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Note from the Editor

While this issue honors the contributions of Homer Ashby, I would like to thank and honor my colleague and friend Horace Griffin. Many months ago, Horace volunteered to shepherd this issue, because of his passion for those who are Othered, for those whose voices are barely heard above the din of dominant cultural discourses. Moreover, Horace, who has made his own contributions to the field, believes we need to be cognizant of the contributions of our African American sisters and brothers to the academy and to professional organizations. I am deeply grateful for Horace’s work on this issue and his many gifts to the field, but I am even more deeply appreciative of our friendship and the chance to work together.

On a different issue, I wish to remind readers that we have some interesting issues coming up over the next two years. The next issue of Sacred Spaces will deal with best practices in pastoral counseling. The guest editor for this issue is Dr. Jaco Hammon of Vanderbilt University. This is followed by a special issue on spirituality and pastoral counseling. In 2014 we will publish an on neuroscience and pastoral counseling. I invite members and non-members to consider contributing your ideas and your work to Sacred Spaces.

Ryan LaMothe
In the twenty-first century the movement to the promised land will entail much in the way of recovery of a prideful identity and ritual to foster a sense of connectedness. When recovery and ritual are conducted in relationship with God whose promise of inheritance carries with it the will and guarantee of victory, nothing will be able to impede the acquisition of a place where African Americans can live black, free, and in line with their destiny.

Homer Ashby

(Our Home is Over Jordan: A Black Pastoral Theology)

In the fall of 1988, as a young graduate student, I began my Ph.D. studies in Religion and Personality at Vanderbilt University’s Graduate Department of Religion. Shortly after arriving, I met with the late Liston O. Mills, the Department Chair and Oberlin Professor of Religion and Personality, to discuss pastoral theology and seek his counsel regarding my academic interests. I made it known to him my special interest in studying black pastoral care and examining the ways in which African American pastoral theologians theorized and practiced pastoral care and counseling in black religious communities. When I inquired about the leading scholars in this field, Homer Ashby’s name was at the top of his list.

Less than ten years after Edward Wimberly’s groundbreaking Pastoral Care in the Black Church, black pastoral care was nascent—still a relatively new subset of the larger academic field of Pastoral Care and Counseling. Ashby, along with a hand full of black pastoral theologians, e.g., Edward Wimberly, Archie Smith, began articulating that the particular black experience in North America—both in terms of social culture and religious expression—made for a different and more nuanced pastoral care approach than the one prevalent in Anglo-American settings. They, like women and black psychologists, understood the pitfalls in making universal claims about human behavior and pastoral responses. Their contributions, along with Dr. Ashby’s, have
changed the way two generations of pastoral theologians understand, teach, and practice pastoral care within black and other marginalized communities.

A clinical psychologist, pastoral theologian, pastoral counselor and an ordained elder in the United Methodist Church, Dr. Ashby began teaching pastoral care at McCormick Theological Seminary in Chicago, Illinois. After many years of teaching and service at McCormick, he retired in 2009 as the W. Clement and Jessie V. Stone Professor of Pastoral Care. Known for his calming and kind demeanor and thoughtful academic style, he taught his pastoral care courses with amazing insight, thought and passion.

After years of teaching in the field and writing several articles in peer review journals, in 2003 Dr. Ashby completed the writing of his first book, a compelling pastoral theological work, *Our Home is Over Jordan: A Black Pastoral Theology*. While this writing was a faithful statement of a career that took seriously the study of black religion and pastoral care, as in his past work, narratives of ordinary black lives guide this study, reminding us that we must never lose sight of why we do this work. In this book, Dr. Ashby expresses grave concern about “the threat to survival that confronts African Americans at the present moment.” Using the Joshua narrative throughout the writing, he confronts “the most significant challenges associated with African American survival: cultural identity confusion, disconnectedness and the lack of vision for the future” and offers a black pastoral theological approach of ‘conjuring’ that can lead “a people from extinction at the shore of Jordan through the Jordan to a place of promise and hope” (Ashby, *Our Home is Over Jordan*, p. 12, 15).

Ashby’s writing is a brilliant analysis of the current social and economic disparities of African Americans resulting from the decline in public education and assistance and consequently the rise in unemployment, incarceration and crime. Social scientists generally
agree that the strong conservative political backlash of the last few decades ending some affirmative action measures and many progressive policies of the 1960’s and 1970’s have in large measure created this reality.

Dr. Ashby’s hopeful vision in *Our Home is Over Jordan* is a signature of his illustrative career as a pastoral theologian, counselor and United Methodist pastor. Throughout this time, he has been realistic about the evil forces that have sought black people’s demise but his work points to the rich black church and cultural tradition that have sustained black people and fostered our remarkable resilience. As a pastoral counselor, however, he understands that the historical trauma must be addressed through conjuring faith and cultural narratives along with therapy for healing.

In this issue, our contributors take up Dr. Ashby’s concerns by recognizing the need for vision and healing for black people from past and present systemic racism and liberating lesbians, gays, bisexuals and transgendered people of all races from current religious and social oppressions. The writers offer this scholarship as resources for pastoral counselors and others working with marginalized groups.

In the first essay, Dr. Lee Butler, introduces the painful legacy of lynching that has lasting trauma on the African American psyche in the United States. Butler effectively argues that while US culture is saddled with the shame of this history, the widespread practice of lynching allowed for decades in the US is “a phantom walking through American history that haunts us all. Because the lynching of African Americans was experienced by more than one person and more than one generation, lynching is known, experienced, and passed from one generation to another as a protracted psychic trauma.”
Butler goes on to say that—given the lasting effects of this trauma from generation to generation—pastoral counselors must take seriously the presence of such a history living within the souls of African Americans. In this work, he advises that we must guard against the temptation to deny the power of “lynching” in our past and present or repress feelings of trauma from our consciousness. Responsible pastoral counseling and therapeutic approaches recognize the power and presence of lynching and seek ways that will allow for healing and wholeness.

In my essay, “Shackles No More: Overcoming Black Machoism and Its Discontents,” I assert that the current violent trends of many black men, especially in urban settings, have historical presence vis a vis this country’s racist past of lynching and the continued attack on black males through police racial profiling and the penal system. In this writing, there is an analysis of the nexus between a racist US history denying black men pathways for success and black men’s efforts to claim their manhood through various hyper-masculine expressions. I point out that while the historical context provides explanation for this reality, ironically, black machoism has led and continues to lead black men down a violent path that is ultimately destructive toward other black people and themselves. This essay identifies machoism as problematic and offers healthier ways for black men to be in relationship with women, children, and other men.

For black people who escape the violent expressions typically stemming from racism, there are often emotional and mental abuses that affect physical and mental health. In her essay, “Pastoral Caregivers, Bioethics and the Politics of Race,” Hellena Moon, identifies the disproportionate number of health challenges facing African Americans while, at the same time, typically being underserved by the current US healthcare system. While her assertion that racism exists within the medical field is not a new one—the now infamous 1932 Tuskegee study of...
untreated syphilis in African American males is the most egregious—she points out that the very organization of the healthcare system in regard to race makes it a more complex problem. She challenges the essentialist claims in the medical field that are made about “race” and offers the concept of “shared vulnerability” as a more useful concept when health professionals attend to those within society.

Moon’s work is especially helpful in making the case for pastoral caregivers and others of the relationship between an individual’s physical health and one’s emotional and mental state. Contemporary research underscores the fact that therapeutic approaches must consider the kind of care provided within the health care system in order to provide holistic care for populations in general and black populations in particular. In other words, it is essential that all of us assume responsibility for remaining informed about the health care discrimination and disparities facing many brown and black populations, especially individuals and families with lower incomes, so that we can become better pastoral caregivers.

Finally, the last essay points to the ongoing work of care and counseling for lesbian, gay, bisexual and transgendered persons, who—with still so much abuse and condemnation imposed on them from family members and religious and political leaders—find themselves marginalized in a way not generally experienced by other groups. And while the more contemporary models of care and counseling for lgbt individuals by pastoral theologians Joretta Marshall, Horace Griffin and Larry Kent Graham are acknowledged as helpful by the author, Cody Sanders, Sanders is interested here in a more radical approach of care and counseling by using queer theory and queer theology within pastoral theology discourse.

In the last few decades, pastoral theologians and counselors have rightfully recognized that optimum pastoral care and counseling occurs when individuals play an active role in
determining care that meets their needs. Like Albert Cleage’s black nationalist theology sought a new path for black Christians in the Church, Sanders’ thoughtful piece is a profound statement that calls for LGBT individuals to define their own course as opposed to being guests invited in the Christian community as long as they play by the rules that are already in place. Sanders invites heterosexual and LGBT individuals into a critique of the homophobic and heterosexist structures that exist by “finding in the queer individual the starting place for a generative process of theological reflection and construction” for pastoral care and counseling that will best serve LGBT people.

As Board member and guest co-editor of this special issue of Sacred Spaces, and on behalf of the editorial Board of Sacred Spaces, it gives me great pleasure to dedicate this journal issue to the Rev. Dr. Homer Ashby for your many years of service, teaching, research and scholarship in the field of Pastoral Theology, Care and Counseling. We are very proud of this issue and hope that it will be a valuable resource in your academic work and Christian ministry with marginalized communities. It is certainly our desire that these essays will honor Dr. Ashby’s service and scholarship and that his work will continue to be an inspiration and guide to future generations.
Lynching: A Post-Traumatic Stressor in a Protracted-Traumatic World

Lee H. Butler, Jr., Ph.D.¹

Abstract This essay is a reflection on the lynching of African Americans. Lynching was a post-Civil War phenomenon that has left a psychic imprint on African Americans. As a protracted trauma that indwells the African American psyche and effects African American lives, lynching history effects the ways we negotiate an American culture that has been marked by the fear of terrorism.

Keywords lynching, terrorism, ritual.

Introduction

My current research includes studying African American lynching history. When I gave an address on the subject, the audience was not just horrified by the subject, they also seemed to be confused about why pastoral theology should take this up as a topic. One person kept asking, “How do you teach that in pastoral care?” Although the question was “how,” the person’s concern was really, “What does the history of lynched African Americans have to do with the care of souls?” In fact, it has everything to do with the care of traumatized African American souls. Lynching history is one among many post-traumatic stressors within the African American experience. As such, it remains a phantom walking through American history that haunts us all.

¹ Chicago Theological Seminary

Because the lynching of African Americans was experienced by more than one person and more than one generation, lynching is known, experienced, and passed from one generation to another as a protracted psychic trauma (Butler, 2000).

**Living in America**

African American lives have been traumatized by a nation that has sought to work out its own identity issues through segregation and subjugation. Black bodies bear the marks of being accused and cursed, not by God, but by people who have only been able to feel positive self-regard by degrading Black humanity. In the end, the Black body was identified as the source of evil in the world. When the first humans acquired the knowledge of good and evil, they covered their bodies, redirecting attention from the body to the covering. In similar fashion, white supremacy has covered its body of works, redirecting attention from the pain and suffering it causes, encouraging a focus on a cover of interpreted history. The colonial’s revolutionary cry for freedom masked the tyrannical enslavement being imposed upon Africans in the New World. The retelling of the history of the Revolution tends to cover the fact that landowners were unwilling to set at liberty enslaved Africans to fight for personal liberty. Popular presentations of the Revolutionary War have been so intent on keeping the truth of colonial enslavement, while fighting in the name of freedom under wraps and undercover, that it has been virtually impossible to imagine living naked and unashamed by declaring the implicit hypocrisy. Instead, just as Adam sought his own safety and security and sacrificed Eve to save his own life by blaming her for his nakedness when he was confronted for his inappropriate behavior, white
supremacy has blamed Africans for every insecure feeling and continually, in a myriad of ways sacrificed us to save its own life. As a result, there exists within white supremacy a fear of being exposed and vulnerable. In order to escape extinction, someone must pay the price for life. The extermination of those identified as evil and sacrificing a life to save a life have been the preferred methods for calming racial and ethnic fears (Butler, 2006).

**Fear and terror**

Fear is a basic human emotion that constricts human behavior. While it is quite clear that fear can be an inhibiting force, fear can also instigate aggression, which can be a victimizing force. While most are familiar with “fight or flight,” many do not acknowledge that often the fight-flight instinct is not an either-or, instead it is a both-and. A simple illustration is a fear of bees. A person seeking to avoid a bee will often swat at the bee before running. In such cases, it is fight and flight. Many things that frighten us will often experience our aggression before they witness our retreat. While some live with perpetual fear, others seek to provoke deep feelings of fear in others in an effort to control what feels out of control. Yet far more profound than the fear that pervades our existence is the debilitating terror that denies life’s vitality. To live with terror is to live with a constant fear so intense that there is no place where one feels safe. Terror is a chronic condition that can be disorienting and debilitating. Absolute terror can cause one to “freeze in his or her tracks,” lose total bodily control, and/or run blindly into the unknown. Confronting the terror within often results in the performance of compulsive solutions. We color-code the threat; and then we check, and double check, and then triple check as we search for suspicious
substances and look for our stereotyped profiles. Provoking the terror within gives others a feeling of the power to control people and to recreate a world that feels like it has been turned upside down. Consequently, there is one who lives in terror and there is another who lives by or feels alive because of terrorism.

When one thinks of terror and terrorism in America, most minds are immediately drawn to the events of recent history, like the terrorists attacks of September 11, 2001. Although we were very aware as a nation that terrorism had been a way of life in many other countries around the globe, we lived with a feeling of security—which became identified as a false sense of security—that terrorism was beyond our experience. The American consciousness has been shaped in such a way that we have come to believe that bombers, and therefore terrorists, are, and have always been, Arab and Muslim. This belief, however, misrepresents American history and the traumas still experienced by many Americans even today. While some of us still live with the memory of the Oklahoma City Bombing on April 19, 1995, a terrorist act perpetrated by a white American, the history of terrorism on American soil has been centered upon “9-11” as our nation’s first experience with terrorism. This view has become a revisionist rendering of American terrorism. Such a rendering is an attempt at maintaining the image of America as a “ten gallon white hat” nation who is always the “good guy,” as well as the hero who overcomes adversity. America is never the villain who harms, but rather the resurrected martyr who saves the damsel in distress. This telling of history says that America has always been terrorized and has never been the terrorist.

If the rationale we have been presented is followed, the evil of terrorism has never been
experienced within our borders, at least not before September 11, 2001. On the first anniversary of the Twin Towers attack, a special edition of the Chicago Tribune read: “When Evil Struck America” (September 11, 2002). To the American consciousness, Americans have never engaged in the mass murder of Americans on American soil. If that is so, how does the country understand the countless massacres of Native Americans? What about the numerous African American towns and communities, such as Rosewood, FL and Greenwood community in Tulsa, Ok, better known as “Black Wall Street”, respectively, that were destroyed in efforts to limit African American progress. According to a staff writer of the Christian Science Monitor, “With the exception of the attacks on the World Trade Center, experts say the major terrorists attacks in the United States have been perpetrated by deranged individuals who were sympathetic to a larger cause – from Oklahoma City bomber Timothy McVeigh to the Washington area sniper John Allen Muhammad” (Marks, 2003). The interpretation of “experts” have said that acts of terror have been individual acts by men labeled as “deranged.” The suggestion is that organized mass movements of terrorism have not been a part of American life. To the contrary, not only has terrorism been a part of American life, terrorism has been organized and supported by American society.

A simple look at American history with a view to African American life will reveal a history of terrorism against African Americans. The irony is that African Americans have been terrorized for generations by persons of European descent who have professed Jesus the Christ. Because terrorism is an effort to make one completely submissive to the force of another, terrorism directed toward African Americans has been an effort to contain African Americans to
a designated inferior social strata and control our desires for freedom. During the Civil Rights Movement, we lived with the constant terrorist threats of firebombed residences and churches. Robert Chambliss, the man considered the ringleader in the bombing of the Sixteenth Street Baptist Church, Birmingham, AL on September 16, 1963, was reported to have said to his niece, Elizabeth Cobb, “Just wait until after Sunday morning; they'll be begging us to let them segregate” (Craughwell, 2011). As a member of the Ku Klux Klan, whose ideologies were supported by the state, Chambliss’ actions were far from the actions of a deranged individual.

**The terrorism of lynching**

While there have been many terrorist activities perpetuated against African Americans, one of the leading evil acts of American terrorism has been lynching. Often considered to be simple random acts by a handful of individuals, the lynching of Black bodies was regularly the orchestrated event that was attended by hundreds, sometimes thousands, of spectators. This terrorist act, which was immortalized by professional photographers who created postcards of the victim surrounded by a posing crowd, was supported by Congress who never voted against the lynching of African Americans. In fact, there was more support for the terrorism of lynching by government officials than opposition. Nearly 200 anti-lynching bills were introduced to Congress, yet none of them ever passed the Senate (See Senate Resolution 39, 109th Congress). In 1930, Senator James Heflin (D-AL) said, “Whenever a Negro crosses this dead line between the white and the Negro races and lays his black hand on a white woman, he deserves to die” (Thomas-Lester, 2005). It was not until 2005 that the US Senate passed Resolution 39.
apologizing for America’s lynching history.

The lynching of African Americans is a part of American history. Many would prefer that it remains a part of a history long forgotten. This history, however, continues to haunt African Americans. Periodically, a noose will appear in the public sphere hung by racist whites. In every case, the presence of the noose evokes a chill and serves as a reminder of the terror that still lives within African Americans related to lynching history. On a progressive university campus in the Midwest, during the Spring semester of 2011, a college student reports his terror of walking a familiar route across campus. Passing a fraternity house, he viewed a life-size doll hanging by a noose around its neck from a second floor balcony. The student was afraid to approach and challenge the brothers of the fraternity party. His mind filled with images of victimization, the student chose to quietly and cautiously pass by beneath the cover of the night. This student was too young to have witnessed the lynching of a man or woman during the time in American history when lynching was the primary act of terrorism against African Americans. The terror the student experienced, however, is a sign of the fact that the trauma of lynching still inhabits our being.

The fact that 21st century college students can lynch a doll reflects a part of history that continues to express itself in contemporary ways. Remember, this was not the Fall of the year where one might attempt to rationalize or explain the scene away as a Halloween decoration. Even then, it is no less terrifying. The terror shakes and awakens the trauma imprinted on the African American soul every time we see a noose hanging from a tree, or see a noose dangling near an African American body.

Billie Holiday’s classic rendition of “Strange Fruit” articulates the trauma and the terror that lies in the secret, sometimes unrecognized, places within. The song was originally written as a poem by Abel Meeropol (Heft, 2012). Although Holiday did not write the lyrics, her voice details the horror and brutality of lynching.

Southern trees bear strange fruit,  
Blood on the leaves and blood at the root,  
Black bodies swinging in the southern breeze,  
Strange fruit hanging from the poplar trees.  
Pastoral scene of the gallant south,  
The bulging eyes and the twisted mouth,  
Scent of magnolias, sweet and fresh,  
Then the sudden smell of burning flesh.  
Here is fruit for the crows to pluck,  
For the rain to gather, for the wind to suck,  
For the sun to rot, for the trees to drop,  
Here is a strange and bitter crop.

I had a conversation with Dr. James Cone, the father of Black Theology, related to his newest book, *The Cross and the Lynching Tree*, which also explores the trauma and terror of lynching. Commenting on lynching history, Dr. Cone said that he became more terrified after researching lynching as an adult than he was as a child growing up in Arkansas during Jim and Jane Crow segregation. He said he realized how well his family shielded and protected him from the danger of lynching, which he now knows was an ever present threat.

**What is lynching?**

Lynching is murder, an execution without a lawful trial. It is mob action for the purpose of intimidation. Lynching is not simply a matter of hanging someone. A hanging is capital punishment, a legally sanctioned execution pronounced as a judgment in a court of law for a
crime. In more recent history, for example, former Iraqi dictator, Saddam Hussein, was hung for crimes against humanity. Lynching, on the other hand, is a crime committed with a constellation of sadistic brutality including beating, mutilating, shooting, and burning the body. It is the acts of excessive and illegal brutality that distinguishes the lynching of Black bodies from hanging a legally sentenced criminal. Often understood to be “Southern Justice,” lynching most often occurred for economic reasons and the fear of sexuality.

The Tuskegee Institute documented 3,446 instances of African American lynchings between 1882 and 1968 (Archives at Tuskegee (Institute) University). There are thousands of undocumented cases. As a terrorist act, lynching sought to declare and insure the social vulnerability of African American men while advocating an ideology of white male dominance. Lynching is related to Black manhood the way rape is related to Black womanhood. As I said earlier, women were lynched even as a man can be raped. Yet, as acts of terror perpetrated by gender identification, the terror a Black woman tends to feel related to the possibility of rape is the terror the Black men felt given the possibility of being lynched. Lynching, like rape, has been an act of violence for the expressed purpose of domination and control over the black body and soul to stave off white anxiety and feelings of loss of superiority, a superiority inextricably linked to white identity.

Lynching was a terrorist act to exercise power and control over African Americans. Due to the fact that terrorist activities are often religiously motivated, the religious and theological dimensions of lynching as a self-preserving act of brutality must not be overlooked. Rituals of sacrifice—that is, religious rituals intended to save one’s life—are reenacted from one generation to

the next. If the victimizing night riders of history are lost to our consciousness, the evil that influenced those acts of terrorism will resurface and be counted as new traumas.

Although lynching was often executed by a smaller mob of victimizers, there were numerous spectacle lynchings that gathered communities from near and far to witness the ritual sacrifice. A spectacle lynching was a major community event that coordinated cameras, poses, and one brutal assault to the body after another, each brutality intended to entertain the crowd. Whereas spectacle lynchings were always illegal, they were, nevertheless, well advertised events that could gather as many as five thousand spectators to witness and participate in the ritual sacrifice of a Black body. James Baldwin’s (1995) short story, “Going to Meet the Man,” is a 1965 fictional account of a spectacle lynching. Baldwin’s description not only details the constellation of brutalities that constitute a lynching, he also describes the eroticism contained within the ritual as perpetrators negotiate their own complicated feelings related to sex and sexuality. Baldwin writes of a man who has been hunted, beaten, stripped naked, and hung by his wrists from a tree with chains before a crowd that has gathered by the car loads to experience this moment that they identify as a “picnic.” This excerpt describes the African American man’s final moments through the eyes of a young, white, eight year old boy named Jesse:

Then the man with the knife walked up to the hanging body. He turned and smiled again. Now there was a silence all over the field. The hanging head looked up. It seemed fully conscious now, as though the fire had burned out terror and pain. The man with the knife took the nigger's privates in his hand, one hand, still smiling, as though he were weighing them. In the cradle of the one white hand, the nigger's privates seemed as remote as meat.
being weighed in the scales; but seemed heavier, too, much heavier, and Jesse felt his scrotum tighten; and huge, huge, much bigger than his father's, flaccid, hairless, the largest thing he had ever seen till then, and the blackest. The white hand stretched them, cradled them, caressed them. Then the dying man’s eyes looked straight into Jesse's eyes—it could not have been as long as a second, but it seemed longer than a year. Then Jesse screamed, and the crowd screamed as the knife flashed, first up, then down, cutting the dreadful thing away, and the blood came roaring down. Then the crowd rushed forward, tearing at the body with their hands, with knives, with rocks, with stones, howling and cursing. Jesse's head, of its own weight, fell downward toward his father's head. Someone stepped forward and drenched the body with kerosene. Where the man had been, a great sheet of flame appeared. (p. 216)

Jesse’s father, who took him to the lynching, was a deputy sheriff. There was no safety and no recourse for African Americans in the places where lynching was prominent and celebrated.

As a ritual intended to preserve white supremacy, the lynching of African Americans was established as a salvific event during the Reconstruction/Deconstruction period of U.S. history. The Reconstruction/Deconstruction period of history was a double-edged sword. On one hand, the Union sought to reconstruct America into an equitable society. On the other hand, white supremacy sought to demoralize and vilify Black bodies in an effort to reconstruct the deconstructed Confederacy. Threatened with extinction during Reconstruction, white supremacy acted against black bodies with the brutality of chattel slavery by fashioning itself as a savior who rode into the night to preserve a way of life. Lynching black bodies became a ritualistic
effort to remove its sense of shame and defeat. The Christian patina of southern culture provided the white supremacy with the language and ritual re-enactment that would give them a feeling of being saved from certain death. Moses raised the brazen serpent in the wilderness and stated, “Look and live,” declaring that which is killing you will save your life. The New Testament emphasized the same by Jesus of Nazareth being hung on a cross, lifted for all to look upon and live. Likewise lynching became a ritual re-enactment of sacrifice by lifting a symbol of salvation for white supremacy to look upon and live.

At the close of the Civil War, lynching became the most prominent ritual of sacrifice. As a ritual, lynching calmed the supremacists internal fears and feelings of inadequacies associated with living. Because lynching became a compulsion—a ritual continually reenacted to stave off anxiety—the religious and theological dimensions of lynching as a self-preserving act, as brutal as the cross, must not be overlooked. Rituals are intended to restore order and bring control to the world that feels out of control. The maintenance of a ritual is the maintenance of what has been identified as good in life. The ritualistic dimensions of lynching Black bodies was largely enacted with the hope of conquering the fear of race mixing and the anxiety caused by sexuality. During the antebellum period, race mixing was prohibited by law and enforced by the guidelines of slavery. There were few prohibitions to inhibit the lusts of the flesh. The fantasies of the white body could experience full expression by assaulting Black women without repercussions or concerns of Black men retaliating for victimizing Black women or children. And for a Black man to simply gaze upon a white woman could have marked him for death. When the southern states surrendered, the freedom to control Black bodies came to a halt, for a brief time. The humiliated sacred spaces...
southerner had to do something to restore their sense of order and decency.

Although the Reconstruction period ended in 1877, lynching was the most prominent ritual of sacrifice reenacted by white supremacy between 1880 and 1960. Contrary to what is commonly believed, African American men, women, and children were all lynched. Although men and boys were lynched in greater numbers, women were not exempt from this ritual brutalization. When it came to women being lynched, they were often raped as a part of the ritual. Women were raped before being lynched, and men and boys were often castrated while hanging from the lynching tree. Lynching often included castration as the prized memorabilia to mark the power of the moment. Burning the body, as a burnt offering, was another common feature of this ritual of sacrifice.

The psychological effects of lynching on African Americans

The impact of lynching on the African American community should never be forgotten. Lynching is a post-traumatic stressor in a protracted-traumatic world. As a psychological condition, post-traumatic stress focuses on a single event in the past that becomes the lens and filter for interpreting present and future events and situations. Witnessing lynchings and recovering the bodies of loved ones who died by lynching, generations of African Americans have been regularly re-traumatized by these atrocities. Unlike a single traumatic event that has been experienced by one person, lynching is a trauma that has marked an entire culture and several generations because it spanned more than eight decades. We live life with an incredible sense of vulnerability which has resulted in protracted traumatic stress. Our protracted traumatic
existence means that evil and suffering continue to inform and impact our lives.

Many Americans’ behaviors are governed by anxiety as a result of the events on September 11, 2001 as we continue to cope with the post-traumatic experience of the attacks. Pearl Harbor was another moment of terror that carried post-traumatic stress nationally. While the nation recalls Pearl Harbor, the nation no longer experiences deep anxiety as a result of the losses at Pearl Harbor. There was a national response that declared we were caught off-guard, but we, as a nation, are not powerless. The post-traumatic experience of 9-11 also carries the same sentiment that we were caught off-guard, but we are not powerless. The lynching of black bodies, however, differs from Pearl Harbor and 9-11 in that the African American community was always on-guard yet was always powerless in the face of lynching activities.

The African American community continues to have terrorizing experiences called forth as a result of the trauma that has been passed from one generation to the next. Lynching’s historical, social, and psychological significance as an embodied trauma must, therefore, be remembered when engaging in psychotherapeutic work with African Americans. The same way we are clinically aware that cycles of violence are passed along from one generation to the next, we also know that reactions to terror and violence are passed along from one generation to the next. African American pastoral theology remains aware of the psychic legacy inherited by African Americans. We remember the multiple ways we have been terrorized and traumatized, as well as the systems that have mediated our survival and liberation.

More recent history: Jena 6 and Jeremiah Wright

At the end of the 19th and beginning of the 20th century, Ida B. Wells, as a part of her extraordinary campaign against lynching, was meticulous in describing the mob mentality and the immorality of lynching (Wells, 1982). W. E. B. DuBois stated that the issue of the 20th century was the color line in America (DuBois, 1989). True enough, we experienced decades of degradation and trauma during the 20th century due to race prejudice. In the 21st century, the century that has identified America as a post-racial society, we want to believe racism and the terrorism of lynching are no more. Yet, early in the 21st century, we can still see lynch mobs and spectacle lynchings.

During 2007 and 2008, lynching nooses began to appear across America at a phenomenal rate. They were, every one of them, positioned as messages to African Americans. The appearance of the nooses were acts of terrorism to say that we, African Americans, have forgotten “our place” in America. If the noose no longer contained any power to provoke, it never would have re-emerged as a terrorizing symbol. Two contemporary moments of the lynching of black bodies are the cases of Jena 6 and Jeremiah A. Wright, Jr.

The Jena 6 case of 2007 announced, once again, that people still believe in the terrorizing power of lynching. To modify the song: Southern trees still bear strange fruit. The memory of blood on the leaves and blood soaked soil at the roots. Lynching nooses swaying in the autumn breeze. Strange fruit hanging from the school yard Tree of Knowledge, also known as the “White Tree.” This case raised to the surface the racial injustice that is always skin deep. Everything we saw happening in Jena, LA had deep roots in the blood soaked soil of racial oppression. White high school students chose to hang lynching nooses from the tree in the front
courtyard of the school. The tree was the social gathering place of white students before school and during break times. The unwritten rule was “whites only.” After a few Black students decided to join white classmates at what the school had planted and named “the Tree of Knowledge,” a few white students expressed their dissatisfaction by hanging lynching nooses from the tree.

A white woman resident of Jena who was following the case blogged a 7-point response regarding the media attention the case was receiving. She suggested the boys guilty of hanging the nooses were protecting a group of girls at the school. Her description, without being fully conscious of her suggestion, declared the nooses to have been a warning, not a prank. As I noted earlier, lynching had many sexual overtones and undertones. The resident wrote: “6.) This article also doesn’t mention something else: many of the white females at Jena High School were complaining about this particular group of black guys who were being overly flirtatious w/ them (pinching their butts). These black guys sat under this tree to get close to the girls so they could flirt with them some more.”

In the blogger’s view, the boys who hung the nooses were protecting the virtues of white womanhood just as was done during Reconstruction/Deconstruction by the lynching activities of the night riders.

This case reveals that the world’s terrorists are not all Arab and Muslims. Under our national status of heightened security against terrorist attacks, if someone were to make a bomb threat as a “prank,” that person would be prosecuted and punished. In fact, on Sept. 21, 2007 at

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Logan Airport in Boston, a MIT student wore a fake bomb that was attached to a hooded sweatshirt. She was arrested and charged with disturbing the peace and possessing a hoax device, according to staff reporters of the Boston Globe (Badkhen, Levenson, & Ryan, 2007). Why wasn’t the Jena action of hanging nooses identified as terrorism and a hate crime? The nooses that were hung from the tree outside the Jena High School were not decorations for Halloween. Those nooses contained a deep-seated message intended to terrorize a community of students, but these terrorists were not charged. The case further reveals that Justice is NOT color-blind.

The case pivoted on the allegations that the Jena 6 repeatedly kicked Justin Barker in the head. The photos of beating victims, Justin Barker of Jena, 2006 and Rodney King of Los Angeles, 1992, stand in sharp contrast to one another. Barker’s head was not disfigured in the same way King’s head was disfigured. Barker was not kept overnight by the hospital for observation due to a skull fracture. No broken nose, no fractured jaw, no detached retina, no damaged eardrum. He was released a few hours after treatment for a few bruises and abrasions. Either Barker was able to protect his skull from fracture while the Jena 6 used alleged “deadly force” kicks, or it didn’t happen the way the prosecution had presented the assault. I am not, and will not, try to justify the aggression of the Jena 6 against Barker. The assault was, in fact, six against one. But, I do want to suggest there was an act of terrorism, and the terror resulted in a fight instead of flight.

Harkening back once again to the Rodney King case of 1992, Jena High School cut down the tree with the hope of healing the rift. This act was their way of righting the wrong and saying, “Can’t we all just get along?” The tensions didn't start with the tree, and cutting it down didn't
end the tension. The act of cutting down the tree with no further follow-up was their way of saying, “Let's forget the past and move on.” Cutting down the tree, however, did not address the injustice of the system that is victimizing all the residents of Jena—White and Black. I did not read that the citizens said the justice system had failed its citizens. I never saw where the entire community banded together to encourage the District Attorney to see there was a miscarriage of justice. The system, instead, supported the nooses and criminalized those terrorized by the nooses.

The book, *Lynch-Law* (Cutler, 1905), records an extraordinary long list of reasons for Black folks to be lynched. Imagine my surprise when I read “Incendiary Language” was an offense that could result in someone being lynched. Even more surprising was the fact the Incendiary Language was located on a long list of what were identified as “minor infractions” for which a person might be lynched. I read this in 2008 during the time when America had accused Rev. Dr. Jeremiah Wright, Jr. of using “incendiary language” in his sermons and descriptions of America. “Incendiary” became the buzz word of the day. While Wright was being accused of incendiary language, few paid attention to the number of threats of violence that were made against Wright and those he loves. Wright became a victim of terrorism that was reminiscent of the threats made during Reconstruction, made by Chambliss in 1963, and made by students in 2006. Few days passed when he was not the topic across mass media and made less than a man. Knowing the history of lynching gave the activities surrounding Jeremiah Wright a whole new meaning. Furthermore, knowing the history of lynching as an act of terrorism also meant that those who were in a position to offer him pastoral care and counseling were prepared and
equipped to redress the terror and help him heal from the trauma of his experience.

**Pastoral care and counseling**

Pastoral care’s theoretical history holds it to be a field that springs into action in moments of crisis. A layperson understands pastoral care to function this way: When a person within the faith community’s life has been turned upside down, the expectation is that the pastoral caregiver will come in and placate the unanswerable question while easing the pain caused by the crisis. From this perspective, pastoral care is thought to be pollyannaish and finds the soft underbelly of every hardship and heartache. I hear this viewpoint expressed time-and-time again by students in my Introduction to Pastoral Care classes. In instances when a described ministry context is considered to be too horrible for words, theologues—that is, students of theology—believe that pastoral care should retreat to the fallback position of “pray to God for an answer.” Many theologues believe there are situations when the pastoral caregiver should remain completely silent believing there are no words of peace to be spoken within the most horrendous situation. Pastoral care, therefore, is seen as individualistic approach intended to ease, rather than end, human suffering.

These attitudes have also migrated into perspectives on pastoral counseling. Pastoral counselors are regularly seen as practitioners who specialize in “spiritual issues.” Although pastoral counseling tends to not carry a pollyannaish persona like pastoral care, it is thought by the uninformed to be narrowly concerned. Theologues believe that pastoral counseling can take place anywhere, anytime. I regularly hear them declare at the beginning of their seminary
journeys, “If I meet someone while walking down the street, I can do pastoral counseling right there.” When I receive a call from a person or persons interested in pastoral counseling, their stated concern—separate from their presenting issue—is invariably a desire to meet with someone who is spiritual, which tends to be unrelated to clinical competency. Furthermore, many theologues do not consider pastoral counseling to be as psychologically insightful as clinical counseling. Consequently, pastoral counseling is regularly thought to only be about helping people to develop better communication or coping skills by using spiritual principles. In the worst cases, it is thought to be the practice of giving Godly advice. In her book, *Survival and Liberation*, Carroll Watkins Ali (1999) identifies the leading traditional definitions of pastoral theology. She writes:

Here are three traditional views of pastoral theology. (1) A theological enterprise in the formulation of “practical principles, theories, and procedures for ordained ministry in all of its functions.” That is to say, the purpose of theological reflection is to set forth an accepted process through which ministry in general is administered. (2) “The practical theological discipline concerned with theory and practice of pastoral care and counseling.” This approach considers pastoral theology to be an arm of practical theology around which theological reflection is organized for the development of praxis for pastoral caregiving. And (3) “a form of theological reflection in which pastoral experience serves as context for critical development of theological understanding.” (p.10)

African American pastoral theology synthesizes the three views and adds a fourth that focuses on
The field of African American pastoral care and counseling focuses on the particular stressors of African American life while honoring African American culture. It re-frames the challenges of being Black and living in America to bring hope out of despair, inspire joy where there is sorrow, and heal the brokenhearted (Butler 2000, 2006). With its origins in African healing traditions, African American pastoral care and counseling emphasize family and community as the signs and symbols of health. Drawing from the same theological roots as Black Theology, African American pastoral care and counseling have always had concerns for Black suffering, the hope of freedom, and the work of justice.

The practices of African American pastoral care and counseling express the dynamic relationship between story, testimony, and the Spirit/spirit to bring courage and renewal out of the pain and suffering wrought by this world (Butler, 2000). Story and testimony are critical spiritual expressions of the oral culture that is African America. And, for the African American, spiritual expressions are also liberating expressions. Remember, freedom is a core principle of African American life. Therefore, when an African American is interested in a counselor who is “spiritual”, that usually needs to be translated: someone capable of mediating liberating deliverance from the evils imposed by society.

Story is not just a personal story, but it is an object lesson that tells of the powerful activities of God working for our good. Testimony is the spiritually liberating story of an
individual told to re-enforce the person’s faith as well as to build the faith community. Testimony builds hope and encourages endurance. As a nurturing process, testimony is an important part of African American pastoral care and counseling tradition. When suffering Black folks ask the question, “How long, O Lord?,” the pastoral caregiver, through the resources of faith and spirituality, nurtures sufferers to answer, “Soon a-will be done with the troubles of this world.” Whereas this statement can be interpreted to be an escapist response to suffering, it is, to the contrary, a courageous response to suffering that declares our suffering does not define us nor does it determine our future.

African American pastoral theology—which I understand to be the collective label for care, counseling, and psychotherapy—is interested in the liberation of African Americans. Consequently, African American pastoral theology is a liberation theology. It focuses on African American life in particular and is attentive to African and African American culture, spirituality, religion, and faith. I (2006) wrote,

Our liberation work is often expressed and experienced through our testimonies and stories. Our oral heritage in this regard is quite clear. We have a strong heritage of invoking the voices of the ancestors and past experiences through storytelling. The sharing of the narrative provides a living legacy of history, morality, ethics, theology, and spirituality. The Africans of the antebellum South, along with the African Americans of the Jim and Jane Crow South, experienced the liberating Power of God through living the testimonies and stories they shared with one another. Today, our forebears stand among us as a mighty cloud of witnesses. Retelling their stories of battles fought and won

connect us to the power associated with maintaining the continuity of life after death (p.122).

In an age of multicultural competency, it is necessary that know all the influences and definitions that frame African and African American life. Knowing something about the African retentions that have developed African American life is essential. Knowing the historical influences that formed African American identity cannot be underestimated. Respecting the uniqueness of African American culture, which is oral and communal and emphasizes responsibility for others, must be maintained. Understanding that African and African American spirituality not only self-identifies as making no separations between the sacred and the secular but also stresses engagement rather than escaping reality is of vital importance. Because African American history is replete with efforts to dehumanize us, we have stressed the importance of viewing ourselves as being fully human. This has been reflected in our insistence that African Americans are religious beings and people of faith—a deeply resilient and life-affirming people. Knowing our social history of being dehumanized, our communal emphases of being forgiving and showing loving-kindness becomes clear.

African American pastoral theology is rooted in human beingness, in “somebodiness,” and in community. “Rooted” in human beingness means the approach is alive, dynamic, life-giving and emphasizes communality, that is, our humanity is woven into all of our relationships. We are communal beings always related to the Divine, extended family, marriage, siblings, and neighbors. African American pastoral theology not only seeks to improve our quality of life, it also seeks to restore our relationships and to launch a counter-attack against the evil that assaults Sacred Spaces: The e-Journal of the American Association of Pastoral Counselors, 2012, vol.4.
our lives. Pastoral theologies that are not rooted in liberation and focused on the particularities of African America tend to be inappropriate pastoral approaches to African American life, or at the very least, not considerate of the full extent of the traumas experienced by African American people.

While an essential component of African American pastoral theology is African spirituality, black and womanist theologies along with Black (African) psychology are critical resources for healing the wounded African American soul (Butler 2006). Black and womanist theologies and Black (African) psychology force us to explore our experiences with evil while maintaining a focus on spirituality and the presence and activities of God within the African American. Without the resources of African American spirituality, womanist and black theologies, and Black (African) psychology, our hopes for change are limited. Our spirituality compels us to believe, and our theology and psychology declares that we shall be free, someday.

Jena 6 and the "incendiary language" of Jeremiah Wright are two contemporary example of the historical phenomenon of lynching. These two events caused the nation to convulse with a clear dividing line between Black and White communities. The political and judicial systems supported the criminalization of black bodies, mob violence, and lynching nooses. The experience of the Black community within Jena and the experiences of the extended African American community regarding Jena and Dr. Wright were reactions that reverberated within the souls of Black folks due to the long history of black bodies being lynched without recourse for the lynching crime. In both cases, it was the African American community that became the first level respondent to address and redress the crisis and trauma. African American pastoral care and

counseling have always done intervention with every post-traumatic and protracted-traumatic community crisis. We know these events to be historical traumas and not just simple, misguided actions that can be dismissed as harmless pranks. Likewise, we know mob aggression cannot be justified, as in the case of Jeremiah Wright, as appropriate outrage because white America feels insulted. African American pastoral care and counseling directs that social justice must be done if African American souls are to be free.

**Conclusion**

In the book of Ecclesiastes, Koheleth writes of the cyclical nature of human history. There, we hear his often quoted phrase, “There is nothing new under the sun.” If we hold his words to be true, then the events of history will be repeated. Also important to note, Koheleth implies that some events are repeated because they have been lost to our consciousness and have not been remembered. To forget lynching history does not mean the power of lynching history has dissipated and ended. The conscious identification of its power has merely been lost to the past. Rather than being extinguished, the terror merely sits dormant until it is awakened by the force that implanted it. And, isn’t that what governs post-traumatic stress? A past trauma lies dormant until it is provoked and the trauma is relived.

Understanding lynching as a post-trauma of the American experience means it is essential that pastoral counselors be aware of and attentive to the terror that indwells the African American soul. Turning a blind-eye instead of giving clinical attention to the terror or the acts of terrorism that have framed the African American experience is to disregard the stories that have...
shaped us into who we are. African American pastoral care and counseling knows and honors the stories of persons of African descent. This must remain the case if African Americans are going to experience any therapeutic benefits.

References


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Shackles No More: Overcoming Black Machoism and Its Discontents

Horace L. Griffin

Abstract This essay examines Black Machoism as a social construct that diminishes spiritual, mental and emotional health in black males and hampers the potential for constructive relationships. This writing further explores machoism’s abusive elements toward women and gay men and offers pastoral care approaches for healing and wholeness.

Keywords: black machoism, gender, sexuality pastoral care

Best known among the Chicago School pastoral theologians for his innovative work with mentally ill patients and establishing Clinical Pastoral Education, Anton Boisen believed that personal narrative can assist humans in understanding others and consequently their view of God. Like ancient texts acquaint us with different worlds in time and space, Boisen points out that living human documents reveal deeper meaning about human frailty, needs, and interests, which invites us to be more empathic, and, consequently, be more responsive to our own needs and the needs of others. In his identification of “living human documents,” Boisen recognizes that human narratives teach us about the ways our compassionate behaviors can enhance life or diminish it by our participation in destructive behaviors with each other.

His analysis of functional mental illness as possessing real evil may be useful in understanding the evil elements associated with black machoism. He did not believe, however, that those who had the misfortune of mental illness were in some way evil people, but rather that the untreated illness itself led to evil, estrangement and isolation (Boisen, 1960, p.197). Unlike
the chemical states of mental illness, machoism is purely a social construction of being male in
the world. Like mental illness, however, it must be treated in males generally and black males in
particular to prevent others and themselves from its harmful effects, its shackles of hard-
heartedness, domestic abuse, and gang violence.

In this essay, I use a number of narratives in order to identify the problematic nature of
black machoism such as estrangement from human relationships and the breakdown within black
male development. As a gay African American man and Christian pastoral theologian, I am
acutely aware that two things must occur in order for all black men to live healthy productive
lives: 1) there must be an eradication of the machoism that is destructive to black men and
others; and 2) a diversity of positive gay and heterosexual male role models must be made visible
for young black males. I begin with a definition of black machoism and—through examples and
case studies—identify the detriments that such an expression creates in the psyche of black men
and their relationships. I challenge the notion that such expressions must continue—especially
since they undermine the potential for black men living healthy and successful lives—and offer
alternative ways of being a black male within the US by drawing from the therapeutic and
spiritual care of pastoral theology, care and counseling.

Machoism, as defined by Robert Staples in *Black Masculinity: The Black Male’s Role in
American Society*, “is manifested as a tough warrior image, a slow hard walk or strut and void of
tender feelings associated with women” (Staples, 1982, p.10). Thus, the root of black machoism
is a defense of manhood by strongly rejecting characteristics that are associated with women
such as tenderness, sensitivity, and nurture. Its roots for black men, however, also emerge as a
reaction to the racist environments encountered by black men.
In a racist society that degrades black male self-worth through punishment in schools, employment discrimination, police racial profiling and brutality, and the general perception that black men are predisposed toward harmful, criminal behavior, thus macho behavior becomes an attempt at coping with such denigration. On the other hand, studies find that black men, generally, “resist the glib condemnation of all macho behavior and assert that certain behaviors on their part can be powerful assertions of pride and identity in the face of white racism” (Nelson, 1988, p.16). This cultural reality accounts for a greater degree of machoism in black men. Despite understandable reasons and other meanings associated with machoism, for the purposes of this writing, I explore machoism as laying the groundwork for producing hostile sexist, homophobic males who often defend their male identity through verbal and/or physical violence.

Black machoism is responsible for the disproportionate amount of violence in domestic and gang settings within black communities and society (Longres, 1996). Many black women live in terror from the violent threats of black men and in spite of the fact that “25 percent or more of emergency room visits by adult women are caused by family violence, [some do not seek medical help because as] one perpetrator told his victim…if she sought medical help or talked to anyone, he would kill her” (Poling, 2003, p.65). While African Americans, generally, acknowledge this grave problem in black communities, the media has been long criticized by African American leaders for the unbalanced reporting of the destructive macho black male without noting the ill effects that racism and poverty play in fracturing lives. Race and class are two compelling reasons as to why black males are especially challenged in the society. To the contrary, there is a considerable amount of evidence that educational and economic opportunities produce high percentages of non-violent productive African American men, e.g., black corporate
executives, attorneys, doctors, clergy, educators. Morehouse College, the only predominantly black male college in the US, provides the greatest source of evidence for this claim. While the latter black male success story identifies black male achievement without resorting to warrior images of gangs, still far too many black leaders and family members cling to the warrior image, without always considering the problematic nature of machoism. The following vignette is a good example: In 1988, at a Nashville black Baptist Church, I presented an AIDS slide show for a group of black pastors. Despite the many reports that I had read about black ministers’ negative attitudes toward people with AIDS, I rather naively felt that once the facts were presented about AIDS, black ministers would resist further maligning gays and offer a compassionate response. I was wrong.

After my presentation, it became clear to me that the ministers had one interest: moralizing that AIDS was God’s punishment for the “immorality” of homosexuality. One of my goals in providing this slide presentation was to disprove AIDS as God’s punishment to gays by explaining that people contracted AIDS, including many heterosexuals, from unprotected sex and drug use, not as a result of same sex sexual desire or expression. Besides, the overwhelming majority of AIDS sufferers in Africa continued to be black heterosexual men and women. The United States existed as the only country where gays accounted for the majority of people with AIDS (Shelp and Sunderland, 1992, p.48).

While I shared some basic facts about AIDS with the ministers, they would have none of it. Led by the pastor, Rev. J., various ministers took turns preaching to each other and me about the horrors of homosexuality. Unwilling to view AIDS as anything but a homosexual curse, Rev. J. finally commented, “America has this thing with homosexuality. In Africa, you did not hear about homosexuality. African men were strong…warriors.”

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In an effort to shore up black male security, Rev. J. provided the common black male defense: black men, unlike “weak sissy white men,” evolved from a line of strong, black manly warriors. Hence, if black men remain true to what it means to be a black man, likewise, AIDS will not be a problem. Rev. J. offered the ministers a calming, albeit erroneous conclusion that hard, macho behavior prevents a man from having sexual desire for or making love with another man. The conclusion that being an African warrior necessarily renders heterosexuality is simply false. It is desire that determines sexual partners, not how one walks or talks. In other words, machoism does not keep males from AIDS or from attractions to the same sex or gender. However, this exaggerated response raises the question as to why traits that we value in women and lovemaking between men would cause such discomfort in black male ministers that they would fail at their Christian responsibility to show compassion and protect the health of African American people? The history of US racism and black male socialization may provide some answers.

**Black machoism in historical context**

Historically, society has portrayed black men with a number of negative images: shiftless, dumb or violent or a combination of the three. D.W. Griffith’s infamous 1912 film, *Birth of a Nation* seared in white consciousness that black men, prone to violence, could not be trusted and--unless controlled by force--would destroy the society. (Also see Donald Bogle’s *Toms, Coons, Mulattos, Mammies and Bucks: An Interpretive History of Blacks in American Films*). Such generalized negative portrayals of black men in a segregated United States misinformed European Americans of black men and left a black majority of intelligent and/or non-violent black men subject to white society’s wrath. As psychologists William Grier and Price Cobbs (1968, 1980, 1992) point
out in their groundbreaking, *Black Rage*, overtime this assault on black men’s lives has caused many black men to react with violence, ironically, reinforcing the stereotype of the violent black male.

The context for *black machoism* is not simply a function of male socialization in western culture; it is an exaggerated black male identity grounded in a black cultural reaction to historical racism and the emasculation of black men. In the 17th, 18th and 19th centuries, during the US western slave trade and slavery, black men were subjected to a lower status imposed on them by their white male counterparts, a status usually reserved for women by domineering men (For a more detailed discussion, see Benjamin Quarles,’ *The Negro in the Making of America*).

Moreover, as a sign of power over and control of black women’s and men’s bodies, white males further humiliated black males by taking black women for their own sexual purposes. In the decades following slavery, white males intimidated, terrorized, and destroyed black males through political oppression, lynchings and other acts of violence. Black machoism emerged as a reaction to white male domination, receiving sanction through early twentieth century social and religious fraternities, and the rise of mid-late twentieth century urban street gangs and male led militant persuasions and groups like the Nation of Islam and Black Panthers.

Manhood came to be understood in binary, sexist terms over and against anything associated with female. Male domination of women and eventually negative reactions toward tender traits--misperceived as a weakness common in women and gay men--defined what it meant to be as a black man. Today, black male comedians, gangsta rap and hip hop music artists, black music videos and sports figures maintain black macho representations of hyper masculinity, hyper heterosexuality, homophobia and sexism (Hemphill, 1991, pp.211, 212).

Despite these efforts to compensate black male power and social status, black machoism
has been the source for creating tough black males in violent gang activity, and a contributing factor when black males express themselves at brawls in social settings, clubs, parties, city streets and sporting events. This violence along with social and cultural forces that devalue black male life are all factors in the current high level of young black men incarcerated in the nation’s prisons. The irony here is that black machoism—the mechanism used for black men to overcome racist structures—leads black men down a path that ultimately defeats them. The tough, “I don’t need anybody attitude,” exaggerated by machoism, leaves a significant number black men literally unhealthy and largely unavailable in their relationships.

**Black machoism in social context**

Research shows that the male struggle for survival begins at birth. It is not just black males struggling in a harsh environment but, at least within the United States, males generally experience a harder fight for survival. In the US, though more male babies are born each year in our society (106 to 100 females), fewer males survive past the first six months. During the first year of life the male death rate is one third higher than that of females. Part of that may well be the different ways in which boys are treated. Some research suggests, for example, that the greater susceptibility of males to sudden infant death syndrome (SIDS) is because boys have less touch and physical nurture early in life (Nelson, 1988, p.12). Studies also show that generally, men are less successful than women in meeting their fundamental needs in life, health, safety, shelter and love. Men die, on average, more than seven years before women; their deaths are preceded by more severe health problems overall, especially those related to stress; considering all categories of violent crime, men are more likely to be injured on the job or at play, and more likely to be homeless; men commit suicide at more than three

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times the rate of women; and with its emphasis upon stoicism and denial of dependency and feelings, the male role in our culture inhibits men’s capacities for giving and receiving love (Smith, 1996, p.7). Women [on the other hand] show a greater preference for just talking with friends, were more likely to indicate talking was an important thing to do with a best friend and reported talking about more personal topics with a best friend. (Patterson, 1996, p.87).

These stark realities are grim reminders of the problems associated with male socialization. It is understandable that black machoism emerges from history, a reaction to a racist US context. However, as I indicate, while these behaviors may be more extreme among black men than behaviors typically found in other racial groupings, they are still connected to attitudes regarding male socialization in the larger society. Males generally exhibit much more difficulty in accepting an array of behaviors as appropriately male. Since evidence does not support black male responses as significantly different from the above male responses, feminist Nancy Chodorow (1978) can speak more generally as to why males find alternative approaches to male identity so problematic. She writes,

> because children are first around women, women’s family roles and being feminine are more available and often more intelligible to growing children than masculine roles and being masculine…In order to feel himself adequately masculine, he must distinguish and differentiate himself from others in a way that a girl need not. He defines masculinity as that which is not feminine and/or connected to women. This is another way boys come to deny and repress relation and connection in the process of growing up (p.174).

As a result of the disproportionate number of black females to males and black female influence, older black heterosexual males and fathers often harbor heightened fears about
younger black males adopting female gender roles and affection for males and may work harder to disrupt this process early by teaching young males to repress such interests (Griffin, (2010) “Not My Son: African American Fathers of Gay Sons” in Butler’s Listen My Son: Wisdom to Help African American Fathers, p.47).

Despite current trends of black self-definition and afrocentrism, there are strict gender roles and behavior for males in machoism. African Americans socialize black males to adopt many of the same traditional macho behaviors as society’s white males with very little critique of the rather strong sexist overtones that ultimately stifle the freedom of black women and men. As part of this macho teaching, typically, heterosexual fathers or older males teach younger males that boys don’t cry, jump rope, play with dolls, kitchen toys, hold hands, express intimacy towards and dance with each other. Males expressing interest or participating in such play become stigmatized. In addition, if their mannerisms reflect those mannerisms prevalent with girls, they also receive ostracism.

In conversations and clinical-pastoral work with men, many share with me that as young boys they could not stray from “boy” games and “boy” mannerisms without risk receiving ridicule or wrath from their family members and peers. Most gay males and effeminate heterosexual males can describe the social torture they endured as young boys from peers and older males because “they acted like a girl.” As a result of transgressive behavior—behavior, in this case, that is not traditionally associated with male behavior--these males endured playground taunts of sissy and faggot. This reality points out that a link is made quite early between gender roles and sexual attraction, between sexism and homophobia. Males are taught, as opposed to female “tom boys,” that boys exhibiting mannerisms like girls are gay. Thus, homophobia is introduced to boys at an early age that being gay is wrong and to be feared.
The fact that young males begin to focus on homosexuality, even before such understanding is clear, helps to explain why males are generally more hysterical (technical term about homosexuality than females. Older males typically expect their sons to display toughness, an aggression that often leads to violence in school fights and contact sports. There is almost no alarm from adults when such behavior occurs, usually shrugging off these incidents by saying “boys will be boys.” Unfortunately, throughout the country African American leaders and some educators accept this rough behavior as normal while at the same time repudiating loving erotic relationships between men and the legal sanction of such relationships.

In their book, the *Endangered Black Family: Coping with the Unisexualization and Coming Extinction of the Black Race*, Africentric psychologists Nathan and Julia Hare (1993) stoke the fears of African American families about male homosexuality when they assert that black males are developing problems of gender identity. They resist the legitimate fluidity of black male gender expression and sexuality by identifying homosexuality as a perversion to be avoided, arguing that homosexuality is due largely to the “white-liberal-radical moderate establishment coalition” (p.65). In their eyes, a non-violent gay family member is to be feared more than the violent heterosexual male relative.

Like the playground boys taught that macho is the only way of being male, Rev. J., other black pastors and a few educators like the Hares, promote such thinking in their teaching, preaching and writing. Machoism becomes a way of solidifying black male identity, eschewing any traits associated with females such as tenderness, nurture, kindness. Gender identity vis-à-vis machoism is reinforced by bifurcating masculine and feminine characteristics, and concomitantly shaming young boys who are deemed not to be macho as an inadequate male.

In her essay, “Is Homosexuality a Threat to the Black Family,” African American
psychiatrist June Dobbs Butts, questions this africentrist view of the black male with the common behavior traits of real African men.

Men have told me that their sex roles permit much more solid physical and joyous touching than does [American] society. In many African homes men are not ashamed to weep together, dance together, gossip, console, inspire and admire the very traits which people in this country call female behavior and ridicule in a man (pp.138-144).

Unlike Rev. J. and the africentrist Hares, African and Middle Eastern males do not find it problematic when sharing friendly kisses, holding hands, putting their arms around other men and embracing each other.

Whereas it is a valid question to ask the Hares and others why “many behaviors considered good for girls are condemned when exhibited by boy,” the fact remains that certain expressions deemed appropriate for females are condemned as appropriate for males (Griffin, 2010, p. 51). It is unclear as to what is gained for males by insisting that females are compassionate, nurturing, peaceful, warm and caring while arguing that males are naturally the opposite. In a society where black boys are killing other children, men and women, the murder rate was especially high in the urban centers of Chicago, Philadelphia, Baltimore and Oakland in the last decade--educators and religious leaders can ill afford promoting machoism as natural.

Since black machoism sharply dichotomizes female and male ways of being in the world, many older black men have a vested interest in maintaining machoism from generation to generation. In barber shops, basketball courts and street corners throughout the United States, black boys are taught by older males that a real man is supposed to fight. Pastoral theologian Lee Butler (2010) notes that within US society “physical power and prowess are two elements associated with popular definitions of manhood” (p.19). The most chilling effects of black
machoism can be found in Nathan McCall’s bestseller, Makes Me Wanna Holler (1994), as he recounts his own machoism as a young man and its destructive effects that landed him in prison.

I had a shoulder pouch that I carried with me. In it were some drugs and a .22 pistol. Plaz [a black rapist and street thug] pointed a finger at me and said, Niggah you better get outta my face fore I stomp your ass! In one swift motion, I drew the gun, aimed it point-blank at his chest and fired. Bam! (pp. 114-15).

McCall killed him. In this black macho system that creates twisted black men, it is worth noting that in Harlem the people everyone respected were the men who had killed somebody. And the children respected by adults in their neighborhood were those who did not let anyone beat them (Brown, 1965, pp. 263-271). Cultural critic Michael Dyson (1993) identifies the Code of Male Honor (killing a rival gang member for the killing of a brother) as another gang ritual popularized in John Singleton’s film, Boyz in the Hood (p.105).

For black male gang members who live past 20, most of them will spend some or most of their lives incarcerated. It is not only black male development and relationships that suffer; the warrior male is harmful to black women when black men define their manhood based on sexual conquest. Recalling a neighborhood gang-rape, McCall (1995) writes,

As several other guys hung around nearby, I went and stood over Vanessa. She was stretched out forlornly on the bed with a pool of semen running between her legs. She stayed silent and kept her hands cupped over her eyes, like she was hiding from a bad scene in a horror movie. With my pants still up, I pulled down my zipper, slid on top of her and felt the sticky stuff flowing from between her legs. Half erect and fumbling nervously, I placed myself into her wetness and moved my body, pretending to grind
hard. After a few miserable minutes, I got up and signaled for the next man to take his turn. While straightening my pants, I walked over to a corner, where two or three dudes stood, grinning proudly. Somebody whispered That shit is good, ain’t it? I said yeah man. That shit is good. Actually I felt sick and unclean. Although everybody knew it could lead to trouble with the law, I think few guys thought of it as rape. Most girls seemed to lose something vital after they’d been ‘trained.’ Their self-esteem dropped and they didn’t care about themselves anymore (p.46).

As McCall points out, gangs and this kind of “man proving” exist as compensation for the lack of social status in communities of lower socio-economic black and Latino men. While this kind of sexual abuse would be condemned outright by church leaders, religious teachings and ecclesial structures that place black men in a place of domination and control over black women invariably send a message that women’s activities and interests must always be subject to males’ needs. Since gang and street settings are not always available or desired in providing males with this sense of completeness, the home becomes an enticing place for males’ flexing their muscles to be “men,” claiming their “rightful” place of domination and control. This last narrative of Joyce, a woman survivor of battery and rape, offers an opportunity for learning redemption, and liberation.

**Black machoism in a pastoral theological context**

Domestic violence research points to the fact that black machoism does not end on urban streets and small town street corners; the warrior image adopted by many black men takes over their lives and leaves them out of control in their most intimate setting: the home. In these cases, children and women generally are left at the hands of a violent male, a by–product of an inadequate response to racism and male identity. Black machoism, in this respect, is domestic
violence. In the following case of Joyce, a middle-aged African American woman who endured years of abuse by her African American husband, we become witnesses to another destructive element of macho behavior. In the words of her daughter, Joyce is identified as one of the many black women suffering from the effects of black machoism.

My parents were dressing for success and going out on the town. Somehow, on this night, the reddish streak in my mother’s hair displeased [my father], did not meet his standards. On this occasion, his anger expanded when he noticed me now crouching near the bathroom door, flinching already from the tone of his voice. In a sudden sweep he slapped my mother full in the face. He then slapped me just for seeing this happen. In another sudden move, he grabbed my mother by the hair and began beating her, pushing her face into the wash basin, running water to rinse out what she had put in as a treat just for him. He continued beating while he pulled her toward the bedroom, where he pulled off her party dress and pushed her onto the bed, which was positioned beneath a crucifix on the wall, a reminder of how God watched over and safeguarded us while we slept. He was ready to rape, brutalize her into silence and submissions his final way of gaining control. Sometimes my own screaming would shame him or stop him in his wrath. This night it did not. This night his rage extended to me, as it occasionally did. Furious, frustrated, perhaps even frightened by his own anger, he finished with her and reached for me. ‘Don’t you ever tell,’ he began as my own body bent to his anger, and bent to his body intruding into mine, intruding until my own screaming stilled to silence. My parents’ pastor and the many clergy and religious leaders who also frequented our home all knew of the violence and the vengeance. Not one of them ever intervened (Eugene & Poling, 1998, pp.86-88).
While Joyce’s story points to a sadistic, cruel father, her account also draws attention to the failure of the community, church, and religious leaders who--by their silence--were complicit in the sin of machoism committed against this woman and her mother. It continues to be both puzzling and frightening that black ministers can remain silent about such horrors endured by women and children while preaching a gospel of Jesus’ love and liberation.

In their important work, *Balm For Gilead: Pastoral Care for African American Families Experiencing Abuse*, pastoral theologians James Poling and Toinette Eugene (1998), unveil this shroud of silence surrounding the emotional, physical and sexual violence endured by many in African American families. They make the case that abuse not only occurs in the presence of street gangs, but in families where a significant number of black women and children are victims of rape and other forms of violence by husbands, fathers, and other male relatives. Although this abuse is not unique to men, studies find that “90 percent of are by adult males of female minors [and that] the serious injuries of older children are almost always caused by [them]” (p.71).

Black ministers’ refusal to help a suffering black mother and child, as in Joyce’s case, is not the only way they fail black families; some black women are encouraged by black ministers to remain in abusive marriages steeped in machoism, perpetuating the cycle of abuse (p. 114). Family and church members often fail black children and women by dismissing what they observe and hear as abuse (pp.81, 82). In the Black Church’s patriarchal structures where machoism thrives, women’s voices are often muted.

The Black Church is not the only religious institution that has been dominated by males. The Nation of Islam is another House of Worship where black heterosexual men and machoism reign supreme. Although the Nation of Islam must be commended for its reform of many violent, sexually irresponsible and drug addicted black men (see Manning Marable’s, Ian
Steinberg’s and Keesha Middlemass’ *Racialized Justice, Disenfranchising Lives*) it must also be challenged for its macho religious teachings and structure that subordinate women and condemn gays.

In a 1990 speech, Nation of Islam leader Louis Farrakhan spoke of the need to sacrifice the individual for the preservation of a nation. With such a philosophy, the question becomes, how many individuals are sacrificed before you sacrifice the community. Like the Hares machoistic thinking, Farrakhan instills fear in black men and black people in general about gays as somehow a threat “to the preservation” of a nation when there is no evidence that supports such a claim. After telling black men that they had better hide their effeminate behavior, he reminded them that the penalty for homosexual activity in the Holy Land is death (in Boykin, 1996, p.153).

Given this record, the 1995 Million Man March, led by Louis Farrakhan, was rightfully questioned as one more example of female and gay male oppression and a less than subtle attempt by many to restore black macho men to their perceived rightful place of dominance in black families and communities. As white racist leaders typically reject any claim of their racism, Million-Man March organizers and supporters dismissed the controversy that surrounded this event and subsequent claims of sexism and homophobia.

Cast as a “Day of Atonement” for the sins committed by presumably black heterosexual men (no speaker mentioned black gay men’s existence), the Million Man March speakers throughout the day admonished black men to live more responsible lives. Whereas there was general praise for such admonishment, many black women and men criticized the march as a missed opportunity (see K. Baker-Fletcher’s *Black Religion after the Million Man March*, (1998), p. 22).
Given the disdain and hostility usually directed toward black gay men by black heterosexual men, one can understand why black gay men would choose not to attend. However, there was a visible group of openly gay African American men who braved the day and planted themselves in the middle of closeted gay and heterosexual African American men. Many touted praise for the fact that no altercation or violence occurred between these two groups of black men. Gay African American Keith Boykin (1996) marveled that they [non-gay identified black men] took the high road and greeted our participation (p.24). When this becomes the marker for a good day between black gay and heterosexual men, one can conclude that much work needs to be done, not only in fostering better relations, but also in recognizing the destructive effects of machoism and its tendency to violently bifurcate gender traits.

On this Day of Atonement, however, there was no atoning for the many sins black heterosexual men commit against black gay men because of machoism. In the black male dominated Nation of Islam culture that identifies hyper masculinity as a core value, there is a clear lack of respect for diversity in manhood or simply what it means to be male.

While recently Farrakhan has adopted a milder tone, Nation of Islam leaders and other black men typically refuse to see their views and practices as sexist, homophobic and wrong, while rightfully rejecting similar racist theological positions that have been made about themselves. Within the last few decades, black heterosexual men who ascribe to machoism have shown that they are no different from their white male oppressors, ironically joining them in oppressive and unsympathetic treatment toward women and gay men. In his seminal work, The Relational Self, African American pastoral theologian Archie Smith (1982) identifies a formerly oppressed group’s lack of consistency to resist similar oppressive practices as false consciousness. The above narratives of exclusion, abuse and destruction of African American
women, men and children inform us of the diabolical nature of black machoism.

What is the moral imperative and theological response that pastoral caregivers and theologians can offer in treating the pathology of machoism? First, black ministers and religious academics, especially at the seminary level, must challenge black men to do more than recite simple pledges of love and care for black women, children, and other men (as they did at the Million Man March) and engage them in a serious theological dialogue along with behavior modification. I joined the chorus of voices decrying that the Million Man March fell short. One of the failures of the March was a lack of follow-up in black churches and community centers across the country regarding black men’s progress toward high self-esteem and positive interactions with others.

Black pastors must reach out to young men alienated by machoism and provide opportunities for healthy, loving relationships between other men and with women. The first task is inviting helping them to work through their violent anger and pent up frustrations and emotions experienced in abusive families, communities and the wider society. In addition to inviting therapists, psychologists, pastoral counselors, pastoral teams, social workers within the faith and larger community for counseling with these men, support groups can be established for these men as they develop a new spiritual and social community. A good example of a pastor working to overcome destructive black machoism is Rev. Frank Reid, the pastor of Bethel AME Church in Baltimore, MD. With the support of his congregation, he established this type of Big Brother program in his congregation over a decade ago. The program has been instrumental in providing liberation from the destructive forces of machoism.

There are also former gang members doing redemptive work in the Church and community. Rev. Alex Montaner, an ex-gang leader in Detroit, started a ministry called “the
GRACE program: Gang Retirement and Continuing Education and Employment” (Erickson & Jones, 2002, p.270). His special appeal for gang members adopting a non-violent lifestyle that is productive is rooted in the Gospel, a powerful witness of hope from the destructive force of machoism. He has developed a relationship with former gang members, a group that has taken a courageous step from a gang, banking on a new security that comes with “jobs, education and benefits” (ibid). Rev. Montaner is showing by example that belief in the salvific power of Jesus can indeed liberate one from the evils of violent machoism and give new life.

Indeed, black males can draw from black religion that offers a God who liberates black people from places that destroy their lives. Instead of the divisive messages of Rev. J. and the Nashville pastors that further fracture relationships between gay and heterosexual Christian men, there is a need for pastors to bring all members of black faith and social communities together. Inasmuch as black gay men generally offer to black heterosexual men an alternative way of being male in the world that is not physically abusive to women, children, and men, African American heterosexual males can learn from African American gay males. Gay males can also play a vital role for young black males in families as nurturing and caring uncles, godfathers, surrogate fathers and fathers. They, along with forward thinking heterosexual men, represent the grace of inclusion instead of simplistic bifurcation of the social constructions of male and female characteristics. When black men begin moving beyond the rigidity and destructive elements of machoism, they can begin to do the larger work of healing family relationships and address the various educational, political and physical needs of the community.

Homer Ashby is a black pastoral theologian with theological depth and a liberative pastoral approach that can assist pastors in making progress in this area. In his carefully constructed examination of black pastoral theology entitled *Our Home is Over Jordan* (2003),
Ashby bemoans the prevalence of broken relationships in today’s black families. He asserts that this disconnection among African Americans has contributed to the recent setbacks that have occurred for blacks in the socioeconomic indices of economics, politics and health (p.105). Ashby suggests that black pastors can bring about healing for violent macho men in broken familial relationships with women, wives and children by calling them into a process coined by Toni Morrison: “process of cultural archeology.” This process is designed “to recover the cultural productions and artifacts that have become lost to a collective cultural memory” (p.147). Ashby goes on to say,

for in remembering that involves a full memory recall of the drama of the historical transformed reality, all come together to give hope for the present moment, the powerful presence of a deliverer, and the excitement of a transformed reality, all come together to give hope for the present moment. If God has done it once, God can do it again. If God can deliver Daniel, God can deliver me. If God can make a home for the ancient Israelites across the Jordan, God can create a home for African Americans in America today. In religious education, preaching and worship, the black church should engage in the archeological task of recovering collective cultural memory so that a people can have access to the vital cultural heritage that has been at the heart of their survival and liberation (ibid).

In his work, African American pastoral theologian Lee Butler (2000, 2010) offers ways for black men to be in healthy relationships with their spouses and children. They are encouraged to communicate with each other as a way of moving toward wholeness—a more inclusive understanding of masculine and feminine traits and roles. In addition, African American theologians Dwight Hopkins and Garth Baker-Fletcher are challenging black men to live better
lives. Hopkins (2000) describes this kind of liberation for black men as the Spirit of Total Liberation in us. Black men must be told that they are made in God’s image and, because God is creator, must also create, appreciate and celebrate all life. Black boys and their fathers learn that they are made in God’s image, and, like divine creation, must embrace the beauty of differences, “celebrat[ing] and affirm[ing] the aesthetic difference between female and male as equal partners having equal value” (p.240).

Finally, I do not believe that getting black men to stop killing women, children, and each other is a hopeless endeavor. It is frustrating that our nation does not rise up when black children are being killed in the streets by adolescent black males and view such a sickness as a national crisis. I do not understand why there are not marches in the streets and outrage from the nation’s leaders over the killing of young black people in our cities. Rather than expressing outrage over the loss of these precious lives, black pastoral leaders and African American churchgoers strangely chose to express their outrage over President Obama’s Christian message supporting marriage equality in May 2012.

Even though one can understand the historical origins and sociological reasons for black machoism, there must also be recognition of the irreparable harm that it causes black people. Black people of faith must stand not only against the injustices of racism, but also protect women and children against violent black men caught in the snares of masochism. At the same time, as David Livingston (2002) suggests in *Healing Violent Men*, “by embracing violent men in their brokenness, the [black] faith community offers witness to the healing power of faith” (p.97). The black religio-cultural healing balm of Gilead and the gospel motif of people’s deliverance from oppressed places must be manifested in the work of black pastoral persons and caregivers. In Joyce’s case, black ministers failed to embody a God of love and justice,
demanding that she be delivered from her oppressive father and supporting her mother so that she could escape an abusive marriage. Black pastoral persons providing pastoral care must intervene in personal and family situations of abuse in order to insure safety for victims and accountability for perpetrators (Eugene & Poling, 1998, p.133). Moreover, black pastors can use their authority and office for supplying abused family members shelters and agencies that aid in moving individuals from abuse to health and wholeness.

Finally, African American men must move beyond the warrior model that damages all sorts of relationships, creating problems for black men, often leading to crime, prison and death. While it is true that a number of problems can occur for sons without fathers, including low self-esteem and low self-worth, it is not enough to say that we need more males in the home. We can conclude from the above examples of abusive black fathers that simply having males in black families and communities will not in itself produce productive and healthy young black males. In fact, poor role models for young black males, such as those provided by violent, destructive black males, perpetuate the cycle of violence. Black families need more positive, caring and responsible black fathers, who can nurture, guide, and mold young males in ways that do not lead to machoism.

As Boisen worked at the reorganization of mental states so that individuals would become well-adjusted and awakened to moral responsibility, black men must also reorganize male behavior in black families, communities and the wider society. Black men must insist that other black men shift from being the leaders in criminal activity to educators of young black males, teaching them responsibility, self-pride, confidence and hard work as cooperative agents with other men and women in creating life and a better world.

Boisen’s refusal to give in to the destructive forces of mental illness, like blacks’ refusal

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to accept the white racist violence that destroys black people, are models for black men also to refuse destructive black machoism. It is in doing this that black men will find liberation from the pathological chains that deny them whatever they feel they can or need to be. Only when black males see themselves as men with the capacity to love themselves and others, instead of hostile and violent male beings, will we find liberation from black machoism and its discontents.

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Pastoral Caregivers, Bioethics and the Politics of Race

Hellena Moon, PhD Candidate

Abstract This article points out the prevalence of racial prejudice and discrimination in the health care setting. In an effort to combat healthcare disparities, the scientific community is renewing the now-discredited notion that “race” is a biological category. In this regard, race has been used adversely to compound and contribute to healthcare disparities. We have elided the important discourse on the politics of race by focusing on erroneous biological categories of race that further oppress people of African descent. To address this dilemma, I propose that we consider Martha Fineman’s heuristic concept of a shared vulnerability. Rather than focus on methodologically flawed studies that point out genetic differences and biological divisions between people, foregrounding our common humanity focuses on how to have greater equality in society by dismantling the politics of race that have led to disparities and inequalities in healthcare.

Key words African American, pastoral care, racial disparities, bioethics

Introduction

Many people find it morally disturbing that a person would be intentionally or unintentionally harmed in the name of research. For the sake of improving the lives of humanity, certain people are physically or emotionally harmed in the process. Yet, unethical biomedical practices are not just actions of the past, nor are they isolated incidents that then become fodder for media sensationalism. They continue to transpire in...
research facilities and hospitals on a regular basis, and such unethical practices seem to occur at an appallingly higher rate to persons of color than to whites due to racial prejudice, stereotyping and discrimination (Smedley, Stith, & Nelson, 2002). Individuals’ practices of prejudice within medicine and healthcare further entrench racism and institutionalize it as a norm. In this article, I advocate for the importance of coalition-building and the need for on-going conversations on medical research, racial disparities and pastoral care.

This article examines the ongoing prevalence of racial prejudice and stereotyping that exists in medical research and the U.S. healthcare system. Systemic discrimination and biases in healthcare and research show the need to examine relationship dynamics and situations of vulnerability. While issues of race are very real and cannot be overlooked, I examine the problems with the paradigm of identity politics and how a theory of our shared vulnerability will be helpful in engaging in meaningful discourse to address ongoing disparities in healthcare due to racial discrimination, prejudice and stereotyping. Rather than delving into a struggle of identity politics alone, we have to situate our struggles against racism with new frameworks or methods that neither dismiss the idea of racial classification, nor further lock us into our identities, thereby perpetuating stereotypes for African Americans.

In the first part of my article, I examine the disparities in healthcare due to racial discrimination and prejudice by physicians and those in the medical community. In the following section, I look at how disparities in healthcare have not been adequately addressed due to renewed efforts by scientists to point out the biological and genetic

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2 By referring to the healthcare system, I see pastoral counselors and caregivers as a vital part of that system. Sacred Spaces: The e-Journal of the American Association of Pastoral Counselors, 2012, vol.4.
reasons for our healthcare disparities. I argue in the next section that an elision of race is not helpful either. To better address healthcare disparities, I propose that we consider exploring how a theory of vulnerability can be helpful in acknowledging our common humanity. In the last section of my article, I provide a brief vulnerability analysis of sickle cell disease.

**Bioethics, race and modern medicine**

The 1932 Tuskegee study of untreated syphilis in African American males exposed the unethical and racialized treatment of human subjects in scientific research. The male subjects recruited were neither told about their disease, nor informed that they would not benefit from the research (McGuire, Dunn & Chadwick, 2004, p. 21). While penicillin was discovered in 1943 to cure syphilis, it was withheld from the study subjects themselves (p. 21). Even with the declaration of the Nuremberg Code in 1947, the year to which human subject protection is routinely dated, informed consent was still not obtained from the African American men who were subjects of the syphilis study (p. 21). Treatment was withheld because the researchers wanted to know whether persons with the disease would be better off without the treatment. In other words, they were being used for research purposes, as a means to an end. The study lasted for forty years until the unethical practice was finally exposed by a reporter in 1972 (King, 2004, p.149).

The Tuskegee study has become “America’s metaphor for racism in medical research” and has raised many concerns regarding the unethical treatment of human subjects in research (King, 2004, p.150). The Tuskegee Study became the *raison d’être*

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3 The drug became widely available in 1951 for those with the disease.
4 The Nuremberg Code was the result of the Nuremberg trial of 1945, where horrific medical experiments on humans were conducted by Nazi doctors that involved torture, murder and other heinous abuses. Sacred Spaces: The e-Journal of the American Association of Pastoral Counselors, 2012, vol.4.
for the National Research Act that was passed by Congress in 1974, which created federal regulations in human subjects research, such as review by Institutional Review Boards (IRB’s) (McGuire Dunn & Chadwick, 2004, p.22). The IRB was created to ensure ethical treatment of human research subjects, as well as guarantee their rights. The Act led to the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research (p.29). The Belmont Report is a declaration of basic principles that was crafted to guarantee that research with human subjects would be conducted in an ethical manner.

In March of 2002, the Institute of Medicine (IOM) produced a very important, landmark study on racial health disparities: *Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare*. It was an endeavor on the part of U.S. Congress to better understand and eradicate the gap in the quality of care in health institutions between whites and minorities. The report found empirical evidence that physician bias, as well as negative racial and ethnic stereotyping are, indeed, prevalent in health care structures and contribute to unequal treatment and health outcomes (Smedley, Stith, & Nelson, 2002, p.162). The report showed that racial and ethnic minorities received lower quality of health care services than their white counterparts—even when other factors (such as insurance, age, income, health condition) were the same. The IOM report also stated the obvious—that we could alleviate some of the disparities by having more health care professionals come from racial and ethnic minorities. The report recommended more education for patients and professionals, with the greater responsibility of education and training resting on the professionals.

The organization, Physicians for Human Rights (PHR), conducted its own follow-up research to the study conducted by the IOM’s *Unequal Treatment* report due to the Sacred Spaces: The e-Journal of the American Association of Pastoral Counselors, 2012, vol.4.
human rights repercussions of these disparities. They convened a Panel on Racial and Ethnic Disparities in Medical Care (The Panel) and confirmed the conclusion of the IOM’s 2002 report of the existence of persistent “negative racial and ethnic stereotyping and bias” that impacts the quality of care patients receive (PHR, 2003, pp.1-2). The Panel found the substantiation to be “robust, beyond reasonable doubt, of a pervasive and troubling finding in the health care system, and a cause for deep concern” (p.1). Such racial disparities in health care due to prejudice are part of the legacy of racial, social, and economic inequalities in the United States.

Evidence has shown, therefore, that racial discrimination in health care (past and present) is a major factor in the poor health status and outcomes of African Americans and other minority populations (Byrd & Clayton, 2002, p.460). In terms of human rights, such pernicious discriminatory treatment of patients is a breach of the standards of bioethics to which we expect physicians and other health care providers to uphold (PHR, 2003, p.2). The Panel concluded that the government needs to shoulder responsibility in rectifying this double violation of patients’ human and civil rights.5

Neither the IOM’s Unequal Treatment report nor the Panel study (by PHR), however, mentions the right to palliative or comfort care at the end of life, which is equally important in understanding how exploitation and mistreatment at the end of life occurs in healthcare settings. I raise this point because palliative care, it seems, is neglected to be seen as integral to the healthcare needs of a community and person. No one should be coerced or intimidated into unnecessary treatment when the patient’s own

5 Title VI was initially written to include all federally funded activities and programs, without mention of health care. Since almost all health care institutions and research receives some sort of federal funding, however, it now applies to most hospital activities (PHR, p.18). Please read the report regarding further analysis of Title VI.

goal is to receive comfort care, as part of their health care treatment. This is an under-recognized right of patients. Many patients and families believe doctors are giving up on them when their doctors raise the issue of palliative care or hospice. Providing patients with high-quality comfort care at the end of life is an important human right and is overlooked in healthcare disparities reports. The 2002 landmark study conducted by the IOM made no mention of palliative care and how there can be such an exploitation at the end of life.

As chaplains and pastoral counselors, we understand that quality of life at the end of life is integral to the vision of liberation and care for the whole person. Managing and controlling pain through palliative care is largely ignored in medicine. Experts in palliative care have argued that it is especially underutilized in African American communities (Crawley, Payne, & Bolden, 2000). This is, in part, due to such heinous abuses and ethical misconduct in medical research such as the Tuskegee study, economic exploitation, and racism — In short, it is understandable why the African American community is wary of institutions impacting end-of-life care decisions. In recognition of the under-utilization of palliative care, African American scholars and professionals put together an interdisciplinary working group in 2000 to alleviate suffering and improve end-of-life care for African American patients. The Initiative to Improve Palliative and End-of-Life Care in the African American Community has cited possible barriers (spiritual beliefs, socialization, education, and outreach) to using palliative care, but this study, like the other studies, did not mention coercion by a doctor not to stop treatment and prevent the patient from utilizing palliative care services.

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6 In using the phrase, “African American community,” I acknowledge the heterogeneity, complexity, hybridity, and diversity that exist within the category and term.
Healthcare professionals who exhibit prejudice in clinical decision-making may not even recognize their own tendencies to do so (pp.162-63). Undeniably, there are misperceptions between the reality of racial prejudice in healthcare and what physicians may believe. Around the same time as the publication of the IOM report, a March 2002 Kaiser Foundation survey found more than half of the physicians interviewed stating that there was no correlation between unfair treatment in health care and a person’s race or ethnicity (Dula, 2007, p.57). In fact, some physicians believe that stereotyping in medicine is necessary for better health outcomes (Satel, 2002). Indeed, physicians have admitted that “When it comes to practicing medicine, stereotyping often works” (Satel, 2002). Satel’s admission is not uncommon in the medical field, and such beliefs have caused controversies to erupt in the field of medicine.\(^7\)

Such practitioners have been accused of racial profiling in medical research, yet they stand firm behind their beliefs that to stereotype and essentialize the patient based on their “race” will lead to quicker diagnoses and better care (Satel, 2002). “There’s a lot of scientific racism that’s accepted as normal,” states hypertension expert Richard S. Cooper of Loyola medical school. “It’s not valid science” (Guterman, 2001, A 16). So the daunting dilemma in rectifying the problem of healthcare disparities is that even when physicians are aware of the charges of discrimination and racial profiling in medicine, many firmly believe that it is necessary for better health outcomes for the patient. The concern I raise is not whether our genes affect our health—indeed it does. The problem is how the role of our genes and genetic differences is now being used to give reasons for

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7 For instance, Satel states that “blacks metabolize antidepressants more slowly than Caucasians or Asians” and therefore she prescribes a lower dose of Prozac to all of her African American patients.

8 A heated argument ensued after a prominent medical journal, The *New England Journal of Medicine*, published studies showing that enalapril, a drug used to treat heart failure, was less helpful to treat blacks than whites. A prominent researcher wrote an editorial arguing that to prescribe medication based on a person’s race is unethical “race-based medicine” (in Satel, 2002, p.#?). 

healthcare disparities (Roberts, 2011, p. 116). Although there have been concerted efforts to include social justice into bioethics, the reality is that bioethics needs to consider the social context of a case if it is to adequately address ethical issues (King, 2004). There are deep roots of human rights abuses and lack of dignity for human persons that continue to impact every aspect of our society. It will take increased efforts on the part of our entire society to undo and eradicate the deeply embedded practices of racism, personal prejudice and stigmatizing that exist in the healthcare setting. We cannot completely break from the practices of the past until we have fully dealt with the injustices of our history.

The Tuskegee syphilis study should have taught us a significant lesson in this country about medical paternalism, racism, and the unethical treatment of people as objects or impersonal subjects of research. Yet, the hubris among some physicians and scientists has not abated. Not too long after the revelation of the Tuskegee study, E. Richard Brown (1979) astutely pointed out how medicine and corporations in the U.S. are inextricably linked. Brown argued that “the overall impact of scientific medicine within the profession was to legitimize control by elite practitioners and medical school faculty” to serve the narrow economic and social interests of its own medical profession as well as corporate capitalist society (p. 80). Medicine, in other words, has become big business and is another arm of capitalism and capitalist society. There is on-going paternalism, exploitation and discrimination in health care institutions and in the scientific research process. While progress has been made toward eradicating some of the racist behavior in the medical field, inclusion of minorities and women in research
and clinical trials still does not ensure that fair and ethical treatment will always prevail.\(^9\)

In addition to better training and education for physicians and scientists in the area of racial stereotyping, as well as intercultural theories and practices, we need to make further guarantees that physicians and scientists are not abusing their power and knowledge in research and healthcare practices.

King (2004) laments the failure of American bioethics to address appropriately how advances in medicine and science occur in a socio-economic context (p.151). She argues that until the Civil Rights Movement in 1964, cultural and legal subordination of African Americans and ethnic minorities were blatant in the healthcare system. Our practices of racism, stereotyping and discrimination—embedded as they are—are not so easily undone. At the same time, King and others are concerned about the renewed discourse on race in bioethics and healthcare law. King argues that “This well-intentioned effort to include African Americans in research, however, risks re-enforcing the now-discredited belief that ‘race’ is a biological category and allowing biological or genetic differences to define racial and ethnic groups that are actually socially constructed” (p.152). So to re-instate the politically invented system of race as a biological divide is to perpetuate human difference, hierarchies, and power. This is being justified in medicine because it allegedly improves humanity, rather than revealing how we are exacerbating healthcare disparities (Roberts, 2011).

**The use of race as a biological category in healthcare**

While the politics of race is an important discursive power construct contributing to healthcare disparities, highlighting race has had the paradoxical effect of further taking

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\(^9\) Congress passed the National Institute of Health (NIH) Revitalization Act of 1993 to ensure the inclusion of women and minorities in NIH-funded research due to a concern that their health concerns were not being addressed.

away agentive power from communities and individuals of color. In 1993, Congress passed the National Institute of Health (NIH) Revitalization Act due to concerns that healthcare issues of women and people of color were not being included in medical research (King, 2004, p.152). It was believed that their inclusion in research endeavors would benefit them. Yet, Bioethicist Patricia King (2007) states,

> From the perspective of African Americans, particularly worrisome is the possibility that, by emphasizing racial disparities in health and promoting efforts to eliminate them, race-conscious policies may perpetuate misconceived notions of race and increase burdens for African Americans by fostering stigmatization and stereotyping. Indeed, the IOM report, which takes the position that data should be collected with racial identifiers, also finds that stereotyping is a major contributor to unequal treatment in health care (p.71).

We become typecast and stereotyped into a certain category, as doctors will readily admit they do to facilitate their work. Paradoxically, therefore, highlighting issues of race in healthcare have caused further discrimination. Philosopher Wendy Brown (2000) articulates the paradoxes of rights discourse well: “rights that entail some specification of our suffering, injury, or inequality lock us into the identity defined by our subordination, while rights that eschew this specificity not only sustain the invisibility of our subordination, but potentially even enhance it” (p.232).

Sociologist Troy Duster (2009) and legal scholar Dorothy Roberts (2011) also warn of the dangers that intensifying the use of race as a biological category can do for
the fields of biotechnology and genetic research. Roberts (2010) warns of the dangers that as race becomes more important on a molecular level, it becomes less important on the societal level. She sees this effort of using race in scientific research as an elision of race and the effort to overlook the issue of race. Roberts raises a troubling thought-process of physicians and scientists:

Genetic race=scientific truth

Social race=ideology

Roberts argues that there are two ways of looking at disparities: difference and inequity. Since race is a political category, it should not be further inscribed as a genetic category. Inequities in health are due to socio-political inequities. Race, states Roberts (2010), “is a political category with biological categories and biological consequences” (lecture at Emory). She trenchantly points out that to highlight race as a biological category is to shift money/funds away from policies prospectively dealing with social and political inequities in healthcare. The political context of race promotes the capitalist interests and further commodifies the human subject, while de-politicizing race (Roberts, 2010). Using race in scientific inquiry, Roberts contends, should be studied to examine racism in science and how it perpetuates inequality and further oppresses people. So the search for difference and the attempt to renew the discourse on race on the molecular level as a biological category only elides the real discourse on race that we need to have in the United States (Roberts, 2010).

\[10\] Independently, both Duster (2009) and Roberts (2010) are concerned how it came to pass that Bidil, a combination of two generic drugs originally patented to treat all patients, is now being marketed for African Americans for heart failure treatment. Roberts asks how this clinical trial was passed but points out how the drug’s maker, Nitromed, will make huge profits on drug sales because of its extended patent to year 2020. They were able to extend the patent by marketing as a drug that specifically benefits African Americans (lecture at Emory University law school: March 29, 2010). Sacred Spaces: The e-Journal of the American Association of Pastoral Counselors, 2012, vol.4.
Elision of race

Legal scholar Darren Hutchinson (2009) has examined “racial exhaustion” as a longstanding feature of U.S. political and legal life, rather than as a new, recent phenomenon. Racial exhaustion discourse and rhetoric have impacted discussions of race in the political, legal and policy-making arena of U.S. society. The main premise of “racial exhaustion rhetoric” is that U.S. society has negated racism through an intergenerational struggle to achieve racial egalitarianism (p.922). Hutchinson maintains that a solid majority of contemporary U.S. society accepts the terms of racial exhaustion discourse and believes that the U.S. has achieved racial equality, that further civil enactments are redundant and unfair to whites, and that everyone is tired of hearing racial explanations for the dramatic differences in measures of social well-being among whites and African Americans and ethnic minorities. Hutchinson (2009) further argues that social movements, like individuals or broader groups of people, also rely on rhetoric and narratives to explain a particular version of reality and to construct a common perspective. Narratives of dominant group members attempt to legitimize power inequities by rationalizing dominant social patterns as a by-product of individual shortcomings rather than group domination or bias. Dominant narratives try to “naturalize” uneven distributions of economic, political, and social power.

Even though public knowledge of racial disparities in health care is more widespread, there is less public support for federal responsibility in alleviating these inequalities. As I have mentioned above, the funding has shifted to supporting genetic research on biological differences that are attributed to healthcare disparities, as opposed to addressing the real problems. Patricia King (2007) states how Americans are deeply divided on how we should deal with disparities in health care, mainly because Americans

are divided over the legacy of the civil rights movement (p.69). Roberts warns of the dangers that the effects of science-as-truth has on the liberal mindset. The views of the liberal biocitizen, she argues, sound exactly the same as what conservatives say: that we should accept what scientists say about race.

Paul Gilroy’s (2000) and Kwame Anthony Appiah’s (2005) conversation on race is part of the on-going complacency in Western liberalism that omits or ignores race and racism. In my view, their elision of the extant racial tensions imbricated in the fabric of the lives of those who are a part of the African diaspora is problematic. Their work is reminiscent of those who believe that to ignore or overlook difference shows that racial and ethnic minorities are the same as everyone else, when it actually maintains the very structures of oppression. The narratives of identity created by Gilroy and Appiah, then, become part of the social script of racial exhaustion that attempts to show the United States as a post-racial society (Hutchinson, 2010). Cornel West (1993), on the other hand, attempts to shatter this paradigm that contributes to racial apathy. He is a Christian realist who is all too aware of the propensity for evil in human beings and of the potential dangers of ignoring race. His work passionately conveys his very critical view of racial oppression and the perpetuation of dominance by whites over people of color in the United States.

Gilroy’s (2000) invocation of a “planetary humanism” as a solution to problems of race is idealistic as potentially conceivable in the present era. Kimberle Crenshaw (1996), scholar of critical race theory, states that many theorists have also adopted a kind of vulgar constructionism, arguing that because axes of identities (race, class, etc.) are socially constructed, they therefore do not “really” exist. To say that a category...
such as race or gender is socially constructed is not to say that category
has no significance in our world. (p.375).

She notes that social constructionism is helpful in showing how naturalized categories
exclude and exercise power against excluded groups. Yet these categories are still
performative and help shape those who are defined by these categories. As long as the
categories of race, gender, and sexuality continue to shape institutional structures and our
senses of selfhood, oppositional politics on the basis of these identities is critical.
Feminist historian Louise Newman (1999) states that “the national romance with
colorblindness… is a fundamentally guided strategy—an ineffective way to address the
real discursive effects of social hierarchies intricately structured along the multiple axes
of race, class, gender” (p.20). To pretend that there is “sameness” is to purposefully
ignore the material and ideological effects that race (gender, class, sexuality) have had in
creating oppression, inequity, and injustice (p.20).

Cornel West (1993) certainly seems aware of the dangers extant in the proposal of
eliminating race put forth by Gilroy. West insists we need to reinvigorate our public
discussions on race (p.156). Giving people hope for the future and creating a sense of
agency are fundamentally important tasks for West. He states that there needs to be new
ways of activism. An honest examination of race, he argues, “takes us to the core of the
crisis of American Democracy” (p.156). West sees the inadequacies of both the liberal
and conservative approaches and responses to race. Liberals do not address the cultural
factors, while the conservatives do not tackle the political and economic structures. He
sees the need to work towards common ground in order to address race matters in this
country. West contends that the two opposing camps (liberal and conservative) have
“suffocated the crucial debate that should be taking place about the prospects for Black
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America” (p.18). In order to adequately address the complexity of racism, West contends that we need to address and examine the variegated ways in which racism (historically and currently) is manifest in the daily lives of people of color—and not just in the workplace or through the Marxist framework of a working class exploitation. He correctly points out that this view ignores the racism that occurs outside the workplace.

So while race is socially and politically constructed, the reality is such that it creates racialized experiences not only for people of color, but for whites as well. The prejudice and racism that exist between and among groups of people creates certain relations among people, which then becomes the impetus for creating law and implementing policies that negatively impact communities of color. In the same vein, because post-structuralist theorists have argued that gender is socially constructed, does that mean we should abandon the “fictitious” categories of gender and even sex?

The social construction of race does not detract from the certain reality that race impacts and affects education, health care, research in medicine, as well as virtually every other aspect of our lives. Oppression still exists, whether or not categories are politically constructed. Racism and prejudice are humanly constructed and are a part of the human condition (Arendt, 1958). So, in the words of Cornel West, “race matters.” I further argue that “race matters” for the healthcare community because people are vulnerable to physical harm (or sub-par care) due to racism, prejudice, and stereotypes in medicine. We have a societal responsibility to rectify and eliminate the wounds that are inflicted and discuss the impact of race as a political category that has led to healthcare disparities. We need to do so in a way that brings us together—to affirm our common humanity, not further divide us.
Theory of vulnerability

Given the on-going healthcare disparities and the research studies that show concrete evidence for prejudice and discrimination contributing to inferior quality of care for patients of color, a post-racial society is inconceivable. To even talk of a vision of a “planetary humanism” is idealistic for confronting such disparities. At the same time, further entrenching our injuries through a politics of identity is problematic and further contributes to the problem of essentializations and stereotyping. I propose, therefore, to explore new methods in combating healthcare disparities through a heuristic concept being discussed in feminist legal theory: a theory of a shared vulnerability.11 I hope that we, as pastoral care and counseling practitioners, will explore this concept further.

Introducing Martha Fineman’s (2008) theory is not a proposed solution to the problems I have raised in the article. Rather, I engage her theory to generate discourse and creative thinking so that we may contribute to her growing theoretical framework to dismantle the structures of racism and prejudice in our health care institutions. As a community whose work is focused on liberative praxis, we can discuss ways that a theory of vulnerability can be generative, non-essentializing, non-regulating and open to the possibility of bridging the gap between theory and practice. We need theory that is relevant to the lived reality of oppression in people’s lives.

How might a vulnerability approach help to re-articulate our conceptions of justice, equality, and collective responsibility? While Fineman’s work is centered on examining institutional vulnerability and the legal ramifications, I have used her theoretical framework to analyze the fluidity of a person’s power and agency in situations

of vulnerability and oppression. As pastoral theologians and practitioners, I believe we need to strive for an intercultural, feminist/womanist, pastoral praxis that acknowledges our differences, at the same time recognizing and situating our struggles through an understanding of our shared vulnerability as humans.

Feminist legal scholar Martha Fineman (2008) has noted the limits to antidiscrimination approaches which do not attend to the shifting nature of inequality. It locks us into our identities and does not take into account our multiple subjectivities. In a theory of vulnerability, Fineman wants to explore the political possibilities inherent in re-envisioning justice through frameworks of vulnerability and resilience that extend beyond current approaches focused on identity, rights, and nondiscrimination. I use Fineman’s theory of vulnerability and the vulnerable subject to re-envision our American bioethical framework, which is constructed around an autonomous, liberal subject.¹² A vulnerable subject approach to bioethics more realistically understands the shifting nature of our subjectivity, our vulnerability to illness or tragedy, as well as our precariousness to systemic and individual abuse in the healthcare system.

Fineman wants the concept of vulnerability to serve as a method of exploration, allowing us to reinvestigate and re-examine the assumptions and biases that shaped the original social and cultural meanings of the term, “vulnerability.” She (2008) explains the term, ‘vulnerable’ to mean a “universal, inevitable, enduring aspect of the human condition that must be at the heart of our concept of societal and state responsibility” (p. 8). I acknowledge, therefore, that the “human condition”¹³ is androcentric, perspectival

¹² The political ideology of liberalism sees freedom, autonomy and individualism as its ultimate values, The liberal subject is an essentialized, timeless being which has been critiqued by feminists as simply unattainable.
¹³ I use Hannah Arendt’s (1958) understanding of the “human condition” which she argues is conditioned and socially constructed.
and has been molded by our patri-kyriarchal society.\textsuperscript{14} So aspects of our vulnerability—while some of it is natural and beyond our control—are constructed and conditioned by the patri-kyriarchal society in which we live.

Fineman (2008) uses this term, vulnerable, in contrast to the medical discursive usage of the term of “vulnerable populations,” which stigmatizes a group of marginalized people and is traditionally associated with “victimhood, deprivation, dependency, or pathology” (p. 8). Used in medicine, “vulnerable populations,” promotes an erasure of any difference that may exist within any identity category. The concept of vulnerability was also used by early discursive strategies of the wo/men’s rights movement to argue for the protection of women as vulnerable populations vis-à-vis their male counterparts. Thus, previous usages of the term, “vulnerable” have been essentializing, derogatory and objectifying. Vulnerability formed our opinions about a group (or certain population) and who we saw as victims. It produced a “spectacle of suffering” that triggered either extreme pity or revulsion towards an issue or group of people.\textsuperscript{15} People responded to such spectacles of suffering with strong emotion. Such essentialist constructions of vulnerability necessitate paternalistic protection and have not alleviated healthcare disparities.

\textsuperscript{14} I use Elisabeth Schüssler Fiorenza’s neologism, patri-kyriarchy, which more realistically problematizes complex institutional power and oppression. Kyriarchy is derived from the Greek words for “lord” or “master” (\textit{kyrios}) and “to rule or dominate” (archein), in order to redefine the analytic category of patriarchy in terms of multiplicative overlapping structures of domination. “Kyriarchy means the domination of the lord, slave master, husband, the elite freeborn educated and propriety man over all wo/men and subaltern men” (2001, p. 95). Patri-kyriarchal oppression, then, refers to the multiplicative and complex ways in which oppression occurs, not simply along the binary of male/female. Even among one particular race and ethnicity, we find systematic pyramidal oppression based on clan, region, religion, education, etc. I am grateful to feminist liberation theologian Elisabeth Schüssler Fiorenza in pointing out to me this problem of patri-kyriarchy in the term, “human condition” (Personal Communication, May 27, 2010).

Fineman’s vulnerability theory is a feminist revisionist theory of the traditionally disparaging ways in which the term has been employed. I believe, therefore, that Fineman’s usage of the term has the potential to overturn the negative associations that we have with the term, “vulnerable.” Like queer theorists who revitalized and invigorated the pejorative usage of the term, “queer;” Fineman has refocused the concept of vulnerability to allow us to see its usefulness as a shifting human condition that is applicable to all of us.

**Post-Identity framework**

Fineman (2008) argues that while vulnerability is a shared condition (i.e., everyone is impacted to some degree by a form of vulnerability), there are socially constructed components as well. She states, “Because our personal and social lives are marked and shaped by vulnerability, a vulnerability analysis must have both individual and institutional components” (p.10). The vulnerability approach explores the possibility for a post-identity framework that focuses, not just on discrimination against defined groups, but also with institutional and state privilege and favor bestowed on a certain portion of the population (p. 1).

The problem with identity and identitarian rights claims, Fineman asserts, is that they assume a basic sameness around some difference. So in terms of Crenshaw’s work on intersectionality, Fineman (2008) departs from Crenshaw because she sees not identities, but rather, institutions intersecting. That is, she calls for examining the institutionalized aspects of vulnerabilities that are produced (p.18). It calls for a more responsive state. Institutions (such as our healthcare system) are created to reduce our vulnerability; yet, they exacerbate it in many situations. Fineman argues that “Therefore, Sacred Spaces: The e-Journal of the American Association of Pastoral Counselors, 2012, vol.4.
with respect to the assets any one person possesses, it is not multiple identities that
intersect to produce compounded inequalities, as has been posited by some theorists, but
rather systems of power and privilege that interact to produce webs of advantages and
disadvantages” (p.16). Wendy Brown (2000) argues that

To treat various modalities of subject formation as simply additive or even
intersectional is to elide the way subjects are brought into being through
subjectifying discourses, the way that we are not simply oppressed but produced
through these discourses, a production that does not occur in additive,
intersectional, or overlapping parts, but through complex and often fragmented
histories in which multiple social powers are regulated through and against one
another (Brown, 2000, p. 236).

Fineman (2008) uses the vulnerability thesis so as not to further essentialize and
stigmatize us; nor does the theory lock us into our identities the way the current
discourses on race and gender do. Fineman argues that a vulnerability analysis transcends
traditional identity politics and can get us towards a post-identity paradigm. The
vulnerability analysis, therefore, has the potential to move us beyond the confines of
current discrimination-based models toward a more substantive vision of equality (p.1).

An understanding of our shared vulnerability as human beings helps us to see that
our identities can ‘overlap’ with that of others, despite differences. The theory is
premised on the understanding that we possess multiple subjectivities and that all of us
have moments, periods, or situations of vulnerability in our lives (some of us have longer
periods or on-going vulnerabilities). It challenges the delineation of “us/them” and the
“we/they;” and it points us towards a common humanity. Fineman’s theory is in
adherence with postmodern feminism’s understanding of subjectivity as contradictory
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and reconstituted due to precariousness in life’s struggles. Vulnerability can be essentialized as well (as this was one of the reasons that feminists have eschewed the label of “women as vulnerable”). Fineman’s salvaged understanding of vulnerability is that of an uncertain condition in which humans exist. Vulnerability that has a more contextual application and one that is disconnected from its negative stigmas has the potential to be a powerful conceptual heuristic tool in terms of theorizing the state and how we can employ the state for greater equality. Because such a renewed understanding of vulnerability can be essentialized as well, it cannot become an identity. It has to be theorized and seen as a condition that is shifting, constant, and fluid; it is not fixed or static. So it cannot become an identity.

**The vulnerable subject in bioethics**

Based on the philosophical notion of the liberal subject, the supreme values of U.S. bioethics are autonomy, individualism and self-determination (King, 2004, p.150). The liberal subject is seen as independent and autonomous, with no consideration for a person’s social context or her/his web of relationships. The values that liberalism represents—equality, rights, autonomy, etc.—are those that people in many societies aspire to having. At the same time, the problems associated with liberalism persist [and its goals are unrealistic, unattainable nor are they desirable for community-building]. As we know, subjectivity is not unitary, coherent or static. Our subjectivity is shifting, contradictory and varied. Equally problematic is the victim subject, which depicts the African American woman as being undereducated and unable to think independently for herself. The protections that are granted to “vulnerable populations” in medical discourse
have such attached stigmas and are therefore treated with even greater paternalism in healthcare.

A complex analysis of vulnerability contributes to the theorization and construction of a more multifaceted subject necessary in bioethics and healthcare discourse. The vulnerable subject is more representative of the actual lived experience of the human person. The vulnerable subject is a better way to address issues of social justice and equality in bioethics, without resorting to a form of protectionism, essentialism, or conservatism. A person’s multiple subjectivities—historical, social, cultural, economic position, et al—are taken into consideration without one particular aspect defining the person.

The vulnerable subject approach “does what the one-dimensional liberal subject approach cannot: it embodies the fact that human reality encompasses a wide range of differing and interdependent abilities over the span of a lifetime” (Fineman, 2008, p.12). The vulnerable subject, in other words, best expresses and articulates this dialectical relationship between structural forces that control our actions, and how we are able to act as subjects and make choices to navigate our way through the structures that were created by human action.

A theory of vulnerability is useful in addressing concerns of agency as it attends to the complexity and fluidity of subject formation and the many subversive forms of agency that people employ when oppressed. Because we are vulnerable to violence, illness, harm, and injury; our subjectivity is constantly shifting and adapting to situations in which we find ourselves. We are not fixed, static beings. The theory reflects and focuses on the reality of humanity: we are all vulnerable and dependent in some form or other at some point in our lives, some more so than others. The theory of vulnerability, in Sacred Spaces: The e-Journal of the American Association of Pastoral Counselors, 2012, vol.4.
addition to a patri-kyriarchal systemic analysis, better address the concerns for an articulation of a subject’s complex subject position, as well as for a greater interrogation of institutionally embedded vulnerabilities. The goal of a vulnerability thesis, then, is to eradicate stigmas, essentializations, and stereotypes. At the same time, it does not ignore the important differences that contribute to economic, sociopolitical, as well as embodied disparities in society.

A bioethical framework premised on our vulnerability would help us cultivate a richer, more sophisticated and realistic understanding of the human that recognizes how human beings are imperfect, finite beings—that some aspects of life are out of our control, such as death. To be aware of our shared vulnerability and our ambivalent place in society to have the capacity to harm (and be harmed) makes us more aware of our humanity and strengthens us as a community. An intercultural pastoral theology attempts to address these complex realities and create meaning around our vulnerabilities and the shifting nature of our vulnerabilities. An intercultural pastoral theology of vulnerability recognizes the fluidity, hybridity and complexity of the human; it sees our similarities and differences. It is all too aware that no one is always the oppressor/perpetrator, the other always being oppressed/victimized. The concept of care merges the moral, the spiritual, and the political. Lartey (2003) states that pastoral care “seeks to foster people’s growth as full human beings together with the development of ecologically and socio-politically holistic communities in which all persons may live humane lives” (pp.30-31). Care helps us to re-envision and see human beings as interdependent. Our vulnerability and common humanity highlight our need to receive and give care.

An intercultural pastoral theology of vulnerability

While vulnerability is a collective condition due to our embodied reality, there is a tremendous amount of individual variation in terms of the size/scale of our vulnerability due to our varied locations on the social, political, economic web (Fineman, 2008, p. 10). Our vulnerabilities vary “in magnitude and potential at the individual level” due to our varied positions within a web of economic and institutional relationships” (p. 10). Indeed, while there is a shared, communal component to vulnerability (as a human being, we will succumb to some forms of vulnerability in our lifetime); it is also a specific, individual experience that is determined by the quality and quantity of resources to which a person or group may have access (p. 10). What further determines our individual experience in a situation of vulnerability is who we are as individuals (our personalities, how we decide to make certain choices within our prescribed socio-cultural-economic locations, our relationships, and so on) and how we navigate through various crises in our life paths. Vulnerability highlights our agency in the face of vulnerability. So the theory underscores the universal (collective), the particular (our culture, ethnicity, gender, sexuality) and the specific (who we are as individuals), as does Emmanuel Lartey’s intercultural pastoral theological method.

Vulnerability analysis of sickle cell disease

In seeing our common humanity, a vulnerability analysis shows that people have historically been susceptible to sickle cell disease in geographic regions where malaria was prevalent. It is a disease that affects ethnic groups from Italy to India. According to scientist Jared Diamond, "we'd place Yemenites, Greeks, New Guineans, Thai, and Dinkas in one 'race,' Norwegians and several black African peoples in another" (Roberts, 2011, p. 113). Roberts argues that it would make more sense to call the groups with the Sacred Spaces: The e-Journal of the American Association of Pastoral Counselors, 2012, vol.4.
sickle cell gene the “anti-mosquito race” because it is not necessarily a disease afflicting just people of African descent. In central and Western Africa, varying sickle hemoglobins resulted from several mutations in the β-globin gene, which then spread because it protected against malaria (Schwartz, 2001, p. 1393). Troy Duster states that “sickle hemoglobin is found in a small Greek population at about double the rate among American blacks, and it is not uncommon among Arabs, Sicilians, and other groups in the Mediterranean region,” such as Turkey and Italy (1990, p. 45). Sickle cell anemia also affects people from Spanish-speaking regions of South America, Cuba and Central America. Latino/as in the United States, therefore, have a carrier rate of one in one-hundred (Smith, Oyeku, Homer, & Zuckerman, 2006, p. 1763). It is also found in India. So it is not a racial disease; it is more accurate to say that the allele was selected in humans geographically where there was a high rate of malaria over a 400 year time period (Schwartz, 2001, p. 1393). The gene has become particularized through the course of history as a protective factor against the infectious disease.

At the same time, sickle cell disease is considered to be a ‘black person’s disease’ here in the United States because one in twelve African Americans are carriers of the disease (Duster, 1990, p. 45). There is much complexity and variability in the disease, with some having moderate crises, while others experience acute pain and other medical complications (p. 45). Yet, the variegated complexities of the disease are overlooked in the medical field. Even those who have been simply carriers of the disease have been vulnerable to discrimination and stigmatization. Due to mandated sickle cell carrier screenings in the 1970s, many African Americans who simply had the trait were discriminated and lost jobs as well as other economic opportunities (p. 45). Many patients who are admitted due to sickle cell crises are stigmatized as drug-seeking or drug-
abusing. In turn, many patients with sickle cell feel a lack of trust for their doctors. The injustice, inadequate funding, lack of trust, and lack of quality clinical care for people with sickle cell disease needs to be addressed and is a societal responsibility.

Examining power and privilege is important in a vulnerability analysis to better understand how inequalities and disparities are produced and sustained. In comparatively looking at two diseases, one primarily affecting people of European descent (cystic fibrosis) and the other affecting mainly people of African descent (sickle cell disease), we would see wide disparities and how the two groups are treated very differently. Both are autosomal recessive genetic disorders, meaning that both parents are carriers of the gene. Cystic fibrosis affects one in 2500 whites, whereas sickle cell affects one in 625 persons of African descent (Duster, 1990, p. 5). As of 2004, there were 30,000 individuals with cystic fibrosis vs. 80,000 people living with the sickle cell disease (Smith, Oyeku, Homer, & Zuckerman; 2006, p. 1764). Yet, the disparities in the systematic care and funding spent on the two diseases are causes for concern. In 1970, physician Roland Scott noted the discrepancy in the research and funding for sickle cell and cystic fibrosis, which had three times as many grants as there were for sickle cell disease (Smith, Oyeku, Homer, & Zuckerman; 2006, p. 1764).

The care for people living with sickle cell anemia has vastly improved in the past four decades. Comprehensive sickle cell centers were established after a major federal legislation, the National Sickle Cell Anemia Control Act of 1972, was passed. The Sickle Cell Treatment Act was passed in 2003, greatly expanding specialized sickle cell treatment programs (Smith, Oyeku, Homer, & Zuckerman; 2006, p. 1763). Yet, the disparities are astounding in comparison to the improvements and differential treatment for cystic fibrosis during the same time period. This is due to disparities in the justice of Sacred Spaces: The e-Journal of the American Association of Pastoral Counselors, 2012, vol.4.
research funding (both public and private), as well as and in providing high quality clinical care (Smith, Oyeku, Homer, & Zuckerman; 2006, p. 1764). In 2004, the National Institute of Health reports spending $90 million on sickle cell, as opposed to $128 million spent on cystic fibrosis—this, despite the fact that the number of individuals with sickle cell disease is almost three times that of those living with cystic fibrosis. The dollar amount per person that has been allocated to federal funding for cystic fibrosis is $4267, vs. the per dollar spending for persons with SCD at $1125. In examining situations of privilege and the need for greater state responsibility, a vulnerability analysis shows the need to increase research funding by almost 4 times in order for there to be parity in governmental spending alone between the diseases. This is just speaking of federal research funding however.

Other points of inequality exist in the care for persons with the two diseases. With regard to the private sector, the total revenue for the Sickle Cell Disease Association of America in the year 2003 was $498,577; compare that with $152 million total revenue for the Cystic Fibrosis Foundation (Smith, Oyeku, Homer, & Zuckerman; 2006, p. 1765). The Cystic Fibrosis Foundation, therefore, is able to initiate programs that will match federal research money towards the development of new treatments, clinical trials, and efforts to establish “best practices” (p. 1765). The Sickle Cell Disease Association of America, on the other hand, does not have such resources to advance research for those suffering from the disease. So with the combined federal dollars and private funding, those with cystic fibrosis are receiving more than eight times greater support per person than those affected by sickle cell disease (p. 1765). Such inequalities need to first be addressed through greater funding, which could lead to quality improvement initiatives for the care of persons with sickle cell disease.
While there have been great strides made in terms of the clinical care of persons with sickle cell disease, it still lags behind the care that cystic fibrosis patients receive. Those physicians who treat patients with cystic fibrosis follow strict guidelines that have been effectively implemented through cystic fibrosis comprehensive centers on how to care for these patients. Despite the existence of comprehensive sickle cell centers, not all patients go to these centers to be treated. Nor are all doctors who treat patients even knowledgeable on the latest guidelines and will just treat according to their own skill level (p. 1767).\(^\text{16}\) The knowledge gained from the research is not being clinically practiced and applied to patients with sickle cell disease. There needs to be better care for people who are having a sickle cell attack, but in many cases, those who come in for treatment for sickle cell are stigmatized in the healthcare setting. Generating public support for the disease has not been as successful for sickle cell disease as it has for the cystic fibrosis community.

So a vulnerability analysis reveals how those living with sickle cell disease here in the United States have been more vulnerable to receiving inferior treatment and lower quality of care in comparison to a disease such as cystic fibrosis, which is seen as a “white person’s disease.” While a paper topic in and of itself, it would be interesting to study the treatment of sickle cell disease in other parts of the world and see how those individuals are treated in their respective countries. Is there the same level of a history of racism, neglect, etc? Is their vulnerability the same as those with the disease in this country?

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\(^\text{16}\) A friend who is an internal medicine physician made me aware of this differential treatment in a well-known research hospital in the South that has a state-of-the-art center for cystic fibrosis patients, but not the same care is provided for those with the sickle cell disease.

A vulnerability analysis is much more useful in examining the politics of race in healthcare inequalities. It would help us see that we need to focus on the illness, not the race. That is, a broad coalition needs to be built around the disease, focusing on our connectedness to each other and our need to care for the illness. The focus, therefore, should not be on the identity or “race” of the person with the illness or that it is a ‘black person’s disease.’ That is, we need to see that the reason for the healthcare disparities are not due to genetics; instead, we need to be concerned with the institutionalized aspects of why a certain disease is not given the same level of importance as a disease that affects whites. So in examining sickle cell disease and cystic fibrosis, it is the complex web of power and privilege that interact to compound our inequalities, not our identities. We would see the institutional practices of racism that have led to inequalities in healthcare. Rather than turn to racism to understand healthcare disparities, the scientific community will invariably turn to genetics—which ironically, is unscientific because it is based on culturally and historically held beliefs on race. As physician and anthropologist Paul Farmer has stated, when two groups are treated differently in medicine for social reasons, one should discursively inquire as to what would happen if both groups were treated equally as human (Dreger, 2007, p. 77). And this is crucial as Dorothy Roberts says, "there is only one race: the human race" (2011, p. 4).

**Conclusion**

In this article, I approached the topic of racial disparities in healthcare by looking for new methods to engage in the politics of race without essentializing or eliding the discourse of race. Vulnerability is the starting point at which we can construct theologies around our humanity. Vulnerability is dependent on a relationship and how relationships are Sacred Spaces: The e-Journal of the American Association of Pastoral Counselors, 2012, vol.4.
structured. We are all capable of perpetrating violence and oppressions because of the patri-kyriarchal structures of society; a theology of vulnerability struggles with such complexities instead of with the binaries of essentialism and identity politics. To be aware of our shared vulnerability and our ambivalent place in society to have the capacity to harm (and be harmed) strengthens us as a community. An intercultural pastoral theology attempts to address these complex realities and create meaning around the shifting nature of our vulnerabilities. An intercultural pastoral theology of vulnerability sees the fluidity, hybridity and complexity of the human; it sees our many flaws and graces, similarities and differences, weaknesses and strengths. No one is always the oppressor/perpetrator, the other one always being oppressed/victimized.

While acknowledging the variegated ways in which people experience vulnerability unevenly as well as differently (we all have a life story that is unique), a theory of vulnerability tries to foreground institutional and state responsibility. An intercultural pastoral theology of vulnerability tries to locate agency and understand the shifting nature of power in the individual facing oppression. Our vulnerability paradoxically reveals our strengths and hopes. An intercultural pastoral theology of vulnerability in healthcare engages in on-going research that utilizes economic, social, and political analyses that work towards new public policies.
References


Queer Shifts in Therapy: Appropriating Queer Theory in Pastoral Counseling

Cody J. Sanders

Abstract
Seeking to advance a conversation regarding the relation of queer theory and queer theology to the practice of pastoral counseling, this paper attempts to appropriate a queer critique in order to compare and contrast the approach of queer theory with the more traditional LGBT approach of counseling sexual minority clients.

Keywords queer, LGBT, postmodern, pastoral counseling

How pastoral counselors approach their work with clients depends a great deal on the ability to be reflective upon issues of psychotherapeutic theoretical orientation and the theological commitments of client and therapist. In a similar way, pastoral effectiveness with clients who identify as lesbian, gay, bisexual or transgender (LGBT) or who bring questions of sexual and/or gender identity into the counseling session largely depends on the degree to which one engages in theoretical and theological reflection upon sexuality. Many pastoral caregivers and counselors evidence a strong desire to be “affirming” of LGBT clients, and a breadth of literature exists for aiding professionals in fulfilling this theological and therapeutic aim. There is, however, a dearth of literature exploring just exactly what it is one “affirms” when one becomes “affirming” in therapy. How do our theoretical and theological commitments make a difference in what we choose to attend to in the stories of our LGBT clients? How do our perspectival positionings as

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1 Cody J. Sanders is a Ph.D. student in Pastoral Theology and Pastoral Counseling, Brite Divinity School, Fort Worth, Texas. E-mail: cody.j.sanders@tcu.edu
pastoral caregivers influence what comes into view in the therapeutic exchange? These questions are becoming even more important for pastoral counselors working with issues of sexual identity as the theoretical literature is emerging in more distinct strands of thought on these and other issues. It is the aim of this paper to explore these divergent theoretical strands of thought regarding LGBT persons and sexual identity in counseling practice and theology. These theoretical strands can be roughly divided into an LGBT (or LGBT studies) approach and the emerging literature of queer theory.

Approaches to counseling and psychotherapy with lesbian, gay and bisexual clients have been in development within the clinical literature for several decades now, so much so that a thorough review of the literature would be beyond the scope of this paper. Until 1973, the clinical literature—including the DSM—legitimated the portrayal of “homosexuality” as a mental illness and, consequently, gave rise to a plethora of clinical practices aimed to “cure” or “repair” a client’s non-heterosexual sexual orientation. These practices included shock therapy, aversion therapy, and an amalgamation of practices termed “reparative therapy” or “conversion therapy.” While “reparative” and “conversion” therapies are roundly condemned by mainline mental health organizations (for examples, see America Psychoanalytic Association, 2012; American Psychological Association, 2009; National Association of Social Workers, 2000; Whitman, Glosoff, Kocet, & Villa, 2006), these practices continue today among many counselors whose (conservative) theological perspectives dictate the portrayal of difference in sexual or gender identity as “sinful” and in need of “conversion” or “disordered” and in need of “repair.”

The vast majority of the clinical literature that is affirming of lesbian, gay, bisexual, and transgender experience holds to an LGBT approach to theoretical and practice issues. Within the
literature of pastoral counseling, early attempts to generate meaningful literature for lesbian and gay Christians around issues of care and counseling (McNeill, 1976, 1988) spawned a slow but steady stream of scholarship from pastoral theologians and pastoral counselors wishing to address lesbian, gay and bisexual issues with a greater degree of proficiency (Graham, 1997; Griffin, 2006; Kundtz & Schlager, 2007; Marshall, 1997; Swtizer, 1999; Tigert, 2005). More recently, literature addressing transgender issues in care and counseling have also emerged (Tanis, 2003; Tigert & Tirabassi, 2004). Much of this literature adopts an LGBT approach to the practice of pastoral counseling, which, concomitantly, has implications for how issues of theological significance are addressed.

The burgeoning field of literature in queer theory, on the other hand, has made a significant impact on disciplines in the humanities but has made very few inroads—with one notable exception (Moon, 2008a)—into the literature of counseling and psychotherapy. Similarly, queer theology has grown exponentially since first appearing with force in theological literature (Goss, 1993, 2002). What remains to be seen is how pastoral theologians, pastoral caregivers and counselors will appropriate the resources of queer theory and queer theology in the work of care and counseling. One reality is clear at the outset: the approach pastoral counselors and psychotherapists adopt in dealing clinically and theologically with issues of sexual identity has a profound effect on the direction of therapy with LGBT clients and impacts the ways in which pastoral counselors conceive of their own ways of being in the world.

What follows is an attempt to articulate some of the differences between LGBT and queer

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2 While a more detailed exploration of “queer theory” is forthcoming, suffice it to say that queer theory emerged from the critical appropriation of postmodern and poststructuralist philosophy—especially the work of Michel Foucault—in the consideration of sexuality and gender. Queer theory draws upon these philosophical resources to critique views of gender and sexual orientation as “essential,” “given,” or simply “natural” and, instead, takes into account the socially constructed nature of these categories of identification alongside a critical view of the vast political implications attending to how these identifications are employed in medical, psychiatric and other cultural discourses.
approaches to counseling. In particular, attention is given to the ways queer theory/theology expands and challenges LGBT approaches to counseling. Through an exploration of the relevant literature in both LGBT counseling and psychotherapy and queer theory/theology—along with periodic reflection upon a clinical vignette—I propose to offer avenues of critical reflection upon one’s theoretical orientation with regard to sexuality and to suggest methods for appropriating the resources of queer theory for the work of pastoral counseling. After introducing the clinical vignette, discussion will ensue regarding the ways LGBT and queer approaches address assessment and diagnosis, the therapeutic relationship, therapeutic processes and goals, and theological reflection upon the client and counseling process.

Clinical Vignette

The following clinical vignette will be used throughout the paper as a point of reflection on relevant clinical and theological themes. While the individual in the vignette—Jacob—does not represent a single individual, the various elements of the story are nearly all drawn from the actual stories of individuals with experiences similar in many ways to Jacob’s.

Jacob is a nineteen-year-old, White, male who grew up in a metropolitan city in the eastern United States. He was raised by his mother and father and has two younger siblings. Jacob is in his second semester in college and was referred to pastoral counseling by his campus minister after he met with Jacob three times for conversation about Jacob’s sexuality. After hearing some of Jacob’s history, his campus minister felt Jacob would benefit from further conversation with a trained therapist.

During Jacob’s first counseling session, he explains his reason for seeking therapy and tells the counselor a bit of his relevant history. Jacob feels as though he is struggling to reconcile two parts of his life that he holds as important to his identity: his religious commitments and his sexuality. Jacob grew up in a nominally Christian home with his parents taking Jacob and his siblings to services a few times each year at a large, mainline Protestant church. When Jacob entered high school, he began going to church with two of his friends at a smaller, evangelical Christian church where he was embraced by the congregation and began to develop what he describes as a “passionate faith.” Jacob tells his counselor that it was during his early adolescence that he began to “struggle” with his attraction to other male peers. After keeping these feelings to himself for a few years, Jacob decided to tell his youth minister about his attraction to other men. Jacob told his
youth minister that, while he also experienced attraction to women and even had a girlfriend in early high school, he was growing more attracted to men and asked for help in understanding what this meant.

Jacob’s youth minister expressed his concern for Jacob and showed him several passages in the Bible that the minister told Jacob, “proved God views homosexuality as a sin and an abomination.” He encouraged Jacob to pray and read scripture in order to “resist temptation.” After this, Jacob told his parents about his attraction to other men and was surprised to find that they were not overly concerned and felt it was probably a “phase” from which Jacob would eventually emerge. He also told a few of his church friends about this “temptation” and they agreed to help him overcome this “obstacle.” After several other talks with his youth minister, Jacob was encouraged to enter an “ex-gay ministry” group that would help him to “become straight.” Jacob’s parents unenthusiastically supported his decision to enter the group, but Jacob feels that they did not understand his religious motivations for going.

After a year-and-a-half in the ex-gay group, Jacob had successfully avoided sexual contact with other male peers, but did not sense his attraction to other men subsiding. He left the group and decided to “deal with it” on his own. Jacob’s activity in his church’s various ministries began to wane, as he felt increasingly discouraged by his inability to “resist the temptation to think of other men in sexual ways.” He became more withdrawn and less able to concentrate on school and other activities because he described being constantly distracted by his fear of being “alienated from God by his sexual sinfulness.”

When Jacob was eighteen years old, he attempted to kill himself by ingesting a variety of prescription medications at his house. He describes this as a time when he felt “abandoned and hated by God.” Upon finding him in his bedroom, Jacob’s parents rushed him to the hospital where he was treated medically and underwent a psychiatric consult. While in the hospital, he received a diagnosis of major depressive disorder. Upon release from the hospital, Jacob was referred to a psychiatrist in the community and went to three months of therapy with a social worker before graduating high school and moving away to college.

After beginning college at a small, private, historically religiously affiliated school, Jacob began attending a Christian small group on campus where he encountered ideas about sexuality and religion that were different than the ones he previously held. For the first time, he encountered other Christians who affirmed the sexuality of gay people, so he decided after a few months to reveal to the group his own journey with sexuality and religion. Jacob felt very supported and affirmed by the group and has since come out to others on campus. He still struggles to reconcile his evolving understanding of sexuality and faith and is not completely certain how he will integrate these two pieces of his identity. Since coming out to others, he has been approached by a small group of other lesbian, gay and bisexual peers to help start a gay-straight alliance on campus. Jacob knows this would cause controversy at his small college and is still considering his involvement in starting the group, as he is still unsure if he wants to label himself as “gay.” He is also considering the possibility of dating other men, but is unsure about taking this step.
Assumptions of an LGBT approach

Clearly, one’s overall theoretical approach to counseling will influence how a pastoral counselor approaches the work of therapy with any client. It should be said, however, that one’s personal openness toward and affirmation of LGBT persons does not make one capable of working skillfully with LGBT clients. On the contrary, counselors who have not spent some time developing particular knowledge and competencies around issues of sexual identity may fail to provide “affirming” therapy with this minority population, despite good intentions and an affirming attitude. Fortunately, the clinical literature is replete with research on effective counseling with LGBT clients, including several journals devoted to the subject such as the Journal of LGBT Issues in Counseling and the Journal of Gay & Lesbian Psychotherapy. I will first assess the clinical vignette by drawing upon the literature of LGBT approaches to counseling—by far the dominant perspective represented within the clinical literature.

Assessment and Diagnosis

Issues of assessment and diagnosis are central to understanding why a client has decided to seek counseling and determining how the therapist might proceed to work with the client in developing a treatment plan—however structured or fluid that plan may be. Jacob’s initial revelation to the counselor points to an important place of clinical reflection—that he is struggling to reconcile his sexuality and his religious expression as two components of his identity. It is suggested (Pachankis & Goldfried, 2004) that counselors attend not only to the lifespan development issues of LGBT clients but also to where the client is currently situated in terms of his or her LGBT identity development. While numerous models exist, one model of identity development that may be applied to Jacob’s experience is that of Eli Coleman—a model
that has been drawn upon in clinical (Ritter & Terndrup, 2002) and pastoral (Kundtz & Schlager, 2007) literature.

In Coleman’s fluid, five-stage model of (1) Pre-Coming Out, (2) Coming Out, (3) Exploration, (4) First Relationships, and (5) Integration, Jacob might be understood to fall into the second, or coming out, stage of development. In this stage, “acceptance by significant heterosexual others is validating to an individual’s new and precarious identity” (Ritter & Terndrup, 2002, p.102). Since Jacob has not yet explored his sexuality through experiences of sexual activity but is thinking about dating other men, Coleman’s model would suggest that Jacob may be beginning to emerge from stage two after receiving acceptance from his college small group peers as someone experiencing same-sex attraction. Jacob’s counselor might also give attention to the fact that after initially revealing his same-sex attraction to others, he experienced a high degree of negativity from his peers and adult mentors who termed his feelings “sinful and an abomination.” Pachankis and Goldfried highlight the need for counselors to recognize that these reactions tend to hinder the coming out process, requiring individuals to hide their sexual identity due to experiencing “a discrepancy between their true selves and the selves that they present to others” (2004, p.229).

This recognition may lead the pastoral counselor who works with Jacob to attend more closely to the factors contributing to Jacob’s diagnosed “depression.” Jacob’s experience of withdrawal, sadness and disinterest in activities of living came after a long-term ordeal of trying to change his experience of sexual attraction to other men through a religious ex-gay group. The therapist guided by an LGBT approach to working with Jacob may come to understand his acquiescence to entering an ex-gay, or “reparative” or “conversion” therapy, group as a defensive strategy he has adopted to deal with his growing perception of sexual difference
(Pachankis & Goldfried, 2004). Once Jacob’s encounter with and emergence from the ex-gay group and his ongoing tensions between his religious and sexual identities eventuated in a suicide attempt, Jacob received a diagnosis for his experience—major depressive disorder. Jacob’s pastoral counselor may see this as one major component of future therapeutic work with Jacob. Depending upon the therapist’s theoretical orientation, a variety of strategies may be drawn upon to help Jacob progress in his own identity development while, at the same time, developing new ways of coping with a social environment where he experiences hostility and prejudice against his sexual orientation.

The Therapeutic Relationship

An LGBT approach to pastoral counseling with LGBT clients suggests several key factors in the therapeutic relationship in order to be effective, for example, a willingness to listen to the experience of the client in order to apply moral principles of their faith that will serve their needs (Kundtz & Schlager, 2007). Other approaches include, but are not limited to, expressions of empathy, an increasing trust and respect between client and therapist (Switzer, 1994), a recognition that all problems are not intrinsic to a client’s sexual orientation (Pachankis & Goldfried, 2004), and an ability to help clients “who are searching to discern the divine reality at the source of their own lives and reality” (McNeill, 1994, p. 321). These approaches have been proven to provide effective therapy with LGBT clients. Because acceptance is viewed as a vital component of the “coming out process,” the pastoral counselor’s demonstrated acceptance of the client and his or her sexual experience is essential to a working relationship. If the counselor is heterosexual—or assumed by the client to be heterosexual—acceptance may play an even more vital role, as some view acceptance by “significant heterosexual others” as particularly validating

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3 It should go without saying that the ethical issues surrounding the practice of ex-gay “ministries” such as “reparative therapy” are necessary knowledge competencies for pastoral counselors and are dealt with in the pastoral literature (Tam, 1997).
to an LGBT identity (Ritter & Terndrup, 2002, p. 102).

Therapeutic Processes and Goals

In Jacob’s story, at least four potentially important therapeutic goals emerge in an LGBT framework for counseling practice. First, Jacob’s counselor may choose to attend to the environmental factors—including religious pressures and discrimination—that impact Jacob’s life. A key factor emerging from these environmental prejudices against LGBT people is what is commonly termed “internalized homophobia.” Shallenberger notes that one’s coming out journey “is a time of coming to know oneself at a deeper, intimate level” (1996, p.89). This may mean that in order to integrate one’s sexual identification as gay, lesbian, or bisexual into one’s self-definition, there must be a confrontation of one’s own self-hatred. McNeill describes this therapeutic process as bringing “into full awareness all hidden belief systems with their accompanying feelings of shame and low self-esteem, so that they can be challenged by the healthy spiritual values of the conscious ego” (1994, p.320). While one’s theoretical orientation in therapy affects how one describes this goal, the overall process is one of aiding clients in assessing how his or her self-concept is affected by environmental factors and how to more effectively embrace his or her gay, lesbian or bisexual identity without feelings of shame and self-hatred.

Secondly, Jacob’s therapist may work with him regarding some of the tasks of identity development Jacob seems to be approaching with some degree of hesitancy. In particular, Jacob tells his counselor that he is considering beginning to date other men. According to Coleman’s stage model (Ritter & Terndrup, 2002), Jacob is facing particular developmental tasks involving the development of interpersonal skills for establishing same-sex relationships, gaining a sense of attractiveness, and developing positive self-concepts. Ritter and Terndrup (2002) state, “If
these individuals can be helped to see their behaviors within a developmental framework, they can complete this stage [Exploration] and proceed to the next [First Relationships] with positive, rather than negative, images of themselves” (p.103). Perhaps Jacob’s counselor will consider helping Jacob to become involved in an LGBT group for young adults so that these skills can be developed in the presence of other LGBT peers. With few adult gay or bisexual role models, Jacob may need help in learning how to progress through these developmental tasks in order to develop same-sex relationships.

Thirdly, the ongoing tension Jacob experiences between his sexuality and religious commitments might be addressed in the pastoral counseling process. While Jacob is beginning to think differently about his sexuality in light of religious sources, he continues to struggle in overcoming the messages of being sinful and an abomination that he received during a formative stage in his religious development. Kundtz and Schlager (2007) contend that for religious wounds inflicted by the church, it is necessary for the pastoral counselor to consider how to make healing elements of church life available to the LGBT client. This may mean introducing Jacob to written resources that offer new Biblical responses and interpretations regarding homosexuality (e.g. Gomes, 1996, Helminiak, 2000; Wink, 1999). It also may mean supplying Jacob with the names of churches in his area that are welcoming and affirming of LGBT persons.

Finally, an assessment of Jacob’s continued dealings with depression and the potential risk for future suicide attempts would clearly be a significant component of the pastoral counseling process. His suicide attempt may be viewed as a response to a sense of hopelessness due to his inability to reconcile his sexuality and faith through the process of “reparative therapy” or, perhaps, a response to the larger difficulty of living as a sexual minority in an oppressive, heterosexist environment. Therapists working from an LGBT approach may attempt
to help Jacob understand how these external realities are affecting his self-concept and begin to adapt coping strategies for living within a heterosexist world without resorting to suicide.

**Theological Reflection**

John J. McNeill argues, “We can legitimately evaluate the validity of a religious belief system by its psychological consequences. Good theology will result in good psychology and *vice versa.* Bad theology will have negative psychological consequences” (1994, p.320). A pastoral counselor’s own theological perspectives will influence the ways in which he or she conceives of Jacob’s case in theological terms. Following McNeill’s guidance will result in the pastoral counselor’s bringing to bear a theological hermeneutical lens upon Jacob’s case conceptualization and the therapeutic process. McNeill (1994) views a “hermeneutic of suspicion” as helpful in reevaluating interpretations of Scripture. In this regard, the pastoral counselor may reflect upon theological conceptions of the church around issues of sin, the *imago Dei*, and liberation in Jacob’s story.

Theologically, Jacob’s journey may be viewed as a progress toward liberation in which he is emerging from a religious environment that used the interpretation of scripture to conceive of sin in ways that were oppressive to Jacob and denied Jacob’s affirmation of his own creation in God’s image. Emerging from this environment and coming to understand his sexuality in the light of affirming theological and scriptural interpretations mirrors “the journeys from oppression to freedom that countless women and men of faith have taken throughout history” (Kundtz & Schlager, 2007, p. 157). In this way, Jacob’s emergence from shame to self-acceptance, from environments of religious condemnation to affirmation, and from a sense of God’s abandonment and hatred to an embrace of God’s love and full acceptance may be conceived as a journey from sexual and spiritual oppression to liberation and spiritual wholeness in his identity as a gay man.
Queer shifts in pastoral practice

Albeit a brief and rather simplified case conceptualization from an LGBT approach to therapy, the above provides a picture of pastoral counseling against which “queer shifts” in therapeutic process may be placed in sharp relief. It should also be noted that it is an impossibility to represent the queer approach to pastoral counseling, as queer theory is an ever-emerging theory that, of necessity, defies attempts at rigid codification, not to mention the infancy stage at which the literature of queer counseling currently exists. In many ways, this caveat is also applicable to the LGBT approach described above, though the literature of LGBT approaches to counseling is vast in comparison to that of queer approaches.

What follows is an attempt to reflect upon how a shift from an LGBT approach to counseling to a therapeutic understanding influenced by queer theory and queer theology might address similar realities in the life of a client. One may quickly notice that the differences in these approaches do not reveal different ways of doing counseling with LGBT persons or specific skills, techniques or processes that change from an LGBT to a queer approach. Instead, many of the differences that will be explored between LGBT and queer approaches involve the questions the pastoral counselor asks in her or his exploration of the case, the realities to which one attends during the process of therapy, and the ways in which certain concepts are reconceived in light of queer theory and theology.

Before identifying differences between queer and LGBT approaches to counseling, it is necessary to briefly discuss the background of queer theory, as it is not yet well represented in

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4 Though it is beyond the scope of this article to fully explore, it is important to note that there are critically important questions being considered in the scholarly literature regarding the sufficiency of a queer theoretical approach to understanding and responding to concerns of racial identity and racism. Readers who wish to incorporate queer perspectives into clinical practice would do well to access further material dealing with these matters in order to more fully develop the cultural competence of their practice (see for example Moore, 2011).
the literature of pastoral theology and counseling. While the word “queer” has been reclaimed by many lesbian, gay, bisexual and transgender people as an umbrella identifier for any LGBT people, this popular designation of “queer” does not always carry the same philosophical weight that is intended when speaking of “queer theory.” Queer theory developed largely in humanities disciplines from the influences of postmodern and poststructuralist thought. Though queer theory is often difficult to define, Langdrige posits that it is largely “concerned with disrupting binary categories of identity and therefore providing a radical challenge to many of the assumptions underpinning common-sense understandings of self and identity” (2008, p.27).

One of the foundational voices from which queer theory emerged is that of French historian/theorist Michel Foucault. According to Foucault (1978), it was in the nineteenth-century that the “homosexual” became a personage. Before this, same-sex sex acts were simply forbidden acts contradicting the doctrine of the church or prohibited by civil law codes. Any person might be the “perpetrator” of such sexual acts. In the nineteenth century, same-sex sexual acts began to indicate something deeper—a more fixed aspect of a person’s being. “The nineteenth-century homosexual became a personage, a past, a case history, and a childhood, in addition to being a type of life, a life form, and a morphology” (Foucault, 1978, p.43). Foucault’s historical critique is concerned with how “homosexual” became a way of identifying individuals and a particular group of people based upon particular sexual object choices.

The ways in which notions of “sexual orientation” developed in the literature of medicine and sexology led many toward what we might now term an “essentialist” view of sexuality. Essentialists, according to Epstein (1987), are concerned with the biological components of sexuality and hold to essential underlying differences between sexual identities. “Essentialists

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5 See Stuart, 2003, for an exploration of the emergence of queer perspectives in the broader field of theology.
regard identity as natural, fixed and innate” (Jagose, 1996, p.1). Queer theory seeks to problematize this essentialist regard for a “natural” or “fixed” sexual identity and, thus, questions much of what passes for common knowledge within medical, psychological, and even popular discourse. Following Foucault’s historical critique of conceptions of sexuality, “constructionist” views of sexuality hold that identity is “fluid, the effect of social conditioning and available cultural models for understanding oneself” (Jagose, p.1). Whereas early gay activism was based upon identity politics that sought to achieve liberation for LGBT people who were oppressed because of their minoritized identities, queer theory built upon constructionist views of sexuality to challenge the binary categories between male/female, heterosexual/homosexual, etc. and critique the categorization of fixed sexual “identities” upon which oppressive structures are built.

As we consider what a queer critique might offer to the work of the pastoral counselor, it is important to note with Ian Hodges (2008) that queer theory is about power, politics and activism. “In particular,” he states,

it focuses on the ways in which our most private understandings of who we are, who we desire, who and how we love, of acceptance and rejection, sameness and difference, are shaped, moulded and regulated by relations of language, power and authority. In short, Queer Theory focuses upon the ways in which power gets inside our bodies, our ‘hearts’ and our heads. It is above all oppositional – opposing all forms of oppression including the ways that seemingly liberatory categories, especially ‘lesbian’, ‘gay’, ‘bisexual’ and ‘trans’, may themselves become tied to (oppressive) regulatory regimes and practices. (Hodges, 2008, p.8).

While thorough introductions to queer theory are available for further reading (Jagose, 1996; Sullivan, 2003; Wilchins, 2004), this brief description may suffice as an avenue of entry for
understanding how queer theory presents “a range of dilemmas” (Hodges, 2008, p. 17) for pastoral counselors as they consider how they might go about their work with clients who bring issues of sexual identity and experience into the counseling session. In summary, queer approaches to counseling invite practitioners into a process of problematizing the essentialist “fixed” and “natural” categories of sexuality and gender upon which LGBT approaches are based, push toward the disruption of binary categories of identity, and move away from concepts of “liberation” and toward conceptions of “resistance” of discursive realities and practices upon which oppressive structures are based.

Assessment and diagnosis: Deconstructing dominant sexual discourse

Assessment and diagnosis are difficult to represent from queer perspectives, as these practices typically serve to support dominant views of health/illness, sexuality, gender, self, etc. Instead, as will become evident, queer approaches to assessment and diagnosis are far easier to present as challenges to traditional ways of conducting these therapeutic practices. It is, above all, the pastoral counselor’s own understanding of sexual “discourse” that influences how he or she appropriates (or does not appropriate) the critiques of queer theory. Discourse refers to the language that we use that is situated historically, culturally and institutionally. In the counseling setting, discourse refers to how our language-in-use is able to “construct and enable conversations about particular objects while engendering silence about others” (Hodges, 2008,

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6 For example, it is conceivable that a client diagnosed with depression after a suicide attempt may be placed on medication for depressive symptoms. An LGBT approach in and of itself offers very little critique of decisions to medicate—not taking into consideration other theoretical orientations of the counselor. A queer approach, however, moves a counselor to question the ways in which the psychiatric and therapeutic establishment supports dominant discourses and structures of power by treating brain chemistry and ignoring sociopolitical realities that impinge upon the life of the client. Thus, while there may be a chemical issue that could be helped by medication, this treatment is incomplete and potentially harmful if it is provided as the primary response. A queer approach must give attention to the sociopolitical and discursive realities that undergird the problematic experience of the client and may even question the role medication plays in these sociopolitical and discursive considerations.
Foucault points to how historically and culturally situated language was used to enable institutional discourse of medicine, psychology and sexology to speak of “the homosexual.” He says of the newly conceived homosexual person, “Nothing that went into his total composition was unaffected by his sexuality. It was everywhere present in him: at the root of all his actions...It was consubstantial with him, less as a habitual sin than as a singular nature” (Foucault, 1978, p.43). One can see how this nineteenth century view of the homosexual became solidified in psychological discourse and is represented by attempts to locate an individual on a continuum of identity development toward the embrace of one’s “true self” (Pachankis & Goldfried, 2004, p.229) as a gay, lesbian or bisexual person.

Whereas identity development models—such as the Coleman model used above—are common in LGBT psychotherapeutic approaches, they serve to accept and preserve the binary categories of male/female and heterosexual/homosexual as “internal, individual and fixed” (Butler & Byrne, 2008, p. 90). Thus, a queer approach to pastoral counseling with Jacob would not involve an assessment of Jacob’s progress toward gay identity development, as this would presume that healthy development involves moving toward a fixed, stable identity as a gay man in whatever way this identity is understood by the wider social world (Langdridge, 2008). LGBT identity development models are critiqued by queer theory for the ways in which they move beyond a simple description of the coming out process toward a “construction of a particular process through the active proliferation of this story of coming out” (Langdridge, p.27).

Pastoral counseling guided by queer theory might see Jacob’s hesitation to identify as “gay” not as a stall in the process of identity development, but as an inroad for considering the ways that dominant discourse about sexuality is limiting Jacob’s freedom to explore the
possibilities for his sexual ways of being. Hodges (2008) suggests that, while adopting an LGBT identity is generally accepted as a positive therapeutic goal, counselors might ask, “for whom?” Foucault (1994a) describes the process of “objectivizing” subjects in ways that the subject is divided inside himself or herself or is divided from others. We might consider the penchant of identity development models to view healthy development as the internal (i.e. acceptance) and external (i.e. coming out) adoption of a “gay” identity to be a way of acquiescing to dominant binary divisions between homosexual and heterosexual and further defining for Jacob what his sexual experiences mean.

Though in a cultural milieu that continues to denigrate LGBT persons, it is important to recognize that, for many, adopting a “gay identity” may be considered a racially subversive act with implications for political organizing aimed at improving societal acceptance of LGBT persons and countering the institutionalization of heterosexism in legal and political structures. While a mainstay of an LGBT approach to the politics of sexual and gender identity, a queer approach necessitates holding in tension the political benefits of this approach with questions regarding how aspects of cultural discourse on sexuality and gender become unhelpfully reified in the process, thus threatening to overtake the particularities and contextualities of human lives through the development of a new dominant discourse by which normativity is assessed and measured.

A queer approach is concerned to avoid ways of approaching the work of counseling that structure the possible fields of action for clients (Foucault, 1994a) and instead attempts to open up avenues of greater freedom to question dominant discourse around sexuality. Eve Kosofsky Sedgwick (1990/2008) argues that any theoretical approach—presumably including LGBT-affirming approaches to counseling—that takes from individuals “the authority to describe and
name their own sexual desire is a terribly consequential seizure. In this century, in which sexuality has been made expressive of the essence of both identity and knowledge, it may represent the most intimate violence possible” (p.26). Instead, as much freedom as possible is given for an individual to provide self-reports of sexual difference with the hopes of giving more weight to the experience of the individual rather than normative models of development.

In this way, Jacob might be helped in the exploration of various pressures to identify as gay and to explore the ways in which acts of self-identifying expand or restrict possible fields of action through the adoption of socially constructed identity roles. It should also be noted that since Jacob has a history of romantic relationships with women and an interest in dating men, dichotomous understandings of sexuality that force one to choose between the labels of “gay” and “straight” illustrate the support for the ideal of compulsory monosexuality (James, 1996) that Jacob might experience in both heterosexist society and LGBT circles. A pastoral counselor whose work is influenced by queer theory will be less concerned with the internal acceptance and external admittance of specific identity labels that purport to describe one’s sexuality and will, instead, be more involved in aiding clients in becoming aware of how various levels of discourse—even therapeutic discourse—are defining realities for the client and limiting possibilities for more creative and uniquely meaningful expressions of sexual self-description.

The therapeutic relationship: Relations of power/knowledge
The stance of openness and acceptance of an LGBT approach to counseling is certainly valid in queer approaches to counseling. There is, however, a queer shift in the therapeutic relationship that must critique the taken-for-granted nature of what the therapist is affirming when he or she “affirms” the identity of an LGBT client. In particular, Hodges states that queer critique in
counseling “invites us to focus upon the issue of power in therapeutic practices, especially the ways in which power operates through the (discursive) construction and reconstruction of truth(s) about the client’s self” (2008, p.7). This queer approach to power in the therapeutic relationship may be guided by a Foucauldian notion of power in which power not only strikes us with limiting force, but “also traverses and produces things, it induces pleasure, forms knowledge, produces discourse” (Foucault, 1994b, p.120). Power and knowledge, often represented by Foucault as power/knowledge, are inextricably bound together. The realities of individuals are constructed through language and discourse and the therapist’s own legitimating of discourses regarding sexuality constructs limits around the meaning to which clients are able to apply to their own realities. “Therefore,” argue Butler and Byrne (2008), “we do not consider ourselves to be objective observers but part of the ‘system’ that is operating in the client’s life” (p.92).

Rather than an objective observer or unknowing curious explorers, a queer approach requires attention to the ways in which the pastoral counselor and the client are caught up together in relations of power/knowledge that cannot be avoided or divested from the therapeutic relationship. Hodges (2008) sees this power operating in the ways that therapeutic talk shapes and reshapes the discourses that the client is experiencing and, thus, the discourses by which the client constitutes his or her identity and lived reality. Since these relations of power and the ways in which individual subjects are constituted by larger discursive realities remain largely unnamed in much therapeutic discourse, it is the therapist’s responsibility to attend to the ways his or her therapeutic theories and ways of speaking and being with a client reify or resist dominant discourse. This represents a far more thorough attention to the ways larger sociopolitical discourses constitutes the therapeutic relationship than is required by LGBT approaches.
In turn, it also becomes important in the therapeutic relationship to aid the client to become a critic of discourses and relations of power as well. Hodges (2008) sums up this objective in the therapeutic encounter, stating, “We might ask whether our interventions with lesbian, gay, bisexual and transgender (LGBT) clients are to be recognised as practices of resistance or themselves practices bound up with therapeutic claims to authority which align clients with normalised modes of being” (p.9). Primary questions for a queer approach become: Do my practices of therapy allow dominant discursive ways of shaping my client’s life to remain unchallenged? Do the therapeutic relationship, as currently constructed, support dominant discursive practices that are limiting or harmful to my client? And, how do my therapeutic practices open space for resistance to dominant discursive ways of defining, normalizing and totalizing my client’s life and way of being in the world?

**Therapeutic processes and goals: Subverting systems of sexual domination**

Once a pastoral counselor incorporates into his or her practice of assessment attention to how discursive realities are reflected in the client’s life and story, as well as the therapeutic relationship, the process and goals of therapy will be shaped in new and different ways. Among many possible ways of describing the goals of counseling, the *subversion of systems of sexual domination* seems particularly meaningful for counselors working around issues of sexual identity from a queer perspective. Whereas an LGBT approach gives attention to the ways in which societal influences of prejudice and oppression affect the client’s life and how clients might adjust to and more effectively deal with these occurrences, the focus of queer approaches to therapy are upon the ways power arrangements that uphold systems of domination are imbricated with seemingly benign or even commonsensical ways of conceiving of sexual and
gender identities. Consequently, the desired outcome becomes resistance rather than adjustment to the status quo.

One of the therapeutic goals in pastoral counseling influenced by queer critique is determining how a client is able to resist forces of domination in his or her life. According to Hoy, “Domination…occurs when people buy into constraints that entrap them in asymmetrical relations that blind them to their real ranges of possibilities” (2004, p.81-82). We might see in Jacob’s story many points at which religious and societal discursive realities about same-sex attraction were experienced as constraining to his range of possibilities for living. At one point, Jacob responded to these constraining discursive realities through the act of suicide. Jacob’s experience with attempted suicide resulted in a further pathologization of his lived reality via the diagnosis of major depressive disorder. This psychiatric diagnosis now adds another layer of discourse that is seeking to define Jacob’s reality for him on top of the already constraining religious and societal discourse surrounding same-sex attraction.

A queer approach may cast Jacob’s suicide attempt in a different light by giving attention to Jacob’s potential for resistance to domination. Foucault always sees the possibility for resistance in any configuration of power arrangements. “Even when the power relation is completely out of balance…the other still has the option of killing himself” (Foucault, 1997a, p.292). While not giving approval for Jacob’s suicide attempt, the therapist might explore with Jacob how his lived experience leading up to that time was constrained and his options for living limited by the religious and societal discourses that are, perhaps by now, becoming a focal point of the therapeutic conversation. Jacob and his pastoral counselor may explore the ways in which his suicide attempt seemed like the only option to resist the discourse around his sexual experience that said, “You are an abomination the way you are and you must change,” but
provided no reasonable means by which to do so. Through the process of depathologizing his suicide attempt and highlighting the agential impetus Jacob took in trying to kill himself, a pastoral counselor might explore with Jacob other methods of resistance available to him that would not lead to self-harm and suicide. This possibility is predicated upon the therapist’s belief that Jacob did have agency to act and, in fact, mobilized that agency in the act of attempted suicide because all other possibilities in Jacob’s range of actions were clouded and hidden from view by the dominant discursive realities that served to define for Jacob the meaning of his sexual experience (e.g., sinful abomination) and constrain his actions for appropriately dealing with his sexuality (e.g., prayer, scripture reading, and “reparative” therapy).

In considering with Jacob how he might discover other methods of resistance, it is important to recognize that counseling guided by queer theory will foreground two key tenets: “First, its opposition and resistance to power and authority…and, second, its attempts to re-imagine our relationships with ourselves and with others, fundamentally its attempt to re-invent our ethical and moral universe” (Hodges, 2008, p.17). Hodges further posits that, far from giving or taking power to or from clients, a queer approach to counseling attempts to “provide a new ethical map (including a new vocabulary) that enables individuals to work upon themselves, that is, providing novel ways for clients to practise their freedom” (2008, p.16-17). Butler and Byrne add that the guiding question for this practice of queer counseling should be, “What is the problem and for whom?” (2008, p.94). The practice of regularly asking this question must also be accompanied by a willingness to accept the possibility that the therapeutic discourse and dominant ways of conceiving of sexuality, while perhaps comfortable for the counselor, may very well constitute a problem to be resisted by the client.

As it perhaps becoming clear, queer approaches to counseling represent what might be
considered a *philosophical stance* in therapy rather than a theory of counseling complete with strategies and interventions. Instead of offering fully-formed strategies and interventions for implementation in practice, a queer lens should assist counselors in considering the usefulness and helpfulness of strategies and interventions that emerge from their various theoretical orientations in counseling. The overarching question that a queer approach invites is: Do my strategies and interventions proliferate languages and vocabularies for describing my clients experience and aid in resisting dominant discourse? Or do strategies and interventions in use reify dominant discursive practices impinging upon my client?

**Queering theological reflection**

LGBT approaches to affirming pastoral counseling with sexual minority clients are largely concerned with the theological and hermeneutical movements that can be made to support an LGBT client’s conception of his or her sexuality as good, whole and holy—as good, whole and holy as heterosexuality. While many churches and communities of faith have been aided by this aim in becoming spiritual homes for LGBT persons and while many clients continue to be aided and affirmed by pastoral counselors working from this LGBT-affirming stance, queer theological approaches are far more defiant, indecent (Althaus-Reid, 2000), and—well—*queer*.

A queer approach to theological engagement in pastoral counseling does not ask for permission to enter theological discourse or for the theological discourses of the church to change so that the queer client might enter. A queer theological stance engages in “the deliberate questioning of heterosexual experience and thinking which has shaped our understanding of theology” (Althaus-Reid, 2003, p.2) and defies those heterosexist understandings of theology by finding in the queer individual the starting place for a generative process of theological reflection.
and construction. Queer theology, says Althaus-Reid, is “a first person theology: diasporic, self-disclosing, autobiographical and responsible for its own words” (2003, p. 8).

In this regard, the starting place for queer theological reflection is not upon a church’s theology and traditions, but upon the life of the queer client sitting before the pastoral counselor in all of his mystery, in all of her ambiguity, and in the presence of the queer Divine. In this way, the Church’s theology and traditions may return to view in theological reflection in order to be queered by the theological story of the client. In this queer theological play, nothing remains the same and no theological narrative is “typical” as the first person queer theology is created anew with each living story. Queer theologies are theologies of “disruption which do not look for legitimization in the past or for a memory of a harmonious trajectory” (Althaus-Reid, 2004b, p.109).

While queer theology defies precise definition, does not lend itself to neat, clean appropriation, and must be created anew in each new circumstance, pastoral counselors may be aided by asking a few of the following questions of the theologies being constructed in the engagement with the queer client: What theological notions are acting as hegemonic constraints in the story of this client? How does the theologizing taking place resist heterosexist constructions and blur dichotomous lines of division between male/female, gay/straight, etc.? How is my conception of God’s story queered by this encounter? Does this theological construction cross borders, bring to light oppressive relations of power and celebrate the difference represented in the individual?

Rather than an emphasis on oppression and liberation or hermeneutical concerns, as may be the focus of LGBT approaches to theological reflection, queer theological reflection on Jacob’s situation may take a far more transgressive tone. Instead of revising Christian theology
and scriptural interpretation in order to incorporate Jacob’s sexual experience or justify his
goodness in an apologetic manner, Jacob’s experience might be seen as religious text in itself
that challenges and expands conceptions of the Divine. Jacob’s alterity as religiously other in his
family and sexually other in society provides a uniquely generative vantage point from which
even the most erotic of experiences become windows into theological reflection.

Queering the pastoral counselor: Queer as practice and way of life

In order for a pastoral counselor to draw upon the rich strands of thought that often go by the
name “queer,” an account must be made for how deeply, how powerfully and how profoundly
one is willing to be affected by queer theorizing and theologizing. Queer theory is not a
discourse that is amenable for adoption to add to the shelf of other possible tools a therapist
might draw upon in the day-to-day work of counseling practice. Rather, queer is a discourse that
disrupts all other discourses. It is not a discourse to replace other discourses, but a critique that
calls into question the ways in which truth is produced, power is conceived and dominance is
resisted. As Goldman (1996) posits, the task is no longer simply challenging heteronormativity
but, instead, questioning the very systems that sustain heteronormativity.

Queer theory and queer theology call for the pastoral counselor to take his or her queer
work beyond the walls of the consultation room. Hodges challenges counselors to take as their
example those involved in queer activism, stating, “It is only through collective action –
including action through the various communities of professional counsellors and therapists –
that these issues can be properly and meaningfully addressed” (2008, p.20). Beyond the changes
that queer counseling can bring about in the lives of individual clients, pastoral counselors
affected by queer critique are led beyond an individual focus to attend to larger realities through
which inequality is structured and power relations of oppression and domination are upheld and repeated. Thus, one should be cautioned before taking up queer approaches to the work of pastoral counseling—the queering must not end there. Queer critique invites counselors to carry a queer hermeneutical lens into daily life through which to view discursive realities that affect client and counselor alike and to begin to undertake subtle acts of queer insubordination against the identity binaries, lines of division and erasures of difference that serve to limit our creativity and freedom.

**Further exploration and critique**

Finally, one primary question remains of great significance: Who can undertake this queer practice of pastoral counseling? Butler and Byrne suggest that “queer,” seen as practices that unsettle assumptions about sexual identity and behavior, “cannot be easily accommodated in most psychological models” (2008, p.90). If psychotherapeutic models insist upon viewing sexuality as an individual and internal attribute, to uphold the binary categories of division, and overlook the political dimensions of sexual oppression, they are not amenable to queer critique (Butler & Byrne, 2008). If, however, there is room within one’s practice of counseling to offer critiques of the “time worn archetypes” (Moon, 2008b, p.6) that still linger around sexuality in the psychotherapeutic discourse, queer critique may present promising avenues for therapists to challenge the realities that limit possibilities of life for sexual minority clients. It is left up to individual pastoral counselors to do the difficult work of challenging deeply held personal therapeutic assumptions in the light of queer theory to see what may be retained and what must be released if one is to truly engage in the work of challenging sexual oppression. Certainly, not all theoretical modes of practice will withstand the critique of queer theory.
Some may recognize within the assumptions and challenges posed by queer theory a resemblance to postmodern, poststructuralist and constructionist therapies such as narrative and collaborative therapies. This resemblance betrays the common roots of these postmodern therapeutic theories and the philosophical roots of queer theory. Out of this recognition, one might ask—considering the growing popularity of these postmodern theories—why queer theory hasn’t made further inroads into the counseling profession as a logical companion to postmodern practices of therapy. Perhaps the popularity of these theories is too often tied to therapists’ attraction to the therapeutic *styles* of these theories rather than a commitment to their postmodern philosophical underpinnings. Thus, a second question might be posed: If a pastoral counselor utilizes a postmodern psychotherapeutic theory in practice, can he or she approach clinical engagement with a queer client with anything *but* the critique and constructive engagement offered by queer theory and theology?

Lyndsey Moon (2008b) encourages therapists to engage in such critical reflection upon their practice, positing that admitting to the resulting discomfort, “to the fear of letting go of familiar rhetoric, of stepping outside the safe boundary of sex, sexuality and gender will allow for a period of transition and queer creativity” (p.6). If we are able to step into this queer space of uncertainty and ambiguity, we may be able to more critically evaluate what we are affirming when we seek to “affirm” our queer clients and increase our ability to see the work of pastoral counseling as the inherently political activity that it is—whether we never realize it and thus serve to reinforce the status quo, or whether we recognize our actions as political and engage in acts of queer resistance and insubordination for the good of our lives and the lives of our queer clients.
Conclusion
This article serves as an introduction to the philosophical stance toward experiences and expressions of sexuality and gender represented by the burgeoning field of queer theory and theology. While it is impossible to represent “the queer approach” to pastoral counseling, it is hoped that the comparison of queer assumptions to those of more traditional LGBT studies assumptions can serve as guide to pastoral counselors wishing to further explore the inventiveness and creativity of queer theory and theology. To summarize, queer approaches to pastoral counseling invite practitioners to challenge binary categories of sexuality and gender, along with the essentialist assumptions upon which so much LGBT-affirming counseling is based. This should not be understood to mean that the use of identifications such as “gay” or “lesbian” among clients is to be challenged or avoided when these are self-descriptions with some significance for the client. It should be understood as an invitation to critically question the assumptions behind these identifications that have developed—especially within clinical literature—and serve as totalizing descriptors of “gay” or “lesbian” persons (even when these totalizing descriptors are affirming of LGBT lives).

Queer critique serves to resist discourses of “fixed,” “natural,” “internal,” and “individual” notions of sexuality and gender and move toward constructionist understandings of sexuality and gender. Secondly, queer theory and theology is discourse-focused. It invites pastoral counselors to become concerned with how historically, culturally, and institutionally situated language and narratives define, construct, constrict and proliferate identities—sexual and otherwise. This focus also aids in understanding how practices of therapy reify and/or resist dominant discursive practices. Finally, queer theory and theology challenge pastoral counselors to place more weight upon the experience of the individual and less upon cultural,
psychotherapeutic, and theological discourses when articulating understandings of sexual and gender experience and expression. Queering pastoral counseling moves toward uniquely meaningful self-descriptions of these experiences and expressions and aids clients in resistance—rather than adjustment—to the status quo in hopes of opening spaces for new practices of freedom in the lives of our clients.

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