not go far enough in helping us overcome a deep-seated individualism that my empirical research suggests still pervades the field. I am convinced that we must analyze dominant theories, theologies, and practices, as well as the structures that support them to understand better why this is the case. Put simply, I believe that our overly narrow conceptions of selfhood and suffering obscure real sources of distress and make it difficult to effectively care for all those who seek our support. Furthermore, while it is true that the demographic of practitioners and those seeking their care has been largely white and middle class, my research suggests that this is changing. A majority of those I surveyed said that the students in their clinical training programs and the persons they are being asked to serve are increasingly diverse in their social location and coming from countries of origin outside the U.S. as well as from underrepresented groups within it.

The reality of modern life, with its singular expectations on the self to forge its own way in the world, creates overwhelming anxiety, and a sense of powerlessness. We can feel burdened, isolated, and impotent rather than connected, engaged, and empowered. In counseling, individualism's demands often become the cause of the dis-ease, not its remedy. Here, there is general agreement. Many pastoral practitioners, like others in the helping professions, see the costs of individualism as a cultural ideology, and we seek to bind up the psychic and spiritual wounds of those who are hurt by it.

However, as important as new theoretical perspectives are, I will argue in this book that it is not enough to rail against the individualism within wider society and to treat the negative effects, including excessive independence, and solipsistic attention. We must also examine the ways in which individualism has become institutionalized in the very *practice and organization* of pastoral care itself. We should interrogate how the ways we go about our business convey the very difficulties we seek to

redress. For if we look carefully at the way we operate, if we examine the actual practices of our profession, if we investigate the way we organize as an institution, we may discover our own captivity to a disabling individualism as a profession, and in that awareness find a way out, an escape to a new kind of freedom, and new modes of caring.

My concerns about the limitations of the dominant model of contemporary pastoral care and counseling are hardly unique. Pastoral theologians such as Homer Ashby, Archie Smith, Rubem Alves, Carroll Watkins Ali, Pamela Couture, and others have invited pastoral theologians and practitioners to engage better the needs of persons who currently come to us for care as well as expand our skills to include those who do not often come but would benefit from our services. Indeed, pastoral theology's enthusiastic appropriation of individualistic and existential psychologies and theologies has gotten much attention over the last twenty-five years. The alarm has been sounded. In my own research and clinical training I came to understand theoretically the critiques of the medical model of care and counseling, and yet at the same time it was the model I was being taught. Consequently, I began to suspect the challenges to the dominant model had not meant significant change on the ground. This project is an attempt to test my assumptions.

The results of my study were both expected given my own experience and surprising given the last twenty-five years of scholarship. I found that despite these concerns about an individualistic focus, our practical adoption of the medical model, and the fact that our clients increasingly are coming from more varied and diverse backgrounds and social locations (persons for whom this model often is both less familiar, appealing, or effective), criticisms of the field have not influenced the work of pastoral care and counseling in fundamental ways. My research suggests that even where there is awareness among practitioners about the costs of an individualistic focus, there is a deep ambivalence about the critique, confusion about how to change in practice, and in some cases even a seemingly stubborn resistance to think about or attend to human development, needs, and experience in new ways.

In the process of interviewing senior pastoral counselors across the U.S. and gathering survey data from supervisors, trainers, and practitioners, including some outside the U.S., I learned that, in general, pastoral care and counseling practitioners are wary of losing the advances in the understanding of persons and their distresses made by individualistic

and existentialist theories and practices, on which the field has depended so heavily for the last century. This makes practitioners reluctant to change their approach. This is not to deny that there are persons who see the inherent individualism in the field as a problem and want to find ways to move beyond it; there are such internal critics. As I have noted above, there are those whose primary concern is for the care of under-represented racial and ethnic groups, especially as they are marginalized in their access to resources, though this seems to be a niche group. Furthermore, I found that these prophetic voices, while they have made ideational impact, have not yet effectively transformed most common practices of care and counseling. Theory has not transformed practice.

It is important to emphasize that some of the pastoral care and counseling professionals and training faculty I spoke with *want* to use and believe they *are* using adequately social theories, and in some cases they very well may be. However, closer examination suggests that the difficult yet crucial changes are still before us. Part of my agenda, then, is to challenge the adequacy of the theories undergirding our field that purport to be attentive to persons' sociocultural contexts but are not. In so doing, I hope to deflate a false confidence in pastoral theology, care and counseling: the conviction that its teachers and practitioners have overcome finally the challenges of individualism.

TOWARD PASTORAL THEOLOGY AND PRACTICE AS PUBLIC GOODS

At the heart of my work is the conviction that pastoral care and counseling is a profoundly moral endeavor, grounded in theological convictions about human being and Divine intent. It is my hope that pastoral theology and its attendant practices will be not just a private good, but a public, social good as well. For this to be so, I argue, we must develop more socially adequate understandings of key concepts such as “the self,” “health,” “illness,” as well as the etiologies of distress—even suffering—and what heals. These understandings will need to be developed in order for pastoral theology to become a more public theology in which it analyzes and attempts to influence the wider social order.⁴ This shift will also be important if practitioners of pastoral care and counseling are to be active participants in a wider, more public theological (as well as ethical

4. Miller-McLemore, “Pastoral Theology as Public Theology,” 46.

and political) conversation to which I believe we could contribute more than we do currently. This is the challenge I take up here.

This book contributes to the field of pastoral theology and its practices of care and counseling, I hope, in at least three ways. First, by drawing on empirical research, it provides a finger on the pulse of the current state of pastoral theology and professional counseling practices. I have collected empirical data and conducted substantial interviews to help me draw a portrait of current practice that serves as a mirror for those of us in the field. While the empirical data are not exhaustive (that is, they do not represent every practicing pastoral theologian or investigate every curriculum in all training programs around the world), the interviews and curricular data I have collected do capture the views and practices of a significant number of leading contemporary pastoral theologians and senior practitioners/trainers.⁵ For this reason I believe that while my sample is somewhat limited, it includes representatives of the dominant trends in contemporary pastoral care and counseling. Thus, the empirical data herein provide a window into the current state of affairs.

Second, this book analyzes the institutional form that pastoral theology, care, and counseling takes. In this investigation I seek to find ways to support pastoral theology and its attendant practices so that the field can become more flexible and more open in theory and practice, and more grounded in a theological vision for promoting the flourishing of *all* God's people, thereby addressing the problem of individualism more adequately. I introduce perspectives that, if we allow them to challenge our current understandings, surely require that we continue to press beyond the individualistic clinical pastoral paradigm not just in theory and theology but in practice and organization as well.

Third and finally, this project is an exercise in practical theology. That is, it is a model for the study of a set of practices (viz. those of professional counseling as well as care provided by a parish minister). The qualitative and empirical study proceeds by investigating the theories and theologies that support these practices as well as the organizational structures and cultural contexts in which the practices are embedded. I also take up the question of how well the field fulfills its own mission and I offer ways it might do better.

This, then, is an experiment in theological and practical method: I seek to examine whether and in what ways theories, theologies, voca-

5. See the appendix for my research protocol.

tional understandings, and goals come together in one set of professional practices and organizational arrangements. I assume the general conviction that theory, theology, and practice as well as institutional structures and organizations inform, support, challenge, and shape each other. I seek to provide readers with a model for uncovering and understanding the degree to which implicit and explicit curricula and social/institutional arrangements are aligned with stated goals and purposes. It is my desire that such a method will help others analyze their own contexts—whether churches, schools, non-profit organizations or for-profit businesses—to align their structures and implicit curricula better with their goals and explicit curricula. While I have focused on the specialized—and professionalized—ministries of care and counseling, I assume that the perspectives that support and direct this work are operative in other forms of pastoral practice as well; that is, the ways we understand the self, its distresses, and the practices that help heal inform all of ministry. From this perspective, then, the analysis of pastoral care and counseling has much to offer other forms of pastoral practice as well.

OVERVIEW OF THE BOOK

This project is descriptive, critical, and constructive. Because theory and practice are mutually informing and supportive, I gather data on dominant theories and theologies and establish what are the most common clinical resources and practices. After presenting this data, I argue that these dominant resources continue to promote individualistic perspectives and support our belief that the status quo, in general, is sufficient. To counteract this assumption, I seek to identify ongoing limitations of our work as it is now configured.

After exploring the dominant theoretical and practical orientations of the field and their limitations, I propose what I call a synergistic notion of the self to challenge the Freudian and post-Freudian legacy on which we continue to depend heavily. I also seek to ground theologically the beginning of a new model of care and counseling. Drawing on more socially adequate theories and theologies, I hope to broaden our understanding of what it means to develop as persons and be human together, investigate sociocultural dimensions of human suffering, and begin to imagine new practices of healing toward a more expansive notion of health and wholeness. Part 1 provides the grounding for the book. The general argument here is that despite the growing concerns about the in-

dividualism in pastoral theology and its practitioners, the recommendation to move to a post-individualistic perspective has not been achieved to the degree we often assume. Below I anticipate this argument with the presentation of a case study, describing my work with Olna and the set of practices we undertook together as a part of my training as a pastoral counselor.

In chapter 1 I define key terms and present the empirical data that, I argue, points to some of the ongoing individualism in the field. The data presented are a summary of current prevailing understandings of key rubrics that guide our work, drawn from interviews with senior figures in pastoral theology, care and counseling in which I asked questions about operative understandings of the person, of health, of the etiology of distress, of what heals, and of the interviewees' operative understandings of their own role as minister.

In chapter 2 I summarize the history of the professionalization of practices of care in the U.S., as well as the wider cultural context in which this history took shape. In chapter 3 I review the most commonly identified costs of the current theoretical and practical model of care and counseling.

In Part 2 (chapter 4) of this study I propose some reasons for individualism's hold on the field, highlighting the assumption of a conflictual relationship between persons and their social contexts that prevails in the dominant psychological and theological resources used in contemporary pastoral theology, care and counseling.

Part 3 is intended to be constructive and propositional, pointing to shifts in our thinking and practice that will be necessary if pastoral theology, care and counseling is to move adequately beyond the current individualistic paradigm. In chapter 5 I offer a theoretically and theologically synergistic model of the relationships of persons and their sociocultural, institutional contexts. Such theoretical and theological work is necessary to make sense of the argument in chapter 6: that pastoral theologians and practitioners must prioritize engagement with the social order as a means to and indicator of health. Finally, in chapter 7, I make a number of proposals for the field in several categories that inform the institution of pastoral care and counseling; the categories I have identified as needing change include the theological, theoretical, practical, and organizational. Because each of these contributes to and supports the institution I am examining, a shift in the dominant para-

digm will require significant changes in each area. In conclusion, I return briefly to the case study to explore what difference my proposals would make for my work with Olna.

CASE STUDY⁶

The Setting

Olna walked in the front door of a professional-looking building, located off a busy thoroughfare in a large southeastern city; I later learned it was on her bus route. The cool foyer was softly lit, there were comfortable chairs with magazines strewn on the seats, and classical music played from overhead speakers. In a room just off the foyer where Olna stood there were a few people sitting quietly, and one couple that was looking at a magazine together. Olna spied a desk across the room. Approaching it, she asked the receptionist what “pastoral counseling” was, and said she needed to talk with someone—that she needed help. The receptionist took her name and number, and told Olna she would receive a call from a pastoral counselor within twenty-four hours to arrange an appointment. Her information was then passed on to the clinical director who assigned her to me, one of six first-year clinical residents in training at the center. I called Olna that evening and we set a time to meet a few days later. This time after walking in the front door, Olna headed to the waiting room across from the desk, sat in one of the chairs and began to fill out the several pages of forms attached to a clipboard she had been handed by the receptionist. The forms requested her address and phone number, insurance policy information, and emergency contact. There was a page providing some general information about pastoral counseling, its mission and commitment to serve all who requested services regardless of ability to pay, and asked her to read and sign an explanation of the Health Insurance Portability and Accountability Act (HIPAA) assuring her confidentiality and the protection of her health care records as required by law. The final page asked her to state briefly what she was seeking support for, and whether she had ever before received mental health care.

Precisely on the hour of our appointment, I stepped out of my office to welcome Olna in. Because I was a resident I did not yet have a rented office of my own, but used a senior clinician’s space when they were not in. The

6. This is a real case, though any information that would identify the client has been changed.

clinician had furnished the office that would suit several possible modes of pastoral counseling work: there was a couch (for use in the case of a family or small group) and two chairs (for use in the case of a couple) facing one well-worn chair with a lumbar support pillow—clearly the counselor's. There were potted plants flanking the shaded window and pictures of an ocean scene on the wall. A small desk held an appointment book, receipt forms and a box of Kleenex. Beside the door was a white-noise machine, continuously emitting quiet static to mask voices in the hall that might disrupt the work inside.

I welcomed Olna to sit where she liked, and took her clipboard. She took a seat and I sat opposite her in the high-backed chair, clipboard in hand. Glancing quickly over the papers, I saw that the line for insurance information was blank, as was the space for an emergency contact. She had written "Life" where she had been asked to state her presenting issue, and answered "No" to whether she had previously received mental health care. During our first session we accomplished a number of things: she told me a bit about her situation and what had led her to seek pastoral counseling, I told her that I believed my role was to care about and accompany her as she explored the "Life" issues that had brought her here, accepting whatever she related to me without judgment. I told Olna I would be a listener and mirror, clarifying and helping her articulate the issues as she saw them, and helping identify her feelings about and needs regarding her situation. We set her fee by matching her stated annual income with a figure on the sliding fee chart that was kept in the desk, agreed on a second session a week later, and concluded fifty minutes after we had begun. In the ten minutes before saying good-bye to Olna and hello to my next client, I jotted a few clinical notes (including my initial diagnosis based on the Diagnostic Statistical Manual-IV, filling in the Axis I and II and the Social Evaluation regarding my sense of her support system). I noted several initial questions that had already arisen regarding my work with Olna that I wanted to take to clinical case supervision, and then got a fresh cup of coffee.

Not every pastoral counseling practice is a group private practice as I describe above (that is, a group of pastoral counselors, pastoral psychotherapists, pastoral practitioners—the names are largely interchangeable). Some pastoral counselors are on their own, renting their own office space in professional buildings, in churches, or are given space. In the situation I describe above, the practitioners who use the group

services pay a flat monthly fee for office space, phone lines, administrative support, etc. Independent operators would cover fully these costs on their own, and many would not have administrative support. Insurance (both health and professional liability) is the responsibility of the pastoral counselors, either as members of a group (which lowers their rates) or individually. Most pastoral counselors are considered self-employed, even if they are part of a group private practice, as they do not collect salaries from the group but generate their own incomes by booking hourly sessions.

By walking through the door, Olna had stepped into a world of professionalized pastoral practice. She had engaged me, a professional pastoral counselor in training. Even from this first encounter several things are worth noting. First, Olna was asked to fill out a raft of forms, which sought, among other things, information about her ability to pay. The unfamiliarity of the situation no doubt begged analogies for Olna to help her make sense of her experience, and the one that most likely helped her situate herself is entry into a doctor's office. The fact that it took us several sessions together to get to discussion of theological themes would support such an analogy. Second, the frame we established was centered on the expert/client relationship. Indeed, "client" is the typical term used to refer to counselees, not "parishioner" or "patient" or "customer." In its etymology, "client" indicates one who is under the patronage and protection of someone else. Every client has a protectorate. It is thus the preferred term to describe the subject of professional attention and indicates a kind of moral responsibility and obligation. The professional offers expertise and "tutelage" and patronage. Monetary exchange is part of the client relationship. The client pays the professional for her expertise. And professionalized pastoral counseling, even when it is offered on a sliding scale, follows this model. Counseling costs money, and this reality is managed through a client-counselor contract. Care is contractualized. Indeed, there has been much written about the framing function of the monetary exchange. Here I want simply to note both that it is a constitutive part of the practice of pastoral counseling and that there are other possibilities for financing pastoral care. Third, it is worth noting that the authoritative diagnostic text is one borrowed from the field of psychiatry: the Diagnostic Statistical Manual, currently in its fourth revised edition. At the end of the session, I sought to interpret or categorize Olna's presentation in the terms offered through that diag-

nostic manual. Of course, this has not always been the ruling manual for pastoral care, and even now most pastoral counselors are careful about its use. Yet, it remains a central text in the practice. At the least, this brief description indicates the sources through which pastoral counseling is “authorized.”

Presenting Issue: “Life”

Olna was an African-American woman in her early fifties. She worked at a large hotel in downtown Atlanta cleaning rooms and washing sheets to support her eight-year-old granddaughter. The two of them lived alone in a small apartment in a rough part of town where the public schools were underfunded and the buses ran irregularly.

At our first meeting Olna told me that she was having difficulty sleeping, that she was afraid to leave her granddaughter during the day or let her go outside to play after school. Olna had gained a significant amount of weight in recent years, and was afraid she might be diabetic and have high blood pressure. She briefly mentioned having terrible dreams and needing to deal with things that had happened to her “a long time ago.” Olna presented with flat affect and high anxiety. I experienced her as depressed and defeated, though I admired the fact that she had gotten off the bus to seek support, and thought it suggested that she was motivated to do the work ahead of us. We set the fee at \$3.00 an hour, commensurate with her income on our sliding fee scale, and committed to regular weekly sessions in my office.

Olna and I worked hard at building a therapeutic alliance. We talked about our racial differences and laughed about the twenty-year disparity in our ages; I secretly wondered whether I would have anything much to offer her. As a relatively new clinician, every case presented an opportunity for me to doubt my abilities. My clinical supervisor, however, was encouraging, telling me that Olna would use me and our time together in the ways that would be most helpful to her. I met with my supervisor weekly to get guidance in my work with her.

Over time I learned that Olna had been sexually and physically abused by her father, and, she thought—though she didn’t quite remember—by other adult males. She had been a frequent victim of domestic violence at the hands of two intimate partners. She had experienced periods of severe depressive episodes in which she could not work or take care of her children or granddaughter. Olna struck me as strong

and intelligent, and I admired her ability to survive. Our work focused on her depression, dealing with her history of abuse and reframing her responses to the situations in her life to reveal her strength and abilities to cope.

I started out my work with Olna using a brief-therapy approach, thinking we might be together for just a short time, but Olna and I worked together for almost eight months. There were many times when I felt stuck and inadequate, but Olna stayed with me, and my supervisor helped allay the sense of overwhelm that at times threatened to paralyze my work with her. In supervision we discussed the countertransference and the parallel process between me and Olna, and me and my supervisor. I read about working with depressed clients, abused clients, about dream work and trauma. We were both earnest and hardworking, and we talked both about what was in the room between us and about what she brought with her from her past. Sometimes I resented working so hard for \$3 an hour when I knew I could fill that time with a \$70-an-hour client (which, with weekly sessions, represents a difference of about \$3,000 more a year). Olna and I liked each other and she told me it helped her to talk. She told me about her faith and relationship with God, she explored her feelings, she cried and laughed a lot. After eight months Olna suddenly stopped coming and I never heard from her again.