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# Table of Contents

A Note from the Editor
Ryan LaMothe, Ph.D.

A Note from the Guest Editor
Joyce Ann Mercer

Childhood Studies and Pastoral Counseling
By: Bonnie J. Miller-McLemore

The Challenge and Power of Location and Role: Pastoral Counseling in the Lives of Children with Disabilities and their Families
By: Bill Gaventa, M.Div.

Children and Violence in the Acute Medical Setting: A Search of Theological Understanding, Ritual, and Blessing
By: Mary Lynn Dell, MD, DMin

A Cloud of Unknowing: Articulations of Identity and Faith in Younger Adolescents
By: Katerine Turpin, Ph.D.

Riddles and Jokes: Growing Children’s Use of Humor in Response to Societal Demands for Rational Thinking
By: Donald Capps

Sense and Nonsense in the Wisdom of Dr. Seuss
By: Herbert Anderson, Ph.D.
A Note from the Editor

The statistics about children and poverty are grim. If we measure a great society by how it takes care of its children, the United States would fall short. We spend more money on defense and security than all other nations combined. As Martin Luther King once said, “War is the enemy of the poor.” Yet, it is not war, per se but a preoccupation, if not paranoia, with national security and expansionism that is the enemy of the poor, especially poor children. The widespread suffering of children is a symptom of systemic social, political, and economic issues. In short, we do not do enough as a society to care for children and the parents of children. Pastoral care providers, who tend to children and families, face many challenges in caring for children in this society.

This issue is devoted to the topic of children and pastoral care and counseling. I am indebted to and thankful for the wonderful work of these authors, but particular thanks goes to Joyce Mercer. A couple of years ago, she willingly agreed to shepherd this special issue and did so with grace and scholarship. It was a pleasure to work with her.

On a different note, I want to let the readers know what issues are coming up. Our next Sacred Spaces issue will deal with the advances in neuroscience and how these advances can shape pastoral care and counseling. This will be followed by an issue that deals with queer theology and how it can reframe aspects of pastoral care and counseling. We are planning to then have an issue devoted to ethical issues in pastoral counseling. While these are thematic issues, anyone wishing to contribute articles on other issues may be included.
A Note from the Guest Editor

The thematic focus of this issue of Sacred Spaces is pastoral care and counseling with children. Once in a blue moon, I get to teach a course on that subject, though I think about it continually and understand its centrality for good ministry, having worked for many years in clinical and ecclesial settings with children. The course’s relative infrequency is due in part to the belief by many seminary students that courses involving children as subject foci are more “ancillary” than other courses. The reason I keep offering it is that (1) children matter; (2) I believe there are some particular perspectives, knowledge, and skills that can enable better pastoral care and counseling with children; and (3) good ministries of care with children support the well-being of the whole people of God.

One of my mentors in pastoral care and counseling, Ed Dobihal, once said to me on the subject of pastoral care with children that the Christian gospels do not so much communicate a different way of thinking about care as they offer a different way of thinking about the subjects of care, the children. In the gospel narratives, children are brought into the middle of the action, even in the face of strong willed adults who would rather turn them away. Children are important subjects of healing narratives. They are also agents of care, as when, for example, a child offers up loaves and fishes that then feed a multitude. My own practical theology of childhood (Mercer, 2005) takes to heart this focus on thinking differently about children as I address them as agents, fully human subjects of their own stories, and part of the purposes of God--in short, as they ones we need to welcome because through them we welcome God.

While I believe my former teacher was right that we are called in faith to re-consider children and childhood, I suggest that doing so nearly always requires us to think differently about care as well. In a somewhat unconventional approach to the topic of pastoral care with

Sacred Spaces: The e-Journal of the American Association of Pastoral Counselors (2014), vol.6
children, this issue of *Sacred Spaces* gathers together six essays inviting us to reconsider some ways we may think about children and their care. The group of authors hails from diverse locations in terms of academic disciplines and practice contexts. Among them are pastoral theologians, a religious educator, a priest-psychiatrist, a CPE supervisor and disabilities advocate, and a practical theologian who claims as his primary credential for this essay his status as a grandfather. These essays do not offer any sort of manual for “how to” offer pastoral care and counseling with children, although in their perspectives on faith, children, and care they provide pictures of what such care might involve. Nor do these essays provide an explicit catalogue of best practices, though the discerning eye will find many such practices imbedded in the writings. Instead, this collection of essays offers a multitude of ways to imagine children and care toward more fully and faithfully accompany children in various contexts of ministry.

Bonnie Miller McLemore teaches pastoral theology at Vanderbilt University. Her essay provides a tour through an important, emerging body of literature about which pastoral counselors and other pastoral caregivers may not be aware, the literature of childhood studies and religion. As Miller McLemore introduces this important literature, she suggests that the literature of childhood studies and religion is particularly important for pastoral counselors, first, because of the advances it makes in emphasizing children’s agency. Second, Miller McLemore underscores, pastoral caregivers ought to be aware of the shift in thought about children’s faith formation. She provides a helpful overview of how recent conversations on the formative power of practices influence how we might understand and support the religious lives of children.

Bill Gaventa, a clinical pastoral education supervisor and advocate for persons with disabilities, offers a broad framework for thinking about disability and the persons who live with them, before providing concrete suggestions for pastoral caregivers working with children with
disabilities and their families. Gaventa challenges pastoral caregivers to recognize “able-ist” assumptions that may limit how, where, and why children with disabilities access pastoral care resources. He also offers specific resources for persons providing pastoral care and counseling to children.

Mary Lynn Dell is an Episcopal priest and a child and adolescent psychiatrist. Her essay invites readers to accompany her through a day in her work in a children’s hospital, in which her theological reflection forms a key frame for the kind of care she provides her patients as a physician. Dell’s article focuses specifically on violence in children’s experiences. She invites pastoral caregivers to recognize the severity of medical and psychiatric injury present in the acute presentation (in a hospital setting) of children affected by violence, that may be more hidden at the time of a pastoral encounters.

Katherine Turpin teaches religious education at Ilif School of Theology in Denver, CO, where she also serves as associate dean for curriculum and assessment. Turpin, a seasoned practitioner of ministry particularly with children and youth, focuses her essay on the “later end of childhood,” the middle school aged younger adolescent. Specifically, she wonders why so many adults seem to dislike this age group? Exploring the relative instability of the self among children in this age group and the challenges this creates for adults trying to relate to them, Turpin raises concerns about the potentially widespread absence of support that is critical to identity- and faith-formation of these young people. Her discussion about the shifting performances of self by middle school youth, and the resulting difficulty this poses for adults trying to relate to them, is of critical significance for pastoral counselors who may be asking children in this age group to narrate and perform a more stable self than is possible at this time.
Donald Capps teaches at Princeton Theological Seminary, where he has been thinking and writing about the uses of humor in human experience. How do children use humor? A friend of mine who teaches in elementary education claims that she can tell the age of a child by the kinds of jokes that child tells and/or enjoys. “Oh, you are in the ‘knock-knock’ joke phase,” she once said sympathetically when I told her what my dinner table conversations sounded like. “Don’t worry, it won’t last for ever.” What comes after that, I wondered? “Potty jokes,” she said, “And that usually lasts quite a while.” Capps’ essay brings to our attention a lesser-known work of Freud on jokes. Freud held that jokes allow human beings to manage the affective stress of living in civilized societies which require us to live beyond the psychological resources we actually possess. With this in mind, Capps looks at the psychological function of jokes for children as they move into and deal with the demands of life under Freud’s Reality Principle. Capps’ study has significant implications for pastoral care with children, both in terms of how we hear children’s jokes, and how we use humor with children as a mode of care.

The final essay of this issue of Sacred Spaces comes from Herbert Anderson, a veteran pastoral and practical theologian who often includes attention to children in his pastoral care writings even when children are not the explicit foci at hand. Anderson’s essay is reprinted here (with permission) from The New Theological Review, offering a classic look at how children’s minds work through a brief exploration in children’s literature. Like Capps’ examination of children and jokes, Anderson also addresses humor, in this case the humorous language of Theodore Geisel, who is better known to most of us as Dr. Seuss. What makes these children’s books so compelling, asks Anderson? He considers the play of language in Seuss’s books, drawing parallels between the delight in the sounds of words and the stories these books narrate with a number of important theological characteristics of childhood. Such connections go a long
way to helping pastoral counselors and caregivers offer good care with children, because they offer important perspectives on how children think, use language, and view the world.

I have appreciated this opportunity to work with each of the authors in this volume, as well as with the journal’s editor Ryan LaMothe, whose guidance and skill has been a gift to me.

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Sources:
Childhood Studies and Pastoral Counseling

Bonnie J. Miller-McLemore

Abstract This article explores the emergence of childhood studies and its implications for pastoral counseling. A decade of scholarship has accrued since its advent in religious studies with little notice among pastoral care specialists. Although several pastoral theologians have written about children generally, it has been almost twenty years since a scholar in the discipline has written a book on pastoral care and counseling of children that takes into consideration the intervening research. I chart some of the developments and characteristic features in the social sciences and theological studies that need to be kept in mind and argue that distinct advances have occurred, worthy of greater engagement by the pastoral counseling community, in both the recognition of children as active agents in families and other social institutions and the understanding of religion as shaped as much by routine practices as by verbal confession of belief claims.

Keywords Childhood studies, Religion, Children’s Agency, Religious Practices

In the last two decades, childhood studies has emerged as a recognized area of academic research bridging several disciplines, similar to programs in gender or race studies. Its appearance is especially prominent in social sciences such as sociology and anthropology. But interest has also arisen within humanities such as art history, literature, and philosophy. In the last decade, childhood studies has even earned a place in the study of

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Sacred Spaces: The e-Journal of the American Association of Pastoral Counselors (2014), vol.6
religion, becoming a new program unit in the American Academy of Religion (AAR) in 2002, for example, and receiving attention from scholars across a number of disciplines in religious studies.

Scholars in religion, however, have been late in coming to the table (see Miller-McLemore, 2006a). Some regard children as a less than respectable subject matter. This is illustrated in the evaluation of such studies by the AAR. When the new program unit of Childhood Studies and Religion sought AAR renewal in 2005-2006, one of the concerns raised by the Program Committee was the unit’s proximity to what the committee described as normative, Christian, and practical interests. Although traits such as normative, Christian, and practical may sound like valid concerns for those engaged in pastoral counseling, for many scholars in religion they raise red flags. Behind such labels lie deeper anxieties about narrow, subjective, confessional, and ministerial biases creeping into academic scholarship in religion. The presumption on the part of Program Unit committee members seems to be that studying children means lowering one’s academic standards and promoting parochial agendas. Even though this judgment seemed to be a gross misperception to those responsible for the unit’s programming who took special care to include a range of religious perspectives and scholarly disciplines in their planning, it captures the general anxiety and prejudice that surrounds the topic of children in religious studies. Children have been misperceived as a low-status subject of little theoretical interest except to those in professional or practical areas such as religious education or pastoral care. Meanwhile, however, even scholars in religious education and pastoral specialists like chaplains have shown less interest in children than others presume they possess (Lester, 1985, pp. 13-16; Miller-McLemore, 2006b).
This benign neglect has consequences for pastoral counselors who may unknowingly adopt a similar attitude, especially if educated in institutions where such a view prevails. Pastoral counselors may also be unaware of new publications in this area. If the 2001 publication of *The Child in Christian Thought*, spearheaded by Marcia Bunge marks the advent of childhood studies in religion, then over a decade of scholarship has accrued since Bunge’s edited collection. Significant research has occurred, in other words, since classical mid-to-late twentieth-century works such as Erik Erikson’s *Childhood and Society* (1950), Ana-Marie Rizzuto’s *The Birth of the Living God* (1979), and James Fowler’s *Stages of Faith* (1981) became the primary resources on children, development, and religion.

Pastoral counselors are justified in asking: What is so distinctive about childhood studies and why does it matter? After all, the books I just named foreshadow today’s burgeoning enterprise of childhood studies, and pastoral counselors have already incorporated their ideas. Although most overviews fail to credit Erikson, Rizzuto, or Fowler, their obvious investment in children played a fundamental role in the creation of a formal enterprise called *childhood studies*. Sigmund Freud, an important figure in pastoral counseling’s history, deserves credit for turning public eyes to children, even though his primary interest was not children but the relevance of their sexual and emotional experiences for adult pathology (e.g., Freud, 1962). Via Freud and his legacy, pastoral counselors already understand the importance of childhood for adult development, the impact of trust in infancy on adult faith, the influence of parents on god imagery, the connections between early transitional objects and adult ritual, and the
progression of faith from concrete to abstract imagery. Has childhood studies really added all that much to the understandings pastoral counselors already have?

This essay will argue that distinct advances have occurred in the last two decades, worthy of greater engagement by the pastoral counseling community. I chart some of the developments and characteristic features in the social sciences and theological studies. I envision my account as largely a research report, designed for those who might benefit from the knowledge but lack the time to analyze this terrain. A good deal of my argument therefore lies in recounting insights within the growing literature itself, which I believe have important implications for pastoral counseling and care, a topic to which I return in the concluding sections. However, I will suggest that this body of research is distinguished by two major reconstructions about which pastoral counselors should be informed more generally: Childhood studies in general has consistently promoted children as active agents in families and other social institutions. And childhood studies in religion has shown that children’s religious faith is shaped as much by routine practices as by verbal confession of belief claims by parents and religious authorities.

Although I will not spend much time describing my own research, these two transformations are reflected in my books, with *Let the Children Come* (2003) focused on the dramatic cultural reconstruction of children underway and the question of what Christianity has to contribute and *In the Midst of Chaos* (2006) devoted to tracing how religion forms children and children form parents in the midst of the most routine practices of everyday life. I came to the study of children through experiences of birthing and raising three boys, and in another essay (2011) I identify an earlier book, *Also a Mother* (1994), as the first in this trilogy. In fact, acute recognition two decades ago that
few feminist theologians, Christian or otherwise, had addressed the dilemmas of work and family led me to suspend my own pastoral counseling practice and turn to the project on mothers. I felt a real need to give voice to such issues, especially as they have taken shape within the Christian tradition (a perspective that I continue in this chapter), and then the demands of teaching and research kept me from returning to clinical work. I continue to miss engaging in counseling as an intimate and tangible form of healing. But I was troubled then and still find disturbing how women and children are idealized and devalued all at once. This chapter is one more effort to correct distortions and expand understanding, and I am grateful for the opportunity to return to the realm of pastoral counseling by another way.

**Childhood studies in the social sciences**

One of the most important distinctions between modern psychology and today’s childhood studies is the portrait of children themselves. Although some people borrow a phrase from an important book by Swedish social theorist Ellen Key (1909) to designate the last century as the “century of the child,” those in childhood studies raise questions about the approach to children characteristic of much twentieth-century research in the social sciences, especially psychology. As Key hoped, many Western societies devoted new resources to children’s welfare and development. This coincided with increased research on children in education and the social sciences. Child psychology especially grew after World War II. Child experts eventually included not only psychologists and psychiatrists but also pediatricians and educators. Pastoral counselors themselves benefited from these advances and sometimes included children among their clientele.
However, according to Martin Woodhead, a professor in a new childhood studies program in the United Kingdom, there are problems with how these studies “objectify ‘the child’ as subject of processes of development, socialization or acculturation” (2004, p.x). In his Foreword to An Introduction to Childhood Studies, he suggests that childhood studies emerged out of “frustration” with “narrow versions of ‘the child’ offered by traditional academic discourses” (2004, p.x). Psychology is often held up as the most culpable. In a flagship essay contrasting the old paradigm with the emerging one, Alan Prout and Allison James use as illustrative Piaget’s Kantian typology built around modern notions of rationality and universality. His theory of cognitive development assumes “progression from simplicity to complexity of thought, from irrational to rational behavior” as natural and widespread (1997, p.10). It also focuses on what children are becoming, their apprenticeship into adulthood, rather than on what they already are. According to Prout and James, this view was uncritically absorbed into other disciplines such as sociology, perpetuating an unfortunate binary, described by sociologist Robert Mackay, between the “immature, irrational, incompetent, asocial [and] accultural” child and the “mature, rational, competent, social and autonomous” adult (Mackay, 1973, p.28, cited by Prout & James, 1997, p.13), almost as if children and adults were instances of “two different . . . species” (p.13).

Over and over, in different words but consistent fashion, scholars in childhood studies insist that there is no such cohesive reality as “the child.” In fact, there is a problem, James (2004) says, when “a singular term comes to represent an entire category of people” (p.33). In place of the static universal type studied in abstraction from context in the dominant paradigm, childhood is described as a social construction. French
historian (and not coincidentally a friend of Michel Foucault) Philippe Ariès’s *Centuries of Childhood* (1962) is pivotal here. Although historians have since debated the veracity of his argument for the modern “invention” of childhood, contending that people of earlier periods did indeed have a such a conception as well as endearing connections to children (see de Mause, 1976; Pollock, 1983), his larger insight that historical periods differ in their constructions has endured. Even though childhood is demarcated by biological immaturity across cultures, it is now seen as a “product of culture,” an institution created by society that varies considerably “across time and place” (Kehily, 2004, p.7). In her introduction to the new field, Mary Jane Kehily describes the “recognition that there may be different ways of being a child and different kinds of childhood” as “important.” (p.7). I would go a step further and describe this as a crucial turning point in understandings of children.

The view of childhood as socially constructed is closely linked to a second feature—that children should be seen as actors in their own right, constructing and determining their social lives and the lives and societies around them, rather than “passive subjects” (Prout & James, 1997, p.8). In line with other movements to empower marginalized groups, a primary intent is to “give a voice” to children as “people . . . and not just. . . receptacles of adult teaching” (Hardman, 1973, p.87, cited by Prout & James, p.8). The problem in the previous century “of the child” therefore is not “an absence of interest.” There are abundant studies. The problem is children’s “silence” as active contributors (Prout & James, 1997, p.7).

The novelty today, as James (2004) states, “lies in the ways the academy currently engages with children” (p.26). Scholars increasingly turn to an ethnographical...
methodology that grounds theory in children’s own words, actions, and thoughts. They are repeatedly dubbed “agents.” Childhood is not a stage to be outgrown or a space where adult socialization and religious rituals get enacted or adult pathology develops. Nor is adulthood all about forming children. Children also form adults and the institutions in which they live. As editors of Rethinking Childhood Peter Pufall and Richard Unsworth (2004a) contend, research in childhood studies “demonstrates unmistakably that children not only have minds of their own but also have values, aspirations, and societies of their own” (p.xi).

These three features—the social construction of childhood, their agency as active participants in creating knowledge, and the usefulness of ethnography in hearing their voices—are among those listed by James and Prout as part of the emerging paradigm (1997, p.8). There is a notable preference in this new kind of analysis for sociology, seen as already sensitive to culture, over psychology, characterized as particularly essentialist in its views of children and their stages of development. But traditional sociology also comes under scrutiny for having ignored and misperceived children and psychology is seen by some scholars as a discipline capable of being reshaped under the guidance of the new paradigm (see Walkerdine, 2004; Woodhead, 1997). It is also interesting that the primary characteristics of childhood studies cohere with traits common to the rise of postmodernity—questions about objectivity and universality, sensitivity to marginalized groups, promotion of agency and voice, awareness of the relationship between power and knowledge, and appreciation for everyday experiences and ethnography.

I lift up one more attribute that Prout and James include—the “reconstructive” dimension of childhood studies or what I would call its inevitably normative dimension—
and two items they overlook but which are often presumed—the need for advocacy and interdisciplinarity. Although Woodhead characterizes the impetus behind childhood studies as primarily intellectual—in my words a concern about proper conceptualization of children—I think the impetus also arises out of practical and political concerns about the need to act on children’s behalf. This awareness puts social scientists into an awkward bind, however, given the non-normative intent of modern science. So, for example, Prout and James observe that while social scientists “seek only to understand the world as it is,” their seemingly neutral “findings” are “nevertheless absorbed back into . . . and become constitutive” of the very societies which they study (1997, p.21). That is, the social sciences not only study childhood but also contribute to childhood’s cultural construction. As they recognize, the “detached scholar” is displaced. But they are unsure about “what will replace” this modality (p.29). Their own answer is strikingly tentative: scholars should proceed “cautiously” (p.21) adopting a “degree of analytical detachment . . . whilst at the same time not denying responsibility” (p.30). Because children rarely organize on their own behalf, how can adults do so without foisting adult presumptions on children? Hence the need for caution. They are less sure about assuming responsibility. So, most tellingly, they begin their landmark volume, which marks the advent of childhood studies in the social sciences in the 1990s, with comments on war, famine, poverty, and abuse. But in the end they are more interested in the theoretical question of how escalating awareness of these problems has challenged conventional views of childhood than in addressing the problems themselves.

Recent scholars are more forthright about the need for political advocacy. In editing her Introduction to Childhood Studies, Kehily (2004), for example, makes “policy
perspectives” the third section of a three-part overview of the emerging field (the other two are “historical approaches” and “sociocultural approaches”). Likewise, the editors and contributors to *Rethinking Childhood* identify addressing children’s welfare as a primary motivation. Pufall and Unsworth describe the “seed” behind the book’s inception as the “rapidly growing triad of abuse, neglect, and poverty afflicting children in our society” and a Coalition for Children created by students and faculty on the campus of Smith College (2004a, p.ix). Authors of individual chapters suggest public policies and practices “that are in the best interest of children” (2004b, p.4).

*Rethinking Childhood* illustrates one further noteworthy attribute of the field—the heightened value and necessity of interdisciplinary interchange. Studying children in a narrow fashion, “under the methodological glass of each particular academic discipline” (Pufall & Unsworth, 2004a, p.x), makes it almost impossible to respond adequately to the problems children face. Children suffer if only studied in disciplinary isolation and detachment from social implications. The *interdisciplinarity* toward which Pufall and Unsworth (2004b) strive differs from a more limited *multidisciplinary* approach in its effort to avoid academic jargon, resist intellectual territoriality, and work toward active listening across disciplines (pp.7-8).

**Childhood studies in religion**

At the turn of the twentieth-first century, several journals in religion recognized the growing import of childhood studies and published issues devoted to the subject. In one

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See, for example, *Dialog* 37 (Summer 1998); *Theology Today* 56: 4 (January 2000); *Interpretation: A Journal of Bible and Tradition* 55, no. 2 (April 2001); *New Theology Review: An American Catholic Journal of Ministry* 14, no. 3 (August 2001); Sacred Spaces: The e-Journal of the American Association of Pastoral Counselors (2014), vol.6
of the more distinguished journals, Marcia Bunge (2006) and John Wall (2006) offer overviews. Their essays are useful here in grasping what is happening in religion.

Both articles are a goldmine of bibliographical resources with extensive footnotes listing representative publications. As they both recognize, other scholars have lamented the “undeveloped” state of childhood studies in religion. For Catholic historian Robert Orsi, the oversight is dire because of its direct implications for clergy sexual abuse. A scholarly and priestly community unable to imagine the reality of children’s lives leads to travesty. Projection of adult fantasies on children, whether about their innocence, depravity, or innate holiness, “renders them porous to adult need and desire” (Orsi, 2002, p.29). Ethicist Todd Whitmore (1997) is equally alarmed by the colonization of childhood by a capitalist market bent on exploiting desire. Children face unique suffering in a world where money dictates worth and people are reduced to consumers, products, or burdens. Do religious traditions have any “countervailing understanding[s]” to offer, he asks, comparable to the extensive Catholic teachings, say, on just war (p.175)?

Given the state of the world’s children—the influence of poverty, poor health care, sex and drug trafficking, disintegrating families and communities, advertising and media enticements—Wall (2006) also wonders why theological ethicists have “played such a limited role in social debates,” dealing instead with children, if at all, as a subcategory of other issues like abortion or marriage (p.524). Bunge (2006) rues the condescension among religion scholars who see the subject as “beneath” them or “suitable only for practitioners or educators” (p.552). Wall (2010) is interested in how childhood studies

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transforms the enterprise of ethics itself, a theme he develops into a book-length argument whereas Bunge is an historical theologian intent on capturing the best that religious traditions have to offer. Modeling his effort after similar movements among feminists and environmentalists, Wall (2006) dubs his approach “childist,” a term that has not yet caught on but is still suggestive of the “fundamental rethinking” (p.524) needed. In this regard, his work is more creative and constructive than Bunge’s descriptive and summative efforts. He uses religious and philosophical insights to critique secular assumptions about children’s agency, for example. Inversely, he uses the sciences to show how theological ethics has misunderstood dynamics of poverty. At the same time, Bunge has a richer sense of the resources in Christianity and has been especially instrumental in bringing scholars together from diverse contexts to contribute to edited collections (see Bunge, 2001, 2008, 2012) and in creating structures that undergird the emerging field of childhood studies in religion, such as the AAR program unit.

Wall (2006) is especially gifted in creating typologies and offering his own improvement on previous paradigms. He divides the evolution of childhood studies into four approaches (pp.525-528) with “developmental-psychological” (e.g., Freud, Erikson, Piaget) and “family-psychological” (e.g., family systems and marriage education therapists) on one side of the “greatest fault line” in the literature, with their more biological and universalist leanings, while two others approaches, “politico-sociological” (e.g., James & Prout) and “family-sociological” (e.g., David Popenoe), that focus on children “as they participate in and are constructed by their diverse cultures and societies” stand on the other side. In turning a two-phase development into four parts and including scholars like Judith Wallerstein (1989) and Popenoe (1988) who actually self-identify
more with the marriage movement than with childhood studies, Wall stretches the umbrella farther than I would. Despite what seems to me like a slight misreading of such scholars, Wall does recognize a diverse body of social scientists who share an anxiety about the state of today’s children.

Wall also provides a useful typology for religion and ethics. He names three approaches: “communitarians” like Stanley Hauerwas (1981) and Jean Bethke Elshtain (1990) who believe children need stronger communities that resist modern pressures; “liberationists” like Pamela Couture (2000) and Adrian Thatcher (1999) who find science more useful in returning voice and power to children; and “progressive familists” like Don Browning (2003) and Lisa Cahill (2000) who promote children’s inclusion but also recommend strengthening families and parenting (Wall, 2006, pp.529-533). He uses directional metaphors to elucidate distinctions among these groups based on where they locate authority: top-down (tradition and communities shape children); bottom-up (sciences and children deserve voice); and circular (mutual interaction between tradition and science, parents and children). He returns to this typology in his book where he adds to the top-down and bottom-up groups a “horizontal” or “developmental” approach of those who believe that children only progressively realize their potential over time (Fowler would be a good example here). This approach turns out to be “just as morally ambiguous” as the others (Wall, 2010, p.25). That is, in Wall’s view each approach has strengths and limitations and his intent in both his essay and book is to fashion a more adequate postmodern model that puts “children themselves at the center” (Wall, 2006, p.533). When he does so, he discovers that the hermeneutical circle is decentered or

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3 I am ambivalent about Wall’s putting my work in this latter group but I leave that debate for another time.
asymmetrical. That is, the irreducible “otherness” of children turns the circle into an ellipse that orbits around “not one point but two: the interpreter and the interpreter’s irreducible other.” Children are the same as adults and an irreducible mystery, and this is their gift to adult understanding. They “must be allowed to disrupt and constantly open up even the interpretive assumptions adults bring to them” (p.537). In the end, they reveal the asymmetry of the love demand—that moral responsibility requires “superabundance toward others in the service of realizing a common humanity.” In this, children are “morality’s greatest test” (p.547). He illustrates by showing the limitations of the modern ideal, so uncritically promoted by many scholars in childhood studies, of children as agents. Yes, children have influence but they are also acted upon by many forces. Their unique vulnerabilities impel distinct adult response and care.

Whereas Wall stands out for his typologies and constructive agenda, Bunge excels in providing comprehensive synopsis of neglected themes. She organizes the introduction to her first edited collection (2001) and other articles around an itemization of subjects she believes scholars in religion need to address. Here’s an example of the range of relevant religious issues from her overview article in The Journal of Religion:

- the nature and status of children; distinctions between boys and girls; the duties and responsibilities of children; the role of children in religious practices and rituals; parental obligations to children; the role of religious communities and the state in protecting children and providing them with the resources they need to thrive; the moral and spiritual formation of children; the role of children in the spiritual maturation of adults; children’s rights; and adoption (Wall, 2006, pp.551-552).
Like Wall, she urges people to adopt what she calls the “‘lens’ of the child” to see theology anew (pp.555, 574). However, she reveals an ideational bias that presumes new ideas will automatically translate into practice, changing how families and societies advance children’s well-being, something that has not exactly been the case in the past. Nonetheless, her leadership in projects covering major bodies of knowledge (e.g., classic theologians, scriptural texts, the three Abrahamic faith traditions) gives her precisely the bird’s eye view necessary to distill what she describes as “at least six important and almost paradoxical perspectives on children” (p.562) that offset both the reductive views of Christianity as harboring only punitive attitudes and the simplistic or harmful views in culture at large. In the tradition, children are seen in at least the following diverse ways:

- Gifts of God and sources of joy
- Sinful creatures and moral agents
- Developing beings that need instruction and guidance
- Fully human and made in God’s image
- Models of faith and sources of revelation
- Orphans, neighbors, and strangers in need of justice and compassion

She says these divergent images must be viewed “together instead of in isolation” (p. 563), thereby underscoring the tradition’s complexity on children.

Bunge also lifts up something called “child theology,” a confusing term she does not completely clarify. She describes its origin and some of its practices, but offers little critical analysis of its history or orientation beyond what one can learn from its website (see Child Theology Movement, n.d.b). The term appears to have been used initially by Keith White, a pastor and tutor at Spurgeon’s College in the United Kingdom, and then
further developed after sparking interest at an international consultation of Christians working with at risk children in 2000. Now known as the Child Theology Movement, groups of scholars, educators, youth ministers, relief agency leaders, and so forth have continued to gather biannually in Penang, Malaysia with the intent of “putting the child in the midst of any and every theological issue” to refashion “the whole of Christian theology,” words Bunge uses that also appear in various forms on the movement’s website (Bunge, 2006, p.570; see also Child Theology Movement, n.d.a). The intent is to rethink doctrine and practice from a child’s perspective, thus influencing those who seldom approach belief and ministry from this vantage point.

How “child theology” differs from “theologies of children,” which seem to include all scholars beyond this movement who also attempt to reconceptualize the methods and substance of theology, is unclear. This is a distinction Bunge uses but does not elucidate clearly enough. Judging from the website, child theology receives structural support from those in the United Kingdom but sustains deep international connections and commitments, especially in the southern hemisphere. The language on the website reflects an evangelical orientation as does a rather flat reading of Jesus putting “a child in the centre of the disciples when they were having a theological argument” as the movement’s rationale (Child Theology Movement, n.d.b, para. 6). As best as I can discern, the non-profit organization serves largely as an umbrella for strategy-based ministries, fostering networking and alliances, with recent efforts to enhance its intellectual foundations beyond newsletters and reports.

Bunge also attempts a one-paragraph summation of recent constructive Christian theologies of children. She mentions books by David Jensen (2005), Kristin Herzog
(2005), Marshall and Parvis (2004), and one of my own books (2003). But it quickly becomes apparent that her one-sentence depictions of publications cannot do justice to either the individual arguments or the magnitude of production that has occurred. Nor can I begin to identify, much less expound on this body of work. At risk of repeating what I have just criticized Bunge for doing, I think it worth expanding her list just to give a sense of the immense literature that has appeared within a ten-year span. Besides those she names, Joyce Ann Mercer (2005), Pamela Couture (2000, 2007), Mary Doyle Roche (2009), Martin Marty (2007), and John Wall (2010) are among those who have also written constructive theological books. The specific emphasis of each contribution is apparent in their book titles and subtitles. A careful analysis of these works would have real merit. I know of only one such effort by creator of Godly Play Jerome Berryman found in two of his other publications—a Religious Studies Review essay (2007) and a chapter of a survey book (2009, pp.170-195). But I would assess these attempts less than satisfying. His coverage and summation is limited and his evaluation muddled. In the words of reviewer John Wall, Berryman’s reading is “cursory,” “light on historical analysis,” skewed toward Protestantism and male scholars “despite [their] coming later to the field,” and essentialist in its depiction of the child (Wall, 2010a, p.3).

Even if we had a good review essay on constructive theological books, this would not begin to cover recent scholarship. There are publications on practical ministries of education and care (e.g., Davis, 2001; Dykstra, Cole, & Capps, 2007; Parker, 2003; Wigger, 2003); sociological studies (e.g., Bales, 2005; Lych, 2004; Smith, 2005); biblical and historical research (e.g., Bakke, 2005; Murphy, 2013); interreligious exploration (e.g., Browning & Bunge, 2009; Browning & Miller-McLemore, 2009;
Bunge, 2012); tools for research on children and religion (e.g., Bales, 2011); and multiple explorations of children’s spirituality, including synthetic collections (e.g., Yust, Johnson, Sasso, & Roehlkepartan, 2006). Scholarly attention to children also appears in literature on families more broadly (e.g., Rubio, 2010) and on sub-issues within childhood studies like adoption (e.g., Stevenson-Moessner, 2003) and divorce (e.g., Flesberg, 2008). Suffice it to say that rarely has one thematic topic attracted such intense study during such an abbreviated period of time. Even though I do not expect constructive theologies to continue appearing at the current pace, I doubt productivity more generally has reached its climax, particularly as new issues arise and as scholars from other religious traditions besides Christianity make additional contributions (as a start, see authors and bibliography in Browning & Miller-McLemore, 2009; Yust et. al., 2006).

One last concern that I would expect among pastoral counselors: Strangely absent in the otherwise fairly comprehensive overviews of Bunge and Wall is commentary on literature on child abuse and religion. Wall does not mention this at all and Bunge does so parenthetically. She is actually more worried about an inverse problem—that the analysis of abuse has swamped the discussion and that this has misled people into thinking negatively about Christianity, assuming that claims about original sin and child discipline are all Christianity has said on children (see Bunge, 2001, pp. 4-5; Bunge, 2006, pp. 560-561).

Unfortunately, disregard for children as a subject of study and religious tolerance for their abuse go hand in hand, as Orsi (2002) argues. To omit mention or downplay the significance of the problem and religion’s influence seems like a serious oversight and more so in light of pastoral counseling practice where consequences of abuse for mental...
health are so obvious. An extensive pastoral literature exists around child abuse and religion, including in particular pastoral theologian Donald Capps’s book *The Child’s Song* (1995). Perhaps Wall and Bunge considered this a subject area all its own or, inversely, too narrow and focused to warrant inclusion in the emerging arena of childhood studies. But the two bodies of scholarship have a more complicated connection than appears in the overviews. As Orsi (2002) argues, the clergy abuse crisis is not only about bodily urges, celibacy, or immorality (p.27); it is about a crisis of theology—the “kind of stories that have been told about children in Christian cultures over time” (e.g., as innocent or depraved, innately spiritual or in need of adult authority) and their negative consequences. The solution is to “find ways of making children more authentically . . . present” and “giving them greater voice” (p.29).

**Religion in childhood studies**

So far I have examined scholarly developments but spoken only indirectly about children’s religious experience and the way religion itself is characterized. To gain a sense of some new insights in the study of religion, I want to look briefly at three books outside theology proper in the social scientific study of religion (psychology, sociology, and anthropology respectively). When I teach a class on children and religion, I use these books to help students understand children from a variety of fresh perspectives or at least to consider how one might go about gaining such an understanding. Only Susan Rigley Bales (2005) explicitly situates her work in relationship to recent developments in childhood studies. Trained in religious studies and sociology of religion, she uses ethnography to enter into a close study of children’s everyday experience and perceptions.
Robert Coles’s research (1990) precedes the more formal advent of the field. But as a result, he shows how twentieth-century psychology played a key role in its development and how his own insights are limited by a largely cognitive view of religion. Robert Wuthnow (1999) is an established scholar in an area beyond childhood studies—sociology of American religion—but his examination of “growing up religious” makes an interesting contribution nonetheless. These scholars take us inside children’s lives from three different angles—individual and group interview (Cole), adult memory and storytelling (Wuthnow), and ethnographical study of three congregations over a defined time period (Bales). Hence they each give unique answers to one of the challenging questions in childhood studies: how does one gain knowledge of a population that often lacks the power to speak for itself, especially when it comes to religious needs and ideas?

Coles is a child psychiatrist-turned-field-researcher, influenced by Erikson, Anna Freud, and post-Freudian object relation theorists who see religion as potentially a positive force. We gain two immediate lessons from his work: how to listen to children and the richness of their religious ideation. He is brutally forthright about his own blinders in truly seeing children. This seems surprising from someone well trained as an analyst with a fine reputation for publications based on hours and hours of interviews. Indeed, his book on *The Spiritual Life of Children* (1990) is the last in a trilogy on their political (1986) and moral lives (1986), which follows a Pulitzer-winning five-book series on *Children of Crisis* (1967-1977)—a 30-year period of writing on children all told.

Yet Coles confesses that only provocative interchanges with Anna Freud sent him back to his field notes to discover what he had missed. When it comes to children and religion, he is powerfully shaped, as most psychiatrists and psychologists, by residual
Freudian biases against religion. Even if many therapists no longer see religion as wish fulfillment or a defense against aggressive and sexual desire, fewer are inclined to take children’s religious views seriously.

As Coles tells it, it is the six- to 12-year-old-children who set him straight, beyond anything he or Anna or even an apparently astute supervisor (Abraham Fineman) anticipate. Connie, an eight-year old girl whom he had treated for two years, calls him on what he describes as his “wanton imperialist” assumptions caricaturing her “delusions.” She finally blurts out, “you’re not interested in my religion, only my ‘problems’” (Coles, 1990, pp.12-13). Stopped in his tracks, he realizes he has repeatedly disregarded her attempts to let him know more about her Catholic piety. When Coles follows Fineman’s advise—“Why not let her educate us about her Church? [original emphasis]”—Coles discovers her “religious life was far more many-sided than I had been prepared to admit” (Coles, 1990, pp.14-15). Her symptoms show evidence not of conflict but of “high aspirations and yearnings sustained by a faithful vision” (p.18) with religion as an essential dimension.

Coles (1990) models precisely the kind of demeanor one should adopt in approaching children, a refined version of what Freud calls “closely hovering attention” and a foretaste of the mantra now common within childhood studies that the child is the authority. “Let the children help you with their ideas on the subject,” Anna herself suggests when Coles is unsure whether to go ahead with his project (as cited by Coles, 1990, p.xvi). So he pushes years of analytic practice of listening to a new level. He gives example after example of what he describes as a “phenomenological acceptance of the immediate” (p.21). Sometimes this is fostered by not rushing to fill the space. In a Boston
Sunday School class, he seems uncannily able to suspend his own plan when the seven-year-olds take over the discussion of what church means for them (pp.27-35). His vivid account of interview and classroom conversations is sprinkled with comments like, “we both reflected in silence for ten or fifteen seconds” or “I fell into a silence that lasted long enough for us to know that we had exhausted the subject” (pp.81-82). In a fourth-grade art history class, he learns “to ask nothing, to say nothing” when a hush falls over the children on viewing a nineteenth-century portrait of a doctor with a sick girl (p.110). He knows from experience the children will offer up more than anything he might anticipate.

In Coles’ (1990) view, linear developmental categories of “cumulative cognitive awareness” (p.38) based on what children display when presented with a hypothetical situation are insufficient to measure their resourcefulness if listened to in their own good time. Different from some psychological approaches and most theological analysis, direct observation precedes theoretical classification. Learning happens through prolonged encounter, weekly visits, the development of trust, and an acute sensitivity to context (he learns the hard way that Hopi children will say more in their homes than in a school environment). Coles also makes use of open-ended methods, such as asking children to draw pictures and talk about them. He discovers that they are “as anxious to make sense of [life] as those of us who are farther along in the time allotted us” (p.xvi).

Perhaps reflecting his contextual limitations, Coles never questions his own male image of God (always capitalized as “He”) and what seems like an unquestioned chauvinist reliance on his wife and kids as assistants. But a more serious limitation—where he might have benefited from childhood studies—is apparent when we turn to Wuthnow and Bales. Even though Coles has moved beyond Freudian interpretations of
religion, he still harbors a modernist view. Religion is about cerebral belief in God, examined by asking kids how they picture God’s face, for example, hear God’s voice, or deal with conceptual frameworks such as salvation. Therefore, Coles assumes he can study religion outside its context. Besides comments about classrooms, hospitals, or Native American reservations, readers have minimal sense of where the children live, where they worship, or what familial and social forces shape their lives. Rather than understanding spirituality and religion as inextricably intermixed and embedded in particular contexts, spirituality is set off sharply from religion, as if one can actually isolate “children as soulful” from their practice of “this or that religion” (p.xviii).

By contrast, Wuthnow (1999) shows how deeply seeded religion is in everyday life. As an empirical sociologist, he designs national surveys and examines biographies and other research on growing up religious as a preliminary step to the qualitative research that lies at the heart of his work. His study of growing up religious centers on semi-structured interviews conducted by a team of scholars over a three-year period with 200 adults chosen through quotas and a snowball technique to foster diversity in age, gender, ethnicity, geographic location, education, and religion. The aim is to ask “ordinary people to talk at length” to determine how they “conceive of their religious upbringing . . . what seems memorable and significant to them” (p.xxxi).

Wuthnow does not study children themselves in other words. But he is greatly interested in childhood experiences of religion understood in retrospect. He even contends that learning about children’s faith requires just the kind of evaluative perspective that adulthood lends—a view that is quite different from current efforts in childhood studies to listen to children instead of adults. In his words, “accounts of
childhood can only be given by people who are no longer children” because they are able to make judgments about “what is actually of value” in such memories (pp.xxxiv-xxxv). Moreover, childhood religiosity is not simply left behind but ripens with age and lives on into the present. Religious upbringing is “part of the continuing experience of adults,” not “an event occurring only in childhood.” In fact, people who make an effort to reflect on pivotal faith experiences “felt they were able to live a more fully integrated life as a result” (p. xxxvii).

*Growing up Religious* is chocked full of narratives of “embedded practices” that connect people to those around them—holiday customs, home and congregational rituals, bedtime and table prayers, family bibles and spiritual artifacts, particular foods, and daily routines. These narratives reflect what I see as Wuthnow’s most impressive finding, one that stands in contrast to Coles’ research: Growing up religious has as much to do with habits and routines as it does with existential reflection on the meaning of existence or God’s reality. In fact, few interviewees “remembered being especially curious about metaphysical questions as children” (1999, p.xxxvii), although Coles’ research seems to at least partially disprove this. Like Coles, Wuthnow finds “little evidence” among his interviewees for progress through cognitive stages toward a more sophisticated adult faith (p. xxxvii). Spirituality is fluid, dynamic, and journey-like. But in contrast to Coles, Wuthnow sees religion as “much more deeply rooted in our personal histories, in our families, and congregations, than in anything else” (p.xi). He distinguishes his research from studies over the last half century that focus on children as “mental machines.” Children assimilate religion “more by osmosis than by instruction” (p.xxxvi-xxxvii).
In this vein, Wuthnow (1999) makes several fascinating observations: “Having the Bible read to them as children is not nearly as good a predictor of feeling that one’s family took religion seriously as having seen parents reading the Bible themselves” (p.12). Or, again, “the act of praying was more important than the content” (p.xxxvii). People remember “short simple, rote prayers learned by heart and repeated almost automatically” rather than specific petitions, teachings on the nature of prayer, or anything more elaborate (p.8). They are also “deeply influenced by the pictures and other representations of the sacred that were in their immediate environment,” including Bibles, jewelry, and statues (p.18). In a national study, bible reading and table grace are cited as greater factors in religion’s importance than Sunday school (p.80). And if they did attend Sunday school, being there “was more memorable than anything they may have been taught” (p. xxxvii).

All this is not to negate the value of catechetical instruction but to underscore religion as a “way of life.” Over and over, it is clear that material culture and social connections matter: candles, stain glass windows, clothes and routines in preparation for worship, “ritual” family meals, congregational meals, and congregational picnics. Indeed, children absorb quite a bit more than most people ever consider simply by “staring at the altar, the paintings, and the stained glass windows week after week” (p.70).

Even more radically than Wuthnow, Bales also challenges what adults think children learn through adult-led classes.4 She would disagree with Wuthnow that talking to adults about their childhood memories provides the best perspective. She sets her book apart not just from developmental views, which see children as part of a group or

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4 I have written elsewhere about my appreciation for her research in understanding how bodies and sensual experience form religious understandings not just for children but also for adults (2012; forthcoming 2015). So I keep my comments here more circumscribed.
category rather than as distinct individuals, but also from efforts to understand children retrospectively. Memory is notoriously inaccurate as a source for reconstructing history and experience. Distinct from both Wuthnow and Coles, Bales (2005) accords significant space to what she has learned from childhood studies, although she identifies Coles as a “notable exception” (p.13) from the tendency to dismiss children’s religious experience (and whose example she follows in using drawings to engage children). Her work is an instance of the broader effort in childhood studies to return agency and voice to children. She adopts ethnographic methods that take her into three Roman Catholic parishes, a predominantly African-American congregation and Anglo and Latino congregations that share worship space. She spends time observing children and adults in all three settings as they participate in faith-formation classes, retreats, and rehearsals in preparation for First Communion, during the mass itself, and in the aftermath. Her study includes interviews and participant-observation.

Although one would think that people would have wondered what children think of their First Communion, scholars have not pursued the question. There is plenty of literature on the Eucharist’s role in the rite of initiation. But “why . . . [are] the voices of the primary participants . . . , the children, not included in the scholarship?” (Bales, 2005, p.2). Bales discovers “that children have their own revealing interpretations . . . that differ from those of adults” (p.1). This may not seem all that remarkable since adults often assume children do not listen to them. But by and large the adults she interviews rarely see children as interpreters themselves, evaluating and even transforming the information they receive. In contrast to the adult aims, children do not absorb official beliefs or see the sacrament as a ritual that draws them into the wider universal Catholic church. They
are more focused on joining their particular family and community, “coming to know Jesus,” and enacting the ritual correctly (p.4).

Of greater interest is a second thesis about how heavily children rely on material, physical, and sensual knowledge to construct their interpretations, a finding that partially agrees with Wuthnow’s research. As Bales (2005) states, “much of the information that they use . . . comes through their sense—taste, sound, and movement—rather than through classroom lectures and workbook exercises alone” (p.1). Children develop what she calls a “theology of taste” (p.92), understandings based on heightened preoccupation with how the bread will taste. Ryan, a communicant in the African American congregation, captures the theology “most succinctly when he explains that First Communion is ‘about tasting and learning about Jesus’” (p.99). One child even explains her understanding of transubstantiation through taste, saying that the real bread tastes better than the practice bread (p.101). They also seem to develop what I would call a “theology of movement.” That is, they see their belonging to the church as based as much on action as belief and on their ability to emulate the actions of the community. So they are hyper-vigilant about movement; they want to teach “their bodies to move as the adults moved during the liturgy” (p.103). In general, Bales helps us see the value of a central theme in childhood studies: Age deserves to be as important a category of analysis as other commonly recognized categories such as gender and race.

Read together and in conversation with each other, Coles, Wuthnow, and Bales offer fresh insight into children’s religious experience. They question previous assumptions about children’s inability to grapple with existential and highly theoretical questions and the idea that children move in lock-step fashion through faith stages from
concrete to symbolic ideation. Through the eyes of all three scholars, children come alive, revealing just how much children construct their versions of life’s meaning and value. Children formulate their own unique theories about God, religion, faith, ritual, and so forth. Bales and Wuthnow also disrupt previous presumptions that being religious largely means cognitive belief in God. Children reveal the powerful and life-long influence of everyday bodily experience and practices, especially material practices and artifacts that have social meaning or occur in the midst of important social relationships. Belief in God’s existence almost seems like a relatively minor detail when religion is viewed through children’s experience and eyes. In short, these authors reveal that, whether studied through the retrospective reflection, direct observation, or in-depth interviews, children deserve greater consideration as full participants in religious life.

Calling for a new pastoral care of children

As it turns out, the pastoral counseling community has sources for caring for children within pastoral care literature. Two books by pastoral theologians predate the heyday of childhood studies but anticipate its arguments—Andrew Lester’s Pastoral Care of Children in Crisis (1985) and Herbert Anderson and Susan Johnson’s Regarding Children (1994). Only the latter earns honorary mention in Bunge (2001, p.6; 2006, p.556) and Wall’s footnotes (2006, p.530). But both books made unique contributions. Notably, they begin by lamenting the lack of interest in children. Lester titles his first chapter, “The Pastoral Neglect of Children.” During marital crises, medical emergencies, and funerals, ministers often fail to consider children even though they are among those most affected. Lester’s students recall life-changing struggles when they were children.
that went unnoticed by their pastors and congregations. The problem is not insensitivity or dislike but simply lack of awareness, magnified by limits of expertise and time. Western society has idealized children, allowing assumptions about their innocence to obscure their struggles. Children do not communicate their needs in verbal ways typical of adults. Yet, at the same time, they are far more aware of what is happening around them than adults realize, even if children misconstrue the meaning and exaggerate their responsibility (e.g., blaming themselves for a parental fight). People devalue children’s constructive contributions in home and church, see them as “women’s work,” and restrict obligation for them to parents alone. Seminaries do not focus on children and, even more than Lester realizes, awareness of clergy abuse makes pastoral attention to them more complicated. But whatever the causes of neglect, the consequences are twofold: few pastors give “systematic attention [original emphasis]” to children and those who do feel inadequately informed (Lester, 1985, p.27).

Anderson and Johnson (1994) are harsher in their assessment than Lester. On the first page, they say children are in trouble because “adults disdain childhood” (p.1). Although this seems overstated, they give instances where disdain is evident—the unimpeded prevalence of gang warfare and domestic abuse, the unquestioned presumption that parents “own” children, the Christian emphasis on breaking a child’s will, the perception of childhood as merely a stepping stone to adulthood, and the corresponding view of children as incomplete. Rather than simply an issue within the pastoral office, they locate the problem at the cultural level—the perpetuation of a “culture of indifference [original emphasis]” (p.2). One of their main aims is attitudinal—to “transform the ways we think about children and childhood” (p.1), hence the book’s
Regarding Children. Adequate response involves ideological change within congregations and society, not just within clerical practice. The church itself must become a “sanctuary for childhood” (p.111) that makes greater effort to welcome children, support parents, forge partnerships, respond to crises, and challenge social indifference. Adults must regard children as people, fully human even if their emerging potential is not fully realized, and, speaking theologically, as capable of “bearing transcendence” (p.20) through qualities of dependence, openness, immediacy, and vulnerability that are particularly prominent in childhood.

To my knowledge, although several pastoral theologians like myself have written about children more generally, it has been almost 20 years since a scholar in the discipline has written a book like Lester’s on care and counseling. Apart from a book by pediatric chaplain and pastoral counselor Daniel Grossoehme (1999), which is focused on care of ill children, there is a dearth of pastoral care and counseling literature on children. More significant for this essay, there has been little attempt among pastoral counselors and theologians alike to take into consideration new findings in childhood studies or new challenges, such as social media, when writing on the pastoral needs of children. I hope this essay will serve as a clarion call on this score.

At least two major reconstructions in childhood studies and religion should inform any such effort. There is a demand to see children as commanding greater agency and meriting inclusion as full participants within families and congregations, respected for the distinct contributions and needs they bring. For pastoral counselors, this raises the question of how to hear children and include them more completely. Unlike other marginalized groups who at least theoretically have the “adult” capacity and right to
speak for themselves, counselors need to assure that children’s voices are adequately represented, especially when their very definition as children suggests their vulnerability, dependency, and emerging maturity.

There is also a demand to see religion in fuller ways. Throughout the twentieth century, religion was defined flatly in terms of belief. This view is still alive and well among secularists and fundamentalists. One decides in college, for example, that one is no longer a Christian or a Jew (etc.) because one no longer believes in God. Research on religion reveals that such educated dismissal is not as easy as it seems. As known through truism and underscored by research, children are shaped more by what their parents and extended communities do as habitual religious or spiritual practices than by anything they profess about religion. One can disassociate from belief but overthrowing religious formation is harder. Moreover, as families and communities are disrupted, scattered, urbanized, and diversified in today’s neoliberal capitalistic society, shared religious practices become less cohesive, pervasive, and persuasive.

**Implications for pastoral counseling**

What does this mean for pastoral counselors? Plenty of concrete suggestions for counseling lie between the lines of this chapter’s exploration of childhood studies. I lift up a few implications in four areas—the first two focused on religion and theology, the second two on listening to children.

First, in this literature we discover fresh ways to understand and incorporate religion and theology into clinical practice. Listening for religion and pursuing religion’s benefits in securing children’s welfare means far more than asking about cerebral belief.
in a *divine figure*. It includes wondering about the very materiality of our daily lives and how material religion shapes and forms children in mundane daily life. So, as vividly portrayed in Wuthnow’s account of growing up religious, clinicians need to consider social structures, community practices, and cultural ideologies as well as routine habits, holiday celebrations, household art and artifacts, and other modalities that clutter our lives but often go unrecognized for their impact on religious understanding and healing. Children absorb a great deal from their surroundings, far more than most adults previously assumed. They glean as much from watching adults worship, pray, read the Bible, and engage in social service, for example, as they do from catechetical instruction on any of these acts. Moreover, when we consider religion as a “way of life” rather than merely cognitive doctrinal confession, we recognize that children also have a spiritually transformation impact on parents and other adults who care for them. We assume adults should form children but we neglect how much children impact adults. So, clinicians interested in understanding the role of religion in the lives of their clients need to focus on both adults and children and their spiritually formative influence on one another.

Attending to religion as more than intellectual assent to belief also means exploring how the best of such “embedded practices” can be strengthened in a changing world to ensure children’s welfare within the daily habits of family and social institutions. Despite their problems and limitations, religious communities and traditions have given children meaning, allayed loneliness, offered material support, countered adolescent peer pressure, provided intergenerational relationships, and so forth. The continued presence of religion (and its absence) in children’s lives requires clinical sensitivity and attention, especially as religious communities and traditions face the disruptive pressures of today’s
society. I dare say pastoral counselors have a responsibility to do what they can, even if only in the most limited way, to sustain the vitality of these wider networks of care and to challenge them when they become destructive—for the sake of their clients.

Second, pastoral counselors not only observe religion as practiced by their clients. They also bring their own constructive religious and theological framework for understanding children to the clinical context. They need to become more conscious about these frameworks as they overtly and covertly shape clinical practice. Childhood studies suggests that societies construct images of childhood that have evolved over time and place. In Western society in particular, cultural constructions of children have shifted from pre-modern images of sinful and adult-like children to eighteenth-century portraits of the naturally innocent child to today’s “Knowing child” who blurs the sharp distinction between adult and child (see Higonnet, 1998; Miller-McLemore, 2003). Each of these images has positive and adverse consequences for children. In the turnover of cultural imagery, the wider culture has also happily filled in today’s picture of who kids are and what they need with problematic notions. So, for example, prevalent images that romanticize children as innocent and hence less capable or that exploit them economically as commodity, consumer, and burden have serious negative consequences and deserve critique by those in clinical practice (see Whitmore, 1997; Miller-McLemore, 2003; Mercer, 2005; Roche, 2009).

Such imagery requires constant evaluation and correction, especially from professionals such as pastoral counselors who are theologically trained and who see the damaging effects of such imagery in the daily lives of their clients. Although many pastoral counselors within mainline and progressive Christian traditions have hesitated to
impose an overtly confessional framework on their counseling practice, more evangelical clinicians, such as Kelley Flanagan and Hall Sarah (2014), have led the way in showing how such theological insights in childhood studies might be incorporated more fully to enrich treatment of families and respect for children (rather than distort or bias clinicians toward Christian confession). Religious traditions—Christianity and beyond—abound with alternative images of children that provide greater respect for their full humanity and their moral and spiritual complexity (Browning & Miller-McLemore, 2009; Browning & Bunge, 2009). Theologians and ethicists, such as Bunge, Couture, Mercer, Jensen, Wall, and myself, have called for a revitalized Christian perspective on children as gift, task, agent, vulnerable, and so forth. As Orsi argues in his writing on the Catholic church and child abuse, we are to think long and hard about the “kind of stories” that we tell “about children in Christian cultures over time”—as innocent or depraved, innately spiritual or in need of adult authority—and their effect on children and adults (2002, p. 29). Pastoral counselors are in a better position to engage in such storytelling and critique than counselors with less background in the study of religion.

Third, in addition to new ways to approach religion as practiced and as theologically and culturally constructed, childhood studies also suggests fresh ways pastoral counselors might listen to children at both a general and a more concrete level. At the most general level, childhood studies demands, in Orsi’s words, that we “find ways of making children more authentically . . . present” and give “them greater voice” (2002, p. 29). Just as other marginalized groups have insisted in recent years, clinical perspectives must begin to include children as subjects, not merely objects of study. They should be seen as full participants and actors with voice, agency, and authentic
responsibilities in contributing to the material and spiritual welfare of families and congregations. As Bales shows so clearly, children have their own “slant,” their own “unique interpretations” that are always more than a mere parroting of adults (2005, p. 58). The push to return agency to children requires a comparable change in adults. We must “regard” children and ourselves in new ways, to use Anderson’s and Johnson’s term. As psychologists such as Alice Miller (1986) already made clear a couple decades ago in their work on the dynamics of child abuse, children should never be used as a means to other ends by parents who dote on their achievements to feel better about themselves, for example, or by congregations that want to increase their numbers, companies that want to sell their products, or even clinicians who hope to resolve family problems.

Fourth and possibly of most interest to clinicians, childhood studies also offers practical advice for counseling. For the most part, Coles exemplifies therapeutic practice at its best. He opens himself up for supervisory critique, and his supervisors themselves willingly admit how their own psychoanalytic biases have obscured the richness of children’s religious ideation. Scientific proclivities have led them to miss the startling ways children process existential questions about life, death, and their own suffering. Abraham Fineman and Anna Freud demonstrate extremely sound supervisory insight when they suggest that Coles let the children “educate us” about their religious experience and beliefs (Coles, 1990, p. 14, original emphasis). As Coles makes clear, this means the clinician must make space for children’s participation through such basic moves as allowing for silence rather than filling the lull out of discomfort. He uses nonverbal means of communication such as drawing. He notes the even greater impact of context on children and their ability to enter into conversation. Coles had to go to where
Hopi children would talk, and that meant getting away from white schools and entering into their homes.

However, earlier clinicians and researchers, such as Coles and Lester, were not alert to and did not consider the necessary precautions and ethical boundaries when it comes to meeting with children. We are more aware today than ever before about the prevalence of child abuse, its damaging consequences, and the need to establish proper boundaries when caring for children. However, this should not prohibit the effort and need to attend closely to children; in fact, increased respect for children’s vulnerability and their distinct knowledge has the potential to deepen our connections. Bales (2005) admires Coles and uses some of his methods, such as inviting children to draw. But she offers an interesting correction and advance on how best to listen, shaped by childhood studies. She shares with readers her constant worries about the “many epistemological, practical, and legal” (p.54) challenges to entering fully into the children’s world—the power differential, the need for informed consent, her racial and religious differences, her ambiguous status in her participatory observation as neither teacher nor child, and so forth. She asks herself continually if she is “doing everything I could to help them understand what my study was about and why I was conducting it” (p.54). She grants the children as much agency as she can, envisioning them as “partners and teachers” (p.64) in the project and conveying this understanding to them, inviting them, for example, to create their own pseudonym, an exercise they love. She asks children themselves to give consent or permission (see Appendix B, p.186) even though this surprises the parents who mostly buy into cultural assumptions about “innocent” children as “passive entities” whom they protect and “who need not have a say in the activities in which they
participate” (p.63). She knows her perspective constrains her ability to understand the children. She admits that she only shows how they “represent” their worlds (p.55, original emphasis), not necessarily how they actually experience their worlds. Bales (2011) commitment to thinking seriously about all these questions is apparent in her later work on methods in studying children. This is the kind and level of thoughtfulness required of clinical work with children.

Finally, recent scholarship in childhood studies suggests that clinicians also need to reconsider widely accepted linear stage theories of cognitive, moral, and faith development that truncate and underestimate the depth and complexity of children’s religious thought and engagement. These theories are based on forced situations in which children are presented with a problem to solve. Their reactions in such settings differ markedly from the insights and declarations that emerge in prolonged and open encounters of longer-term relationships. Coles even implies that “developmental” theory has it backwards: “The longer I do this research, the more I realize how much there is to recover from our Sunday school and Hebrew school past, from our nine-year old or ten-year-old life, when the mysteries of the Bible or the Koran lived hard by the mysteries of childhood itself” (1990, p.37). Philosopher Gareth Matthews (1994) has also done research with children that confirms this. He suggests that many educational settings actually discourage children’s philosophical acuity—their distinctive eye for incongruity and perplexity—and, I would add, their religious imagination (see Miller-McLemore, 2009).

I have identified in these four areas only some of what I hope are the many possible implications that others may see in the new research in childhood studies for the
care of children and families in pastoral counseling. In childhood studies children and religion both receive fresh interpretations, making children more visible and religion more complex. Childhood studies encourages greater intentionality about children’s voice, visibility, and inclusion, on the one hand, and more nuanced grasp of how religion shapes their lives, on the other hand. As Anderson and Johnson (1994) state boldly, fostering respect for children is “one of the fundamental and urgent agendas of our time [original emphasis]” (p.18). As childhood studies in religion suggests more generally, fostering respect for religion in all its complexity is an equally important dimension of understanding children.

References


Sacred Spaces: The e-Journal of the American Association of Pastoral Counselors (2014), vol.6


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The Challenge and Power of Location and Role: Pastoral Counseling in the Lives of Children with Disabilities and their Families

Bill Gaventa, M.Div.¹

Abstract: Children with disabilities and their families can benefit from effective pastoral counseling by clergy and professional counselors. However, these families may not approach pastoral counselors in traditional ways. Effective pastoral counseling calls for an awareness of the “worlds” of disability and service systems. The field of theology and disability studies is rapidly expanding, alongside inclusive congregational ministries. Pastoral counselors have gifts to offer families and there are a multitude of resources from disability services and supports that can be a resource to clergy.

Keywords: Children with disabilities, Families, Clergy, Pastoral Counselors, Inclusive Ministries, Hospitality, Community, Congregation.

“When they rejected my child, they rejected me. “ (Parent talking about her pastor and church)

“When sitting in worship with my two young children, an older woman asked me to remove my disruptive toddler. She spoke with a condemning tone, one I would soon become immune to. I took my children to the nursery and cried. A few weeks later, I tried to take my children to worship again, but my son was just as disruptive. When I stood up to leave, the pastor stopped me. In the middle of her sermon, she told me to sit down. She told the rest of the congregation that my son was a member of our church and that it was all of our responsibility to raise him and to teach him the ways of God. The tears I am shedding as I write this story are ones of gratitude,

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Sacred Spaces: The e-Journal of the American Association of Pastoral Counselors (2014), vol.6
in contrast to those I shed seven years ago in the nursery of my church” (Anonymous parent in Walsh, A., Walsh, M.B., & Gaventa, B., 2007).

**Introduction**

When I think of pastoral counseling, I acknowledge that my own stereotypes come into play: I think of person and office, whether such counseling involves a certified pastoral counselor, a clergyperson, or another form of counseling that is called “spiritual” or “faith-based.” In years of ministry with people with disabilities and their families, however, few counseling requests have come from people calling for an appointment or asking to come to my office to talk to me as a clergyperson. Nor have I heard many families talk about going to see a “pastoral counselor” because of issues concerning either their child with disabilities or their whole family. None of that means that pastoral counseling does not, or could not, play a profound role in the lives of families with children with disabilities. The range of spiritual- and faith-questions faced by these families is as large as the diversity of “kinds” of disability. Amid such questions and issues, the potential power of a pastoral caregiver to help and to heal is only matched, in a negative way, by the potential power to hurt and wound. Where pastoral care takes place, and through what kinds of pastoral roles, may not be in the traditional locations of offices and processes of individual or family counseling.

In this article, I claim that children with disabilities and their families may challenge usual understandings of pastoral counseling, especially regarding its setting and form. More particularly, if counselor and faith community are willing and able to collaborate with families and meet them both when and how they come, and where they are (i.e., outside of the usual office setting), then pastoral counseling can serve a unique and unmatched role in helping children with disabilities and their families to grow and flourish.

Sacred Spaces: The e-Journal of the American Association of Pastoral Counselors (2014), vol.6
I begin by identifying some of the prominent definitions related to disability, as well as some of the challenges regarding the use of language vis-à-vis persons who have a disability. Then I identify and depict some of the key issues faced by children with disabilities and their families through the lenses of some core spiritual and theological questions, followed by a discussion of key pastoral roles in a life span perspective. This perspective is necessary, given that care generally will go beyond the usual time when children become adults. Many families have to continue their roles as responsible, care-taking parents in ways that are not usual for more “typical” parents continuing to love and support their grown children. This chapter ends with an offering of some of the broad range of resources and allies that a pastoral counselor or pastor might access and use in his or her work with a family with one or more children with disabilities.

**Talking about disability**

The first task is to define our terms, dealing with the complex issues by which disability is discussed and the language that is used. If a pastoral counselor who works with children and/or families or a pastor has not had many people dealing with disability approach him/her, it is not because of a lack of prevalence of people with disabilities. The statistics on the numbers of people with disabilities in the United States vary depending on the source, from 12% (Erickson, Lee, & von Schrader, 2013) to 19% (Wong, 2005), with 12% being the number of non-institutionalized people with disabilities in the United States. The percentage of people with intellectual and developmental disabilities (including autism) is 2-3 % (Maulik, Mascarenhas, Mathers, Dua, & Saxena, 2011). Take those figures, and then note the parents involved, siblings, and relatives, and the numbers of people directly impacted by disability grow exponentially. To
change the question, who is not impacted by disability, at least at some point in their lives? Or, said another way, the question is not whether one will be affected by disability, but when?

Official definitions of disability also vary. Disability includes people with physical disabilities, sensory (hearing, visual, and environmental, i.e., chemical sensitivity) disabilities, intellectual or cognitive disabilities, emotional disabilities, learning disabilities, and psychiatric disabilities. It also includes disease-related disabilities, e.g., multiple sclerosis and HIV/ AIDS. A disability may be defined as “developmental” (i.e., occurring sometime in the pre-natal or post-natal process up to age 21, e.g., autism, cerebral palsy or Down Syndrome) or as “acquired,” e.g., the result of an accident, such as spinal cord injury or traumatic brain injury, disease, or aging.

There are several operative definitions written into public legislation and policy that are important descriptors. The ADA (Americans with Disabilities Act of 1990) defines disability as a physical or mental impairment that substantially limits a major life activity. The Act protects three classes of people with disabilities: (1) those who have a disability, (2) those with a record of having a disability, and (3) those regarded as having a disability if that perception results in some form of discrimination.

The Developmental Disabilities Act (http://www.ncd.gov/publications/2011/Feb142011) defines a disability as a severe, chronic disability of a person which:

- Is attributable to a severe mental or physical impairment or combination of mental and physical impairments
- Is manifest before age 22
- Is likely to continue indefinitely

Sacred Spaces: The e-Journal of the American Association of Pastoral Counselors (2014), vol.6
• Results in substantial functional limitations in three or more of the following areas of major life activity: self care, receptive and expressive language, learning, mobility, self direction, capacity for independent living, and economic self sufficiency.

Developmental disabilities include but are not limited to what used to be called “mental retardation” but is now termed intellectual disability, along with autism, cerebral palsy, epilepsy, spina bifida, and other neurological impairments which meet the above criteria. For the purposes of pastoral care and counseling, the most helpful definition may be that of the World Health Organization whose definition of disability is shifting from a purely medical model to include social context (www.who.int/disabilities/world_report/2011/en/index.html). The WHO defines disability in three levels:

1. A physical or mental impairment, i.e., a description of the physical or psychological cause of the condition. That could be genetic, a disease, an accident, a chemical imbalance, or many more.

2. A disability which results from the impairment, i.e., a change in functioning or adaptive capabilities which results from the impairing condition. The disability may then result from an interaction between impairment and an environment. For example, a person who uses a wheelchair may not be disabled in some environments or life activities, but will be so in others, including, possibly, getting in to see a pastoral counselor or clergy person.

3. An inability to participate in many parts of community life because of attitudinal and/or architectural barriers.

A key trend in definition and classification is away from seeing "disability" in medical terms and towards seeing it in terms of difference and diversity. That has immediate implications for ministry and counseling given the significant attention paid to diversity and inclusion in faith.
communities. A person with a disability may or may not be sick. A healthy person also has limitations, or, frequently, some form of impairment and disability. Another trend is that some definitions have moved explicitly towards identifying a disability as a characteristic that results from the interplay of inherent abilities, environments around an individual, and the kinds of supports needed. Thus, for the AAIDD (American Association on Intellectual and Developmental Disability) a child who used to be described as “profoundly disabled” is now a person with “pervasive support needs.” The classification system is known as the Supports Intensity Scale (www.aaidd.org) thus describes the level of disability by the amount of supports needed.

One of the main reasons to be careful about the ways definitions, terms and labels are used is precisely because of the stigma often associated with disability and the long history of discrimination, neglect, and abuse against people with disabilities. When confronted with the confusing array of terms and labels, there are two basic counseling strategies: First, use what is called "people first" language (www.disablityisnatural.org). A disability is an adjective, not a noun. Use terms like "a person with a physical disability" rather than "the disabled." Stated in relation to one of the premises of this article, a person "has a disability," not "is disabled." A disability, like any other personal characteristic, may be a major part of someone's life, but it does not define him or her totally unless that is imposed. (But even here there are exceptions, especially when the disability is seen as a culture, e.g. “I am deaf,” or is affirmed by an individual claiming that identity as a matter of self definition and pride, e.g., “I am autistic.”)

Second, if a pastoral care giver is not sure how a person with a disability wants to be described, it is best to ask him or her, or their parents, rather than make assumptions. There are a wide variety of opinions and preferences here in both personal and professional arenas. In my
experience, most people dislike euphemisms such as "physically challenged" as much as they dislike old and stigmatizing labels such as “cripple,” “retard,” or “dumb.” Even the word “special” has many layers of meaning and interpretations. Some parents are very comfortable with saying, “My child has special needs.” Others may hate the word “special” because for them it implies pity and segregation in terms of supports and services. Parents will also get called “special” because others may see them as “heroic” for the love and strength they exude. Some parents don’t mind. Others yearn just for the chance to be seen as a so called normal family trying to do the best they can, a family who would love support in both concrete and emotional ways, rather than being set on a pedestal. So when in doubt, ask. Even the question shows sensitivity, and may be a helpful pathway for a counselor into the issues of self-understanding and personal identity. The issues of naming a disability or difference, and how someone wants to be called or have their “condition” talked about, are foundational step stones to a professional and pastoral relationship (Hayes, 2012).

Understanding the complexities of language and labels also helps a counselor be sensitive to one of the huge binds that confront parents and families with children with disabilities. For parents, the diagnosis of a set of previously unspecified conditions as a form of disability may be a relief because, as with other diagnoses, it gives these conditions a name. As noted, though, the label can become more important than the person and also limit what people see and expect. To counter the negative power of labels, current trends in educational and service arenas emphasize talking about a child’s strengths and gifts as well as deficits and limitations, and then building on those strengths and gifts for learning and growth. Generally speaking, parents implicitly know those gifts. They love their child. But they also face a society which sees their child’s core identity as “disabled” and one in which, in order to get the right kinds of educational or public
supports, the parents are forced to emphasize the deficits and limitations of their son or daughter. Families have described it to me as beyond frustrating to “maddening” and “despairing.” Pastoral sensitivity to that bind and the ironic paradox faced by families is crucial.

“When (where) did we see you?”

Families with issues related to parenting children with disabilities, just as with any family with children, may come to clergy and pastoral counselors for all kinds of reasons. Many may have little to do with the disability per se, because families with a child with a disability and other children face the same kinds of psychological, emotional, and spiritual issues that any child and family may face. Those can be related to or compounded by the presence of disability, but the connection is not necessarily causal. For example, an “urban myth” about families with children with disabilities is that there is an 80% divorce rate. While that is not true (Morstad, 2012), it is the case that being the parents of a child with a disability means facing the same sorts of parenting dilemmas that many other parents face, but perhaps to a different degree, in addition to facing other challenges unique to parents of children with disabilities.

Some of the questions and dilemmas that face parents and families related to disability may very well come to your door and office. They may include:

- A young couple or couple thinking about engagement, but worried about genetic issues in their families that may give rise to a higher probability that they will have a child with some form of genetic disability (Dollar, 2012).
- A couple who has just learned that the child they are expecting will have a form of disability.

Sacred Spaces: The e-Journal of the American Association of Pastoral Counselors (2014), vol.6
• A new parent/family whose newborn child has an unexpected disability or whose young child begins to show problems in their expected growth and development (Becker, 2011; Bolduc, 1999).

• Parents experiencing increasing pressure on their time and parenting skills because of the sheer struggle of caregiving. If they have difficulty finding appropriate social supports, or material supports such as insurance, then stress and fatigue can come out in many different ways (Naseef, 2013).

• Problems in an extended family if there is not the expected support or even worse, if there is blaming, because of the disability.

• Questions that may get raised as a family hopes and plans for the key religious rites of transition, such as baptism, first communion, confirmation, etc. (Walsh, Walsh, & Gaventa, 2007).

• The myriad of issues a family may face trying to find the right educational environment for their child or the right kinds of specialized services. That also pertains to religious education.

• The despair and loneliness felt by children with disabilities and their parents when their child is not invited to birthday parties, has few friends outside of school, and/or is shunned or bullied because of the disability.

• Children with disabilities moving into their teen years when typical questions of identity and social connection become even more heightened by the presence of disability.
• Siblings who may be struggling with their own journey because of the care and attention needed by their brother or sister (http://www.siblingsupport.org/about/copy_of_index_html).

• Parents struggling with their children’s behavioral issues and acting out at whatever age and in whatever place, including their faith community. (See the discussion of positive behavior supports later in this article.)

• The huge questions that teenagers and parents face as their child with a disability transitions or ages out of the school system which is obligated by law to include them, to an adult service world where that is not that legal obligation, compounded with all the questions of independence, employment, social roles, and more (http://www2.ed.gov/about/iniits/ed/ycc/index.html).

• Parents struggling with issues of sexuality and disability being lived out by their children (Melburg, Schwier & Hingsburger, 2000).

• The ongoing question that most families carry with them from Day 1: Who will care for our child after we are gone? (Preheim & Neufeldt, 2011; Etmanski, 2004).

• Transitions out of the home for an adult child, if there are viable options in a time when funding for public residential supports is getting even tighter.

• Mixed in through any or all of these, are reoccurring issues of loss or grief (Gaventa, 2013) and additional grief caused by people and professionals who do not seem to see and understand their child or by those who discount all parental input and opinion.

Over the course of a lifetime, the kinds of questions and issues facing families change. Sometimes families may put off dealing with certain issues when it could be very helpful to address them earlier. Shelly, an adult sibling of a brother with a disability at UMKC and Director Sacred Spaces: The e-Journal of the American Association of Pastoral Counselors (2014), vol.6
of Family Supports, conceptualizes three primary areas of support needed by families (Reynolds, 2012).

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<th>Discovery and Navigation</th>
<th>Emotional Supports</th>
<th>Instrumental Supports</th>
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<td>Information and Training Support</td>
<td>Mental health and Self-efficacy</td>
<td>Supports for the Role of Daily Care/Support</td>
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<td><strong>Knowledge and Skills</strong></td>
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<tr>
<td>• Information on disability</td>
<td>• Parent–to-Parent Support</td>
<td>• Respite/childcare</td>
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<td>• Knowledge about best</td>
<td>• Self Advocacy Organizations</td>
<td>• Adaptive Equipment</td>
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<td>practices and values</td>
<td>• Family Organizations</td>
<td>• Home modifications</td>
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<td>• Skills to navigate and</td>
<td>• Sib-shops</td>
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<td>access services</td>
<td>• Support groups</td>
<td>• Cash subsidies</td>
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<td>• Ability to advocate for</td>
<td>• Professional counseling</td>
<td>• Short and long term</td>
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<tr>
<td>services and policy change</td>
<td>• Non-disability community support</td>
<td>planning with family</td>
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One might note that clergy and congregations can in fact be supportive and already are being supportive in every one of those areas of ministry in places around the country. To complement that model, Reynolds and colleagues have developed a lifespan planning outline for the kinds of questions families need to address over the course of a lifetime (Missouri Family to Family 2012. Their outline serves as an excellent resource for clergy working with the complexity of issues and questions that a family may be facing.

**When did we hear you?**

That lifespan planning outline represents contexts, time periods, and situations in which a family may approach a pastoral caregiver for counseling, or, as caregiver conversely, times in which a pastor might be “on alert” as families enter different stages of their child’s life. Here is one of the challenges of “location,” because it might be that families would never think of coming into a pastoral counseling relationship unless there is a proactive stance of welcome, hospitality, and
caring inquiry into how a faith community and its professional leaders may be of help to a family and child.

What explains the gap between the needs families face and their possible lack of involvement with pastoral caregivers? One key explanation is that the birth and/or diagnosis of a child with a disability puts parents into a complex world of human services that can include specialized medical care, early intervention services, all kinds of therapies, special education, and so on. Unless a family’s faith community is on alert to reach out, a family may never think of coming to a pastor or pastoral counselor for help, sometimes simply because they do not have the time. It may be that any number of wonderful parent- and family- support networks become the place where they find the most help and ongoing care from other parents who “have been there.” Most states have Parent-to-Parent and other related organizations and, through the internet, one can find a support network of families dealing with almost any kind of disability. Pastoral referral to a parent support network may be greatly appreciated, especially when families are struggling with an initial diagnosis.

However, a second explanation for the gap might be because in all those other assessments and treatments, health and human service professionals do not ask about their spirituality. In this area, a family’s faith community especially could be helpful. There is a gradual growth in research, understanding and practices helping “secular” services to recognize crucial spiritual issues for families. Some of these caregivers may recognize ways that faith communities can provide powerful supports to children with disabilities and their families, but that is not standard practice (Carter, 2007). There are also assumed barriers of policy, e.g., when an educational system believes it can never talk about the role of spirituality or faith community because of assumptions about separation of church and state.

Sacred Spaces: The e-Journal of the American Association of Pastoral Counselors (2014), vol.6
Sometimes the problem is simply one of assumptions. A formative experience for me as a young chaplain working in this area of ministry was hearing a family’s story about their pastor and church during a multi-disciplinary evaluation process at the first of what are now called University Centers of Excellence in Developmental Disabilities. The family told me that their pastor had never asked about their daughter. Things had been fine until she had to be held back in Sunday School while other children advanced, and that later, when she had to go to a residential school, no one ever asked about her like they did about each other’s kids who went off to college. She had come home for a visit; they took her to church, where there was a new pastor. He had “refused to shake her hand when we left the service.” The pain was still real.

I asked if I could approach the pastor, so I called him up and rode a white horse into town to get this fixed. When I entered his office, I saw the certificates that said he had as much or even more Clinical Pastoral Education (CPE) than I had had, plus other forms of training. Losing a little of my own self righteousness, I asked him what he knew about the family that had come to our center. He noted that he had been in their house when their daughter was there for a visit, but they had never said, “Pastor, we would like to talk to you about our daughter,” or expressed a desire to talk about issues related to her involvement at the church. He went on, “My pastoral role is under constant demand from people who say, “Pastor, can I come see you about (you name it)?”

The profound image that I left with that day was the gap between family and pastor, each waiting for the other to make the first move. The grace of God, in this situation, could have come through the pastor had he been willing to say, even if he was unsure what to do, “Can you tell me about your daughter?” “How might the church be of support?”

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2 At least one of these exists in every state. These centers can be a resource for both clergy and families. See www.aucd.org.
Sacred Spaces: The e-Journal of the American Association of Pastoral Counselors (2014), vol.6
That story is relatively mild, for many families tell stories of things said by clergy that were directly wounding and rejecting. There are far too many stories in the world of disability about questions being asked such as the one in John 9 that assume guilt and sin: What did you do that caused your child to be disabled? Or the question may impugn faith: “If your faith was strong enough, your child could be healed.” Sadly, in many instances, it can come in the form of a pastor or faith community asking a family to leave a congregation because of their child. In 2010, I was at a conference listening to a panel of parents and individuals with disabilities tell their faith stories. Two mothers talked about their experiences, one a family with a son with severe psychiatric and emotional issues, and the other with a daughter with autism. The first family had been asked to leave seventeen congregations; the second, thirteen (Gaventa, 2010). The answers to the question, “Tell me about your spiritual journey, or faith journey, with your child and faith community?” are never lukewarm. They are either stories about how important God and/or their faith community has been or about being deeply wounded. It is not too much of a stretch to call the latter “spiritual abuse.”

Many other families and people with disabilities have faced these kinds of experiences of neglect and/or rejection. The negative stories can quickly become part of the oral tradition in disability networks because of the expectation that a pastoral caregiver or congregation would respond with compassion. In this day and time, the negative stories, in particular can be part of an internet wave in a matter of hours. Other helping professionals and systems in the lives of those families and individuals may have heard them as well, which also explains, in part, the lack of referral or suggestion from them to families to talk with their clergy. Thus, one key alert for clergy and pastoral counselors is that families may carry those personal experiences or have
heard about them. Clergy need to be open, ready, and willing to hearing the anger and pain before trust can be established.

What did we hear?

As noted earlier, families that include children with disabilities may come to a relationship with a pastor/pastoral counselor for any number of reasons, which may or may not involve their child or family member. I would like to suggest a framework to examine and understand some of the core spiritual issues that may be implicitly or explicitly embedded in a family’s reasons for coming.

The questions are ones of identity, purpose, and community, with purpose being encountered in two ways.

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<tr>
<th>Question/Issue</th>
<th>Theology</th>
<th>Social Values</th>
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<tbody>
<tr>
<td>Whose am I?</td>
<td>Belonging and part of God’s people and creation, whether the “Body of Christ” or the “people of God” or other religious understandings of community and/or family</td>
<td>Inclusion Friendships Right to participate in community Informal, generic, natural supports</td>
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<tr>
<td>Why the disability and can it be changed?</td>
<td>Questions of theodicy, shame Understanding of suffering, healing and cure. Coping with grief, loss, and changed expectations</td>
<td>Causation and Support Plans Genetics/Environment Responsibility Prevention, Rehabilitation, Therapy, Special Education</td>
</tr>
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If one adds to that framework the different perspectives and responses to those core questions that come from differences of faith tradition and culture, then a pastor and/or counselor might be
able to envision any number of ways core spiritual questions might be embodied and addressed in the lives of children with disabilities and their families. There are so many different cultural understandings of what constitutes a person, independence and self-determination. How do those understandings connect to our Western cultural fears of dependence or a frequent lack of appreciation for interdependence? Does disability represent “everyone’s living nightmare,” whether it comes through the birth of a child or a disability acquired by accident, injury or illness? What does it mean to be a citizen and valued member of society? Can I accept myself “just as I am?” Will others accept me? Our child? Our family? What does God have to do with this disability? Whose fault is it? Does faith help? Is there a place for us at church, synagogue, or temple? Who will help us face the confusing, complex, disorganized, and/or non-existent service system and find the supports our child and our family need? There is no way in this article that to lay out all of the ways that these questions and issues may be encountered and exhibited in the lives of real children and families. For most of them, of course, there are no quick and easy answers, for these are questions and issues everyone faces in different ways most of their lives. My hope, first, is that this framework may help a pastor, pastoral counselor and/or family understand the ways that the particular questions that families face concerning education, health care, human services and relationships within their community are also, through other lenses, basic human, spiritual and theological questions. A pastoral caregiver, working in collaboration with families and other professionals from health, human services, and education systems, may also have opportunities to help those professionals understand the spiritual dimensions of those issues.

Second, the hope is that pastors and pastoral counselors who may know little of the “languages” or “worlds” of disability will realize that they have the same gifts to offer children
with disabilities and their parents/families that they do to anyone else, gifts of presence, guidance, support and care that start from the premise that this child and their family are already parts of God’s creation and the people of God. That attitude of welcome, a willingness to travel with families on spiritual and emotional journeys where the answers might not be quick but there is a commitment to figuring it out. The modeling of an unquestioned assumption that they and their child are part of the people of God like everyone else, with strengths, gifts and limits, may be the single most powerful and valuable offering in the lives of children with disabilities and their families.

The core roles

Each clergyperson and pastoral counselor will have his or her own understanding of the gifts they bring to others with whom they minister or counsel. The first basic assumption should be that those gifts and skills could be offered to families with children with disabilities. In my experience, the multiple possibilities in pastoral care and counseling have jelled into four basic roles: presence, guide, advocate (or shepherd), and community builder (Gaventa, 1997). For the purpose of this article, I discuss how these might be present in the ministries of clergy and pastoral counselors working with children with disabilities and their families.

Presence

The basic rule of pastoral care and counseling is, of course, “be there.” Be present. Go there. Or pay attention when their paths cross yours. Have an open door or network so that people can get to you. Offer hospitality and welcome. Your relationship, and the place it occurs, is one of symbolic presence of God’s care, a power amplified by your capacity to listen, to hear the personal stories, and especially to see and love their child. Tillie Giumento, the Catholic mom外文
whose quote began this article taught me that long ago: “When the church rejected my child, they rejected me.” When we were subsequently able to arrange for Michael’s First Communion and participation in religious services at Monroe Developmental Center in Rochester, she became my biggest advocate and right hand volunteer in organizing the “coffee hours” after our Sunday afternoon services.

One very concrete question, sometimes literally so, is whether families with children physically can get to where you are. If a child or teen with a physical disability is coming to see you, can he or she get there? Is the space arranged to accommodate a wheelchair or other special equipment? Are there restrooms that are accessible? Is your space, whether at a church, synagogue, mosque, etc. or in an office building, welcoming and hospitable to everyone (Anderson, 2010). Just last week, a woman with a doctorate in special education who has lived her life with a disability shared with our Clinical Pastoral Education group and committee an experience of how she felt totally mistreated by a receptionist and nurse in a doctor’s office. “They never talked to me as a person. All they saw was my chair.” Are others who work with you and your work environment prepared? What might happen if a family needs to come to talk with you, but needs someone to be with their child who comes along, because they cannot find anyone to come to their home? If you are uncertain about what you can do in your space to be more accommodating and welcoming, simply ask the family and child. Or, using the term accommodation, are you willing to meet them elsewhere?

Guide

Each counselor will have his/her own understanding of the ways they use their faith tradition and professional skills to guide another in their journey. The issues may relate to one or more of the three areas of family support as summarized in Reynolds’s framework above. They may also be
issues that are short term, or ones that come from the fact that parenting a child with a disability is a long term journey. Thus, preparation for working with such children and their families may entail having resources available in all three areas identified in Reynolds’s framework. If a counselor is not providing the information itself, knowing where to find it or helping a family to look is key. What kinds of connections have you built with area service agencies or schools? Are there members of your congregation who can help, either because they are parents or professionals? Be cautious about referring a family to another referral source if you can, because many spend hours being referred from one service or organization to another.

With that foundation, the primary role of guiding is that which comes with the spiritual and emotional journey being lived out in the lives of parents and their child. One of the first things to do as guide is to model care for, and communication with, the child. Develop your own relationship with him or her. Far too often, professionals of many disciplines talk to families or caregivers of children and adults with disabilities as if they are not present when in fact they are. Modeling a desire to know and love their child will benefit both you and the whole family.

How might the family be dealing with the spiritual and theological questions noted in the framework above? How then do you see yourself as pastor helping people through questions of theodicy, feelings of lamentation, lack of support, issues of guilt, responsibility and purpose, issues of faith and healing, coping with stigma, and more? One potential gift you bring, along with the ways you assist others coping with those same issues, is helping families see that the issues and questions are ones shared by many. A second is that of helping them re-frame scriptural and theological understandings in their faith tradition toward seeing issues in new ways, and to know that revered figures in their own tradition also have grappled with these questions. That reframing may start the moment a family and child encounter you because of the
attitude you bring to hearing their story. It can also be helped by a growing body of books and literature by parents and family members sharing ways that their faith and/or faith communities have been supportive to them that take fresh approaches to how disability is perceived, referenced, and dealt with in scriptural and religious traditions.

Another reframing strategy comes from the WHO definitional framework of disability discussed at the beginning of this article and related trends in thinking about disability. Does an issue come from the impairment, the lack of appropriate supports, a "disabling" environment, value judgments and attitudes about the disability, or barriers to participation? In helping anyone learn to accept and cope with something that has happened to them, does "accepting" a disability mean having to accept the limitations of the environment or discriminating attitudes by others? Is a family searching desperately for some form of cure or dealing with the impact of the latest web-flamed medication or therapy that overpromises? If presenting issues are the relationship between faith and healing, how might a pastoral counselor help a person to see the issues of healing in terms other than “fixing” or “curing?” What needs to be fixed or cured may be, in fact, barriers in the environment and/or discriminating stigma or attitudes in others. One of my favorite reframing stories is that of the person with a disability who was approached by a stranger on the street (a too frequent occurrence in the disability community) and told that “if his faith were strong enough, he could be healed.” The person with the disability immediately shot back, "If your faith was strong enough, you could cure me."

Partly by intention, I have avoided framing the emotional and spiritual journeys of families with children with disabilities as a grief process. A counselor’s understanding of grief may indeed be very helpful for some families, if those are the presenting issues. For example, when coping with a diagnosis, pastoral counselors may be helping others recognize the death of Sacred Spaces: The e-Journal of the American Association of Pastoral Counselors (2014), vol.6
expectations about who their child would be and what parenting might be like. A new crisis for a family may kick up earlier feelings of intense grief or add to their experience by “grief given to them” by others.

These are crucial issues, but not the only framework for hearing, understanding and assisting families. When I first began in this area of ministry, the professional assumption was that all parents of children with disabilities suffered from “chronic grief.” That may be true for some, but more than often, my experience has been that families can cope amazingly well, that their lives are filled with joy, hope and love as well as struggle and hard work, and that both parents and child(ren) may be flourishing.

The role of guide can also expand to helping members of a congregation understand some of the same spiritual and theological issues that are often so crystallized in the experience of disability. Informal conversations, sermons, and educational programs related to spirituality, theology and disability are some ways of doing so. Addressing those issues may be crucial as a pastoral caregiver also works as community builder.

Advocate (Shepherd)

The role of guide, when moved from the sanctuary of an office or counseling space, into the public arena, quickly becomes the pastoral role of advocate, or, to use a Biblical symbol, shepherd. In the imagery of the 23rd Psalm, a shepherd helps to provide the sanctuary (the place beside the still waters and in the green pastures, and the table in front of my enemies). The shepherd accompanies in the journeys (through the valleys of the shadows of death), and, with a rod and staff, takes an active role in defending and in clearing the way (through red tape as well as wildernesses). He or she also helps find the place of peace, gratitude and abundance (“my cup runneth over”) for the persons with whom they are advocating.
In a preliminary report on research with families with children with disabilities and the importance of their spiritual lives, Erik Carter and colleagues at the Vanderbilt Kennedy Center in Nashville note that a high percentage of families in their study practiced some form of spiritual expression in their home and saw it as a crucial part of their lives. However, many fewer families felt that their faith community had responded well, if at all, to the needs of their child and family. And even fewer felt that the school system or other public services saw spiritual and religious services as a significant resource for both family and child (Carter, 2012).

A first key concern for a counselor in working with a person with a family and their children, as with others, is to work with them so that a therapeutic/pastoral partnership is established in which a counselor empowers persons to advocate for themselves and develop their own leadership skills, while also being willing to advocate with and for them when called for. Joining in the advocacy may need to be within the faith community or outside of it. Many families will say that one of the reasons they may not participate in their faith community is that they are tired of having to advocate all week long with the school system or in other arenas and do not want to have to do that when they “come to church.” If your role is not connected to the family’s congregation, then there may be ways you work in alliance with the family, to talk with their pastor or others in the congregation or help the family find resources to help them do so.

Second, do not underestimate the power of your role as an advocate. Many educational, health, and service systems are committed, in theory, to assisting a person with a disability and their families to use "natural," "generic," or "community" supports. Pastoral counselors, and the faith community they represent, are prime examples of natural, community supports, in fact the oldest and most prevalent version of them and ones often more preferred than private or public human service systems. In practice, many people with disabilities and their families feel less than
powerful in the face of interdisciplinary planning processes, categorical services, and complex systems. Your contact or presence, on behalf of, or with, a person with a disability is a real and symbolic expression of the fact that this person has allies and supports in the community.

The parent who taught me that was a mother of a daughter with Down Syndrome at a Down Syndrome conference in South Carolina. I spoke and then opened the floor for “church stories.” She stood up and said, “We took our minister with us to her IEP (The Individual Education Plan) meeting with the child study group at school.” (This is far too often an adversarial relationship or one in which the parents feel that they are at the mercy of a group of professionals.) “It was wonderful,” she went on, “we got everything we wanted….They thought he was our lawyer.” It is a guaranteed laugh line in any presentation involving families and professionals, for family relationships are often adversarial and in number of families have led to the use of lawyers and lawsuits to get what they need for their children. Families have the right to invite others to the IEP, and the simple presence of a pastoral or congregational representative may be supportive to the family, and also indicate to the interdisciplinary team that there is a whole community behind this family that wants to learn how best to support the child and his/her parents.

Third, a pastor or pastoral counselor as advocate working with one or more families and/or children with disabilities may feel called to help address issues in communities and service systems. If a child and family seek pastoral counseling because they do not know what to do about bullying at school and the impact on their child, could your role extend to working with the school and the young people in the school? If you are a pastor in a congregation, can your church building be a resource to parent support groups, programs for kids, or advocacy groups? And don’t overlook the siblings in a family. There are excellent national networks and resources.
to support brothers and sisters of a child or adult with a disability (See Resources at the end of the article).

Fourth, when you are called upon to advocate with the religious community, on behalf of, or with, a person with a disability and their family, remember the irony that the faith community, which might have led the way in acceptance and hospitality, is usually exempt from public laws which support inclusion and accommodations. Therefore, your advocacy role may move into a role of the guide or coach who can help a minister or congregation realize the significance of what they can offer a child with a disability and family, and conversely, the gifts which that family may offer to them.

**Community builder**

While many counselors may see themselves as working on one-to-one relationships in pastoral counseling, the roles of guide and advocate lead into pastoral roles of facilitating participation and inclusion in a community of support. Many of the problems or issues a child with a disability and a family may present to you may be related to issues of isolation or exclusion rather than issues inherent in the disability itself. This means, as with other counselees, helping individuals address issues in their own communities or networks, finding new ones as necessary, dealing with the boundaries you establish in counseling relationships, and working with someone, in your own style, on ways to empower or facilitate their connection to supportive communities and networks.

The temptation may be for counselors to see the issues presented by a person with a disability or family member as personal rather than as systems- or community issues. I remember clearly a mother of a child with a significant disability who went to a pastoral counselor, and, after a short time, quit. She told me the counselor wanted to talk about her relationships with her
mother and parents, and, what she needed, she realized, was some time for respite care away from the day to day (24 x 7) demands of caring for her child. Respite care is being seen by many congregations as a form of ministry, both with families with children with disabilities and with families caring for an aged parent. Sometimes families are doing both. Where and when is their Sabbath time? If a congregation is willing to do what it takes to enable a child to participate in the typical children’s and youth activities in their congregations, that is also a form of respite care for parents, just as it is for any parents who are able to participate in their own religious activities when their child is somewhere else, or celebrate a weekend together when their teenager is away on a youth retreat.

Community building is also counter-intuitive for many professionals because it begins not with needs and issues, but rather with recognition of gifts and capacity. A key role you may have as counselor is helping children and families to recognize their own gifts and strengths. That does not mean disregarding the issues that may have brought them to you, but as discussed earlier, the individual and divine worth you convey to them and affirm in them can be transforming. Children and adults with disabilities, and their families, are so often put in the position of seeking and receiving help for deficits, limitations, and struggles that they may not have people helping them see gifts, capacity, and ways that their child and family might make contributions to others (Gaventa, 2012).

There are three at least three bodies of knowledge and strategies of supporting children with disabilities and their families with origins in the worlds of disability supports and community building that may be of particular assistance to a pastor or pastoral counselor working with a family:

Sacred Spaces: The e-Journal of the American Association of Pastoral Counselors (2014), vol.6
1. Person-centered planning processes. These are known by different names, such as MAPS (McGill Action Planning System (O’Brien, Pearpoint, & Kahn, 2010), PATH (Planning Alternative Tomorrows with Hope, (O’Brien, Pearpoint, & Kahn, 2010), ELP (Essential Lifestyle Planning) (Smull & Sanderson, 2005) and Group Action Planning (The Beach Center on Families and Disability, 1996). Each of them involves a facilitator working with an individual and family and their friends to collaboratively create a vision and plans that start with strengths, gifts, and interests of a child/adult and their close circle. Essential Lifestyle Planning captures the essence of all of these by asking the core question, “What is important to this child and family as well as what is important for them?”

2. Circles of support and other community building strategies. A person centered planning process can begin in or lead to a circle of support, a group of friends of a child and family who commit to working together to help meet some of the hopes and needs of the child and parents. The circle uses the gifts of its individual members to assist a child and family in collaboratively planned ways. Congregations are perfect places to help organize a circle. The Mennonites have a model for a circle of support in a congregation in a little booklet called Supportive Care in the Congregation which also links to a number of other resources and their facilitation (Preheim-Bartel & Neufeldt, 2011).

3. Positive behavior supports. There is growing set of resources and skills to help parents, teachers, and friends address “behavioral issues” in ways much different than traditions of punishing bad behavior or behavior modification through rewards and punishment. Positive behavior supports is based on the assumption that all behavior is communication, and that by processes such as applied behavioral analysis (very common in services with
children with autism), a team can determine what a particular behavior is attempting to communicate or acquire. Then the focus moves to teaching alternative behaviors to reach those same ends. This has been so successful in working with individuals that schools are working on development of school wide positive behavioral supports (Lovett, 1996; Lohrmann, & Brown, 2006).

As a final note in this exploration of pastoral roles of presence, guidance, advocacy, and community building with people with disabilities, a counselor might indeed say that these roles and skills are not that different from what they already do with others. The language and particular strategies may be different, but both pastors and pastoral counselors may already see themselves as helping a child and family to discover a welcoming and safe place where the counseling relationship can assist them to find internal and community supports for their lives. That is just the point. The other is that these roles and skills, developed in response to the particular needs and gifts of children with disabilities and their families, and drawing from other field, may be useful and helpful for many others in your ministry and practice.

**Conclusion: Resources for pastoral caregivers**

As pastoral caregivers begin to reach out to, welcome, and include families with children with disabilities into their offices, ministries, and congregations, it may be helpful to know that in the past decade, there has been a blossoming of new resources focused on the nexus of theology, faith and disability. Those include parents writing their stories of their faith journeys, Biblical scholars re-examining understandings of disability in the scriptures (Schipper, 2011), pastoral theologians speaking and writing about autism (Gaventa, Walsh, & Walsh, 2007; Swinton, 2011) and other disabilities, including Alzheimer’s (Swinton, 2012), and theologians exploring Sacred Spaces: The e-Journal of the American Association of Pastoral Counselors (2014), vol.6
multiple dimensions of disability and care (Reynolds, 2008; Yong, 2007; Reinders, 2008; Creamer, 2009). Key pastoral practice resources include Erik Carter’s book *Including People with Disabilities in Faith Communities: A Guide for Families, Congregations and Service Providers* (Carter, 2007); and Episcopal priest Susan Richardson’s *Child by Child: Supporting Children with Learning Differences and their Families* (Richardson, 2011). Ben Conner’s new book entitled *Amplifying our Witness: Giving Voice to Adolescents with Developmental Disabilities* (Conner, 2012) is an excellent resource that illustrates one of the premises in this chapter, i.e., that good ministry with teenagers and young people with intellectual and developmental disabilities is good youth ministry, period. Audio and videotapes from the Summer Institutes on Theology and Disability are available free with presentations by many of these leaders and may be useful for both individual and group reflection and learning (www.bethesdainstitute.org/theology) as well as two classic video presentations of two well known authors and writers: Parker Palmer (1986) and Henri Nouwen (1994).

To summarize, my thesis is simply to reiterate that pastors and pastoral counselors have very important gifts to offer children with disabilities and their families on their journeys. The worlds of disability may be unfamiliar, but the resources are now there (and growing) to support any clergy who recognize that their role can be just as valuable, if not more so, with children with disabilities and their families as with anyone else. The “more so” simply comes from the fact that those children and families are so often on the margins or outside the typical circles of ministry and care. Thus, the welcome and embrace of a pastoral caregivers’ role and that of the faith community can change spiritual and psychological location from outside to inside, and in doing so, be a transforming role in the lives of everyone involved.
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Sacred Spaces: The e-Journal of the American Association of Pastoral Counselors (2014), vol.6


Sacred Spaces: The e-Journal of the American Association of Pastoral Counselors (2014), vol.6


Sacred Spaces: The e-Journal of the American Association of Pastoral Counselors (2014), vol.6


**Resources**

1. The Elizabeth M. Boggs Center, UMDNJ-Robert Wood Johnson Medical School offers a number of one-page resource listings, such as “Beginning and Strengthening Inclusive Ministries in Your Congregation” and “New Resources from the Past Three Years,” and much longer ones, such as *Dimensions of Faith* (2009) and downloadable booklets on pastoral care and autism and brain injury, respectively. http://rwjms.rutgers.edu/boggscenter/projects/faith_based.html

2. The Congregational Accessibility Network maintains a listing of faith group ministry resource offices and resources: www.accessibilitynetwork.net.

3. *The Journal of Religion, Disability, and Health* (www.tandf.co.uk/journals/WRDH) is moving into its sixteenth volume, with back issues offering a wide, interfaith variety of perspectives and viewpoints.

4. Multimedia resources, such as the award-winning documentary *Praying with Lior*,

Sacred Spaces: The e-Journal of the American Association of Pastoral Counselors (2014), vol.6
about Lior Liebling’s bar mitzvah (www.prayingwithlior.com) and *A Place for All*, an interfaith documentary exploring inclusive faith supports. *The Ten Commandments for Communicating with People with Disabilities* (www.disabilitytraining.com) which you may be able to borrow from a local agency; and/or put “disability etiquette” into your search engine and locate many others.

5. The Quality Mall, an online resource directory in many areas of life pertaining to disability, including spiritual and faith supports: [www.qualitymall.org](http://www.qualitymall.org).

6. Sibling Supports: For children and teenagers:

   [http://www.siblingsupport.org/about/copy_of_index_html](http://www.siblingsupport.org/about/copy_of_index_html), For adult siblings:

   [http://siblingleadership.org/](http://siblingleadership.org/)

7. The Summer Institutes on Theology and Disability. Audio and video presentations by many leaders in theology and disability. Begun in 2010 as part of a grant from the Pennsylvania Developmental Disabilities Council, the Summer Institute is now an ongoing event.

   [www.bethesdainstitute.org/theology](http://www.bethesdainstitute.org/theology)
Children and Violence in the Acute Medical Setting: A Search for Theological Understanding, Ritual, and Blessing

Mary Lynn Dell, MD, DMin

Abstract: Pastoral counselors care for many children and families whose lives are touched by violence. The majority of these encounters are in an outpatient office setting, where medical and neurological injuries are not as apparent as are the emergent insults and life-threatening physical and psychiatric situations seen in the pediatric hospital setting. Through a series of vignettes, this piece describes acute medical and psychiatric manifestations of violence sustained by children and families in a variety of circumstances. Pastoral counselors often find such case illustrations helpful in understanding the acute or emergent manifestations of violence they may not see in their offices, especially for aggression related to childhood neuropsychiatric conditions. Some basic theological reflections for caregivers of children affected by violence are offered, in addition to recent statistics at childhood violence, and risk and protective factors. A contemporary ritual analogous the Shema (Deut. 6:4-9) is woven throughout the piece as a reminder of the sacred calling of those who work with these children and their families.

Keywords: children, families, violence, pastoral care, emergency and medical settings

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I am an academic child and adolescent psychiatrist who has spent nearly thirty years caring and teaching others to care for children, adolescents, and their families in pediatric hospitals. I am also theologically trained, and have served as a clergywoman in a variety of ecclesial and non-ecclesial settings. By virtue of dual vocations and experience, my perspectives on childhood violence, its consequences on victims and their families, and consequent implications for pastoral care are admittedly different than many of my colleagues in both medicine and pastoral theology. Daily I encounter perplexing medical situations that are best understood as theological quandaries, and dilemmas of faith that present or are evoked in the context of physical illness and its intrinsic vulnerabilities. Over the years, violence has become a much greater factor in pediatric and child psychiatric settings than those disciplines could have predicted. The same is true for the field of pastoral care, charged with tending the spiritual and emotional fall-out and sequelae that outlast bruises and broken bones.

In my “day job” as a consultation liaison child psychiatrist, I typically see ill and traumatized children and their families immediately after a critical injury or event, assess them to better identify and define key issues, and make accurate, appropriate diagnoses in the medical and psychiatric terms that inform other professionals of information they need to know as they render care. Just as important as assessment and diagnosis is understanding the child in the context of his or her family, school, and extended communities of support so that I can make the best referrals for ongoing medical, psychiatric, and – if indicated – spiritual care, and pass along critical information gleaned in the midst of the crisis to caregivers who will come to know and work with the child and family over time. I certainly include pastoral counselors as valued colleagues who continue to minister long term to many of the children I meet during the hours, days, and occasionally, weeks in the inpatient medical setting.
Over the years I have had many pastors, chaplains, pastoral counselors, seminarians, clinical pastoral education (C.P.E.) students and other trainees of many backgrounds and theological viewpoints join me for periods of observation as I see pediatric patients and assess them from a biopsychosocial perspective, all the while mindful of the larger, very important, pastoral underpinnings of their unique, individual presentations. Though this experience does not answer all theological questions or clarify all pastoral care goals and objectives, many guests have stated it reminds them that the child who eventually reaches their offices and worship settings likely has witnessed and experienced physical and emotional trauma that cannot be appreciated fully by the pastoral care clinician meeting them in a time and space removed from traumatic event(s). Observing a child and family in a hospital bed who have been affected by violence fills in a gap in the continuum of care that pastoral caregivers often do not get to see but should understand if they are to have the most complete picture of the child’s lived experience. Whether a day spent on my rotation helps sharpen the pastoral lens or adds more gust to theodicy whirlwinds like those in the Book of Job depends upon the situation, the child, and the theologian trying to make sense of things. Regardless, these are some stories and reflections – psychiatric, epidemiologic, and theological – I have been invited to share.

A day in the life of a pediatric consultation psychiatrist
I arrive at my office in the children’s hospital around 7:30 AM, lock away my purse, and turn on my computer. At the top of my list of new email messages for the morning are daily e-news updates I subscribe to from various professional societies – the American Academy of Child and Adolescent Psychiatry, the American Academy of Pediatrics, the American Psychiatric Association, and the American Medical Association. Hmmm …. a few blurbs about
accountable care and maintenance of board certifications requirements. I am up to date on those, so what’s next? Oh, more news about violence – interpersonal, guns, knives, child abuse, date rape, bullying, and aggression associated with psychiatric illness and traumatic brain injuries. I’m really saturated with that stuff. I know it’s important to know about, but I went to medical school to practice medicine and to seminary to study scripture and pastoral theology. Trying to keep up with and integrate all of that is more than I can handle on any given day, so all the violence and trauma updates can wait. Besides, there’s probably not much that has changed since what I read yesterday, so I’ll just move these to the “violence and trauma” folder and refer to them later if I need them.

Now what is that email marked urgent with a red exclamation point and a message saying “return acknowledgment when read”? It can’t be time to review my hospital privileges again, can it? Oh well, I guess so. I have a little time now before I make rounds, so let’s see what they have added to the list of requirements and check offs since I went through this the last time. Surprisingly little new has been added, but I do need to watch those mandatory staff training videos and take those after tests again. Let’s see how many I can knock out before I have to start rounds.

The first training video opens with a basic and familiar mantra: ‘Clean in and clean out’ is required upon exit and entering patient room regardless of whether you touch the patient or the patient’s environment. This promotes good habits, reassures our patients and prepares you for any unanticipated activity that arises after room entry.”

Thus begins the learning module Annual Infection Control for Physicians that all doctors are required to view. They also must pass the associated post-test to acquire and maintain their privileges at my institution. The “clean in and clean out” protocol is such a basic, common sense
behavior that it has always struck me as part amusing and part tragic that medical professionals must be forced to watch such an elementary slideshow on the topic, under the threat of disciplinary action and financial penalty. After all, how many times a day, a week, a year, a career do we all touch the pump of the antiseptic container at the doorway of a patient’s room before entering to cleanse our hands, then repeat the process of touch, pump, and scrub again at the antiseptic jar companion container as we leave the same space? “Touch, pump, and scrub”, or “clean in and clean out” - regardless of what one calls it, it is the most commonly performed sacred medical ritual in healthcare.

This pause at every doorway brings to mind the mezuzah, a small case affixed at an angle on the doorposts of Jewish homes. Inside the mezuzah is the Shema, Deuteronomy 6:4-9:

Hear, O Israel: The Lord is our God, the Lord alone. You shall love the Lord your God with all your heart, and with all your soul, and with all your might. Keep these words that I am commanding you today in your heart, Recite them to your children and talk about them when you are at home and when you are away, when you lie down and when you rise. Bind them as a sign on your hand, fix them as an emblem on your forehead, and write them on the doorposts of your house and on your gates.

Hebrews were to touch the mezuzah every time they passed through their doorways to remind them of God’s commandment in the Shema.

I am struck by the odd similarities of the mezuzah and “Clean in and clean out” rituals. Though instituted centuries apart for vastly different reasons, both are at every entry and entrance by those who adhere to their particular custom, and both are done in a spirit of obedience with a greater good in mind - either obedience to God or as a sign of dedication or devotion to the health and well-being of patients on the other side of a hospital room doorway.
And at the heart of the Shema is this instruction: “Recite them to your children and talk about them when you are at home and when you are away.” Indeed, the care and nurture of children is of the utmost importance to people of faith, especially pastoral counselors. In recent years, I have striven to combine these practices as a spiritual discipline for myself, using the act of “touch, pump, and scrub”, or “clean in and clean out”, as a reminder to silently ask God’s blessing on the children who dwell in the room I enter and leave as a physician priest.

Clean in and clean out – the Lord bless you and keep you.

Let’s get to work

Whoops, time has gotten away from me. I pause the video so I can return to it later, grab my list of new consults, and meet my team on the wards. No, wait a minute, my pager is going off – it’s the Emergency Department (ED) number. The phones are always busy down there this time in the morning, so I’ll just save time and walk on over to the ED.

I hit the automatic door opener at the ED entrance and grab a seat at the nursing station. The pediatric ED attending physician and the ED charge nurse see me logging on to a computer to review the medical information for the patient I have been asked to see. The nurse says, “We’re starting early for you today, doc. And this one is really sad, too. She’s way too cute and too young to need you, but we’re seeing them younger and younger like this. She’s the kind of kid that makes me ask my husband if I can retire early.” I ask the attending pediatrician if this child needs admission to a pediatric medical bed. “No, her physical injuries don’t need hospitalization. But I don’t think you are going to say the same about her mental status.” I walk over to meet the patient.

I pump the antiseptic bottle at the doorway as I enter the room and rub my hands. Clean in and clean out – the Lord bless you and keep you.
Charlotte is a twelve year old brought in to the ED last night by the police. She ran away last week from the apartment she shares with her mother and her mother’s abusive, alcoholic boyfriend. Police found her staggering in a dangerous part of the city at midnight, battered, bruised and raped by three young men to whom a friend on the streets had introduced her a few days before. During the pelvic and forensic examinations in the wee hours of the morning, she mentioned to the ED nurse that her life was over, she might as well kill herself. The ED ordered a nursing student to stay with Charlotte in the ED bay until I could evaluate her first thing after I arrived at the hospital.

I introduce myself to Charlotte, a slight girl with thick wavy blonde hair, flawless skin, and sad gray eyes. Her mother is still her guardian. She should be on her way to the hospital now, but gave consent to the ED social worker over the phone so I can start my assessment, which in the clipped words of my charting reads like the outline to a tragic movie plot: “Abandoned by biological father, witness to mom’s physical and emotional abuse by numerous men, left alone in a bedroom most weekends while mom entertained and used drugs in their apartment. Likes school and could probably get good grades is she tries, but no one else cares so why should she. Hears gunfire at night in her neighborhood, tried cigarettes for the first time when she was eight, has been smoking joints during the weekend and getting drunk on weekends for the last couple of years. No psychotic symptoms. Endorses all symptoms of depression, was going to kill herself a few weeks ago but ‘chickened out’. Charlotte states that now that she’s been raped, other people have just confirmed what she’s known all along -- she’s just a worthless whore and doesn’t deserve to live. The question is not if she’s going to kill herself, just when. If she goes back with her mom she knows where the pills and the knives are. Or she might walk out in the street in front of a truck. She just wants to die.”
I give Charlotte the Axis I diagnoses of Major Depressive Disorder, Single Episode, Severe, without psychotic symptoms; Alcohol Abuse, rule out dependence; and Cannabis Abuse, rule out dependence. Further evaluation will be needed to determine if she meets criteria for post-traumatic stress disorder. The Diagnostic and Statistical Manual, the book of criteria used in the psychiatric diagnostic process, makes few distinctions between children and adults, especially in the areas of mood, substance use, and post-traumatic stress disorders. But the approach to a child injured, even damaged in situations beyond her control must be more than technically sound, informed by evidence-based practice, gentle, and compassionate – it must be pastoral, with *holy observation and holy listening*. This is even truer for the long term treatment of children affected by violence, treatment that is increasingly provided by pastoral counselors.

Charlotte’s mother has arrived, I quickly confirm the main points of the history with her, and I need to head to the computer to complete the documentation. If I could, I’d really like to spend much more time with Charlotte and her mother, together and alone, to learn more about their lives, their loves, their relationships, their dreams, their strengths, what went wrong and when, and figure out long term strategies for treatment and care – body, mind, and spirit. Charlotte’s life-story raises so many pressing theological questions. But this is a clear-cut inpatient psychiatric admission, and I have to get that process rolling and keep moving though my patient list.

I pump the antiseptic bottle at the doorway as I leave the room and rub my hands. *Clean in and clean out – the Lord bless you and keep you.*
Next up is a child on the inpatient neurosurgery service, so I head back to the patient
tower in the main part of the hospital. I pump the antiseptic bottle at the doorway as I enter the
room and rub my hands. *Clean in and clean out – the Lord bless you and keep you.*

Elijah is a six year old boy, one of a sibship of six children taken into the foster care
system when his alcohol-, cannabis-, and cocaine-dependent parents were charged with
neglecting and endangering their minor children. Elijah had always been aggressive with his
siblings and peers in his Headstart program. However, due to the loving consistency of
experienced foster parents, he had a good year in kindergarten, the aggression had faded almost
totally away, and he was thriving academically. But shortly after he started first grade the
aggression and irritability returned. He cried, felt remorseful, and said he did not want to hurt
others, it just happened. Over the weekend he was brought to the hospital in status epilepticus.
Head imaging studies revealed a large, cancerous tumor in the left front part of his brain.

I had worked with the resident on the neurosurgery service before, so he knew the proper
consent process and had already obtained permission from the county Department of Family and
Children’s Services for me to see Elijah. Before I could meet him however, I was pulled aside
by the tearful foster mother. Even though the neurologists and neurosurgeons told her the tumor
was not her fault and she could not have known he was ill before he had the seizure, she now felt
so guilty about yelling at him for his recent aggression. He had broken a foster brother’s nose
two weeks ago and decapitated a rooster with a hoe spade. She should have known something
was wrong, or at least different, because Elijah had really changed things around since he had
come to live with her. He had become a good student, was helpful around the house, and was the
most gentle with the chickens and milk cows of all the children she and her husband had ever
fostered. How could God let this tumor happen to such a sweet boy who had already been
through so much abuse and neglect at the hands of his own biological parents? And what if he
dies and the only happiness he’s had is the months he’s been with his foster family? Or even
worse, what if he lives and the tumor turns him back into that mean, aggressive kid he was when
they first took him into foster care?

I sit down by his bed to meet Elijah, a slender boy missing his two front teeth. He is
groggy from medication, but not hallucinating, agitated, or delirious. I tell him I had stopped by
briefly now to meet him before he goes to surgery. But I’ll be back later and we’ll become fairly
well-acquainted during the time he’s in the hospital after his operation. He gives me a high five,
and says he knows he’ll remember my name because his foster father has a Dell computer that he
sometimes uses to play video games.

I speak with the neurosurgery nurse practitioner off to the side of the room away from
Elijah. She has come in to help prepare Elijah and his foster mom for today’s surgery. My
provisional diagnosis is the very vague Mood Disorder Secondary to a General Medical
Condition (brain mass). There are no indications for a psychotropic medication at this time, but
I’ll follow closely after surgery and throughout the hospitalization. We’ll just have to see over
time what effects the tumor and possible chemotherapy and radiation might have on his cognitive
functioning, mood, and level of aggression.

I pump the antiseptic bottle at the doorway as I leave the room and rub my hands. Clean

in and clean out – the Lord bless you and keep you.

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Next stop – the inpatient floor for general adolescent medical admissions.

I pump the antiseptic bottle at the next doorway as I enter the room and rub my hands.

Clean in and clean out – the Lord bless you and keep you.
Tom is a sixteen year old young man brought to the hospital ED after attacking the high school nurse and assistant principal with no known provocation. His parents are devastated not only by this incident, but by several other changes over the past year. Tom has gone from a straight-A, two sport athlete and disciplined musician to failing three subjects, skipping practices, and dropping band. He secludes himself in his room, will not shower for days on end, staring up at the ceiling and carryings on conversations with imaginary people. A week earlier, Tom shoved his brother down a flight of stairs because he thought the younger boy was selling Tom’s trade secrets to the Taliban.

Tom was sleeping when I arrived. But it was hard won sleep after severe agitation requiring five hospital security guards to keep him from attacking his nurse and parents after he was transferred to the inpatient psychiatry floor from the ED, plus an additional two nurses to give him an antipsychotic injection to target his acute psychotic symptoms. I meet with his beleaguered, devastated parents. The information they provide, including family history and the details of his recent functional decline, is consistent with the likelihood of a schizophrenic prodrome, or the general downward spiral of functioning in nearly all domains of life often seen in the several months to years before an adolescent or young adult meets full criteria for the diagnosis of the crippling psychotic disorder called schizophrenia. I tell them about the blood work and head imaging I am going to recommend to make sure there is not an underlying medical reason for Tom’s mental status changes. However, assuming the head imaging and the lab studies return and do not reveal any significant medical issues, Tom will need to be transferred to the nearest adolescent inpatient psychiatry unit that accepts their insurance for treatment and stabilization of this acute psychotic illness. Tom’s mother sobs into her husband’s shoulder. His father just shakes his head, “I figured as much. We have to do what we have to do
to keep the rest of the family safe and to keep Tom safe from himself. He can’t keep attacking us. This is all new to us but you’ve done this many times before. We’re gonna have to trust you to help us to do the best we can for our son.”

Tom’s preliminary Axis I diagnosis is Psychotic Disorder Not Otherwise Specified, rule out Schizophreniform Disorder.

I pump the antiseptic bottle at the doorway as I leave the room and rub my hands. *Clean in and clean out – the Lord bless you and keep you.*

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I check my list of new consults again. Next stop – the pediatric intensive care unit.

I pump the antiseptic bottle at the doorway as I enter the room and rub my hands. *Clean in and clean out – the Lord bless you and keep you.*

*Allison is a 10 year old girl admitted to the pediatric intensive care unit after a life-threatening overdose of multiple over-the-counter medications she found in her mother’s medicine cabinet. The overdose was bad enough, but the self-inflicted gunshot wound through the back of her mouth was the exclamation point to the suicide attempt. Miraculously, the bullet went through a tonsil and out the side of her neck, creating a bloody mess but missing vital structures. In the weeks leading up to the attempt, she had been teased and bullied mercilessly at school for being overweight. Instead of walking away and ignoring the teasing and shoving like she usually did, a few days ago Allison could not take the bullying anymore and punched one of her peers in the face and broke her nose. (Ouch! That’s the second broken nose I’ve heard about today!) Allison became despondent when she was expelled from school, went home, and tried to kill herself.*
Allison’s parents had been without sleep for at least 36 hours straight. With some assurance that she was going to survive and they would be called if anything changed, they left the hospital to go home just a few minutes before I arrived. Allison was sedated and resting now. Just like Charlotte and Tom, Allison’s disposition was a given – inpatient psychiatric hospitalization after medical clearance. I’ll need to come back and meet with her parents for additional information, but I anticipate her Axis I diagnosis will be something in the depressive disorder family.

Bullying has become a serious problem. Sometimes it seems that most of the children and adolescents I have cared for in the last decade have been bullied, are bullies, or are both victims and perpetrators of bullying. If bullies could spend a few days with me in the ED, the intensive care unit, on the medical floors, and in the nightmare of involuntary hospitalization of the suicidal and homicidal kids they prey upon, would they change their behaviors? Sometimes I wonder.

I pump the antiseptic bottle at the doorway as I leave the room and rub my hands. *Clean in and clean out – the Lord bless you and keep you.*

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The fifth patient on my list is on the pediatric bone marrow transplant unit. I put on a gown and mask, then I pump the antiseptic bottle at the doorway as I enter the room and rub my hands. *Clean in and clean out – the Lord bless you and keep you.*

*Timothy is a seven year old with attention deficit hyperactivity disorder who has developed a severe form of leukemia. He has been hospitalized several times to receive chemotherapy, but the progression of his malignancy and the associated genetics pointed to bone marrow transplant as the treatment of choice. Staff wants psychiatry to be involved because*
Timothy’s father continues to use corporal punishment despite physicians’ instructions that the boy should not be spanked or physically jolted at all during the transplant process due to the risks of severe bleeding and bruising. Timothy’s mother and father are very reluctant to change their parenting style, citing scriptural references to support their belief that “losing Timothy’s soul to sin” by withholding physical discipline is much worse than any temporary physical setbacks that he might sustain from appropriate consequences for his impulsive, mischievous behaviors. The oncology team feels obligated to report the parents to the county family and social services department, creating an awkward situation because Timothy is dependent upon the same team for treatment of his leukemia.

Timothy is sleeping right now. The combination of severe nausea and pain from mouth ulcers – both consequences of chemotherapy – kept him awake most of the night. His parents are at an older sibling’s school to deal with her recent academic and behavior problems. These sibling problems may be different from those faced by Timothy himself, but can be just as devastating as the childhood cancer itself when all attention and resources are heaped on the “identified patient”, or the child in the hospital. I review the medical record again, and learn that the attending physicians, nursing supervisor, chaplains, the child advocacy team, and social workers have all seen the child and family separately. They all have weighed in on what they think should be done, but I see no evidence that all the professionals have conversed with each other in the same room about the similarities and differences in their opinions and recommendations, let alone how to implement them and engage the family in a way conducive to current and future healthy functioning. Yes, from the staffing observations, history, and family quotes in the medical record, county services must be notified and indeed one of the social workers plans to call today. However, even in 2014 not everything can be done by a phone call.
to the county or on the computer in the electronic medical record. Sometimes staff members still must meet and talk in person. I need to recommend a multidisciplinary meeting as soon as possible where observations can be shared in person and staff can express their concerns and differences of opinion in an appropriate setting, thus enabling them to still provide the best quality care despite their feelings toward his parents (and dare we say even the family’s church or faith community?) supporting continued physical punishment of this very ill little boy.

I pump the antiseptic bottle at the doorway as I leave the room and rub my hands. Clean in and clean out – the Lord bless you and keep you.

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There is one last child to see before my first meeting of the day.

I pump the antiseptic bottle at the doorway as I enter the room and rub my hands. Clean in and clean out – the Lord bless you and keep you.

Jason is a five year old nonverbal boy with severe autism. His behaviors have worsened considerably in the last six months, especially self-injurious head banging and more recently, unpredictable incidents of aggression directed at caregivers and property. Psychotropic medications have not been particularly helpful for stabilizing his mood, and have contributed to a weight gain of over twenty five pounds in the last year. His father abandoned the family when Jason was a young child, and mother gave up custody to the county a year ago after Jason broke her leg and she sustained a concussion during a severe behavioral incident. The medical floor is consulting psychiatry for suggestions about how to handle Jason’s behaviors there, should he become upset, and for our input into Jason’s placement needs after discharge. The social worker has just learned that the current foster parents refuse to take him back after this hospitalization, and he failed three foster home placements before this one – all due to aggressive behaviors. He
is in the hospital right now because he ran into traffic and sustained a severe fractured leg when struck by a car. The combination of pain, agitation, and the side effects of the six different psychiatric medications he has been taking – in addition to being in a strange setting with unfamiliar caregivers – are going to make his surgery and post-operative care extremely challenging for everyone involved, especially Jason.

I speak with the primary nurse and the constant attendant before I enter the room. Jason has just fallen asleep now, too, the sedative effects of his regular medications plus a couple of extra doses of medication for agitation finally kicking in. I am sure he must be worn out by struggling in restraints earlier in the morning. I check his vital signs, observe his respirations, and do a visual inspection of his head, neck and extremities to make sure there have been no undocumented lumps, bumps, or bruises. I review his medical record to make sure all appropriate blood work to monitor his psychiatric medications has been ordered, as well as an electrocardiogram. I suggest that they take his vital signs more frequently, record what and how much he eats, drinks, and eliminates. I am very concerned that he has been over-medicating for months and that has actually been making his agitation worse. However, even if I could correct the polypharmacy, it would not be safe to do that quickly. I must examine him when he is awake and get additional history before I can make a recommendation for medication changes. I will need to come back at random times over the next day or so to get a better sense of his mental status and behaviors. In the meantime, I leave recommendations about general communication and behavioral management strategies helpful when caring for children with developmental disabilities, especially those with autism.

Looking now at this sleeping, overweight youth, the mother within me imagines what he looked and acted like when he was a baby and young toddler, when his own mother could just
sweep him up to keep him safe and prevent him from wandering off into trouble and danger. Even violent kids - regardless of the type of violence, its underlying causes, and who they have hurt – look tranquil and cherubic when they are sleeping.

I pump the antiseptic bottle at the doorway as I leave the room and rub my hands. *Clean in and clean out – the Lord bless you and keep you.*

**Theological musings and the hospital elevator**

Jason’s room is on the twelfth floor of the patient tower and my meeting is in a different part of the hospital, so I leave his room and head toward the elevator. If I had any influence with Infection Control, I’d put antiseptic bottles at the elevator doors. After seeing what gets on and off hospital elevators over the years, that is where I would want to live if I was a virus or microbial pathogen! I cannot “clean in and clean out”, but I have a twelve floor ride down to ponder my morning from a theological point of view.

I was raised in a tradition that teaches that all of life’s challenges can be summarized and addressed effectively by time-tested, tragedy-tested memory verses from the Bible. While leaving behind that particular hermeneutical lens, as child of my upbringing, I search my cognitive memory banks for verses that fit and can give comfort to what I saw this morning. But I will need more time and space before I’ll be able to come up with any warm, fuzzy verses to dampen the aggression, the anger, the accoutrements of violence that are part of these patients’ lives. Instead, I despair with the psalmist:

“Out of the depths I cry to you, O Lord. Lord, hear my voice!” (Psalm 130:1-2a)

“Why, O Lord, do you stand far off? Why do you hide yourself in times of trouble?” (Psalm 10:1)
Indeed, as a caregiver of children affected by violence, I ask, “Where is God in all this violence”? Where is God in all of this suffering, and why does it go on and on and on? It’s not like this morning is unique in my professional life. For years now I have seen and heard the effects of violence from my patients in emergency rooms, regular hospital rooms, the intensive care units, and the outpatient clinics of several medical centers. It happens in the cities, and it happens in the small towns and the rural areas served by these facilities. Violence does not discriminate based on race, educational achievement, gender, religion, sexuality, or socioeconomic status.

I make a mental note to go back and reread the Book of Lamentations with Kathleen O’Connor’s Lamentations and the Tears of the World nearby. Though Lamentations depicts the aftermath of the Babylonian invasion of Jerusalem in the 6th century B.C.E. and is set in the context of war, the emotions of the remnant trying to survive in Jerusalem are similar to what my patients and their families feel in diverse manifestations of violence – physical and emotional pain, hopelessness, and anger and despair that God has permitted atrocities to happen and abandoned them to deal with the suffering alone (O’Connor, 2002). Yes, it would be great if I could jump straight into scriptural passages of divine justice and comfort, but sometimes as a care provider to children I must acknowledge that sometimes I am in the same place as many of my patients and their loved ones, struggling with the devastation and horror of the violence I see. I must claim the power of biblical lament and supplication to absorb the spiritual, emotional, and physical aftershocks of the unleashed evil, whether perpetrated by self or others, or the evil of illness that robs peaceable thoughts and behaviors.

Okay, the elevator is stopping at the eighth floor. My second theological thought involves ethics. I remember reading a section in Richard Hays’ The Moral Vision of the New
Testament (1996) in which he discusses his interpretation of Elisabeth Schussler Fiorenza’s position on violence. The gist for Hays is that Schussler Fiorenza does not spend time pondering the why’s and other theological fine points of violence. In her written treatments of violence, primarily against women, she assumes its existence as a fact in the lives of so many. She then focuses on how to survive it and denounce it in ways that are healing and cathartic for its victims, in addition to diminishing the occurrence and severity of the unspeakable acts. Hays notes:

It is evident that she (Schussler Fiorenza) deplores violence, but she makes no argument against it on the basis of biblical warrants. Rather the experiences of those who have suffered violence is taken as a sufficient testimony of its evil. (Hays, 1996, p. 273)

The fact that I remember this particular observation by Hays about a feminist theologian’s take on violence while riding in an elevator twenty years later confirms two things for me. The first is that my theological leanings are definitely much more practical than philosophical and abstract. The second is that evil is evil, violence is evil, and the proof that violence is evil is evident and obvious in the lives of my patients and how they came to be hospitalized. If I could take Hays and Schussler Fiorenza on rounds with me today, the ethicist, the feminist theologian, and the psychiatrist would all agree that human violence is evil. But while the theologies of evil and sin are important to understand, pastoral counselors must accept Schussler Fiorenza’s observation that sufferings of the children from violence are proof enough of evil, and then turn to the care of those suffering as the result of that evil.

And sometimes violence begets more violence and more evil, and so much of that second- and third- generation violence comes in and out of these hospital doors, too. I think back to a particular metropolitan area where I practiced in the past. The police found it was easier and
involved much less paperwork to take all adolescents to the children’s hospital emergency room for a psychiatric evaluation than to the police station when they were called to neighborhood disturbances, street fights, or domestic disturbances. It was then my responsibility to assess the youth and determine whether or not the presenting problem was due to an underlying psychiatric problem, and if so, was it serious enough to require immediate hospitalization or regular outpatient follow-up? If I determined psychiatric hospitalization was not indicated, the officers either took the child to the police station or let them go home.

Most of the violent and aggressive kids I evaluated there were themselves physically, emotionally, and sexually abused from very young ages. Bullying was the norm, and as they grew their choice was to bully others or continue to be victimized themselves. Just by living in certain zip codes and neighborhoods, it was virtually predetermined that their health care was inferior, their living conditions crowded and substandard, their nutrition quite poor, their safety always precarious, their supervision and nurturance by responsible adults lacking, and their education underfunded and often neglected. To witness, be the victim of, and/or perpetrate violence seemed like a given for so many. As a Christian and as a clinician in that setting, I had to focus on the one adolescent in the room with me, the one whose personal story I was hearing and the one brought to me to see at that time in that space. Yes, occasionally I received follow-up that a diagnosis or referral I made eventually made a difference, or that a parent was encouraged to not give up when a physician in the ED spent some extra time and seemed to genuinely care about the entire household – not just the youth in the hospital gown. But the immensity of the issue, of violence begetting violence, of the inability of a historically privileged, Christian society to keep violence from escalating in so many settings and becoming an accepted part of children’s lives weighs heavily upon me. From my conversations with pastoral caregivers
carrying caseloads consisting of many children dealing with violence-laden environments, I know the same to be true for them as well. Supervision and meeting with professional peer groups are vital support structures for pastoral counselors dealing with the burdens of childhood violence they hear about in their ministries and clinical work.

I have to imagine that these sample vignettes of aggression and violence from urban emergency departments and the pediatric medical world would have interested liberation theologian Robert McAfee Brown. Brown (1973) was adamant that religion should not be quarantined to the private world, to be only a matter between one’s heart and God. Faith is not exclusively a private matter, for individuals of faith have a God-given mandate to live, work, and address the sin and evil in the external world of politics and institutions as well. He published *Religion and Violence* in 1973, referring to the “slum environments” of impoverished cities and chastising privileged modern societies worldwide for failing to appreciate the fact that adverse circumstances such as poverty, violence, and other depravities victimize and perpetrate violence against those who must live in it and are often powerless to escape or change it. Brown writes,

We must acknowledge … that the structure of institutions of our society contain within themselves elements that do violate the personhood of many of those within… It is not enough to say that violent acts such as mugging, rape, or robbery take place in a slum environment. The point is that the slum environment, the structure of the slum itself, works violence against those who live within it …. They are denied the possibility of achieving full personhood, since living in the slum means that they will probably not get the health care to which human beings are entitle; their children will almost surely go to inferior schools; because of inferior schooling their children will almost certainly have inferior jobs; as a result, they too will have to go to inferior schools – and the vicious
cycle will be repeated ion each generation. All of this adds up to “violation of personhood” and is a clear example of structural violence. (Brown, 1973, pp. 35-36)

Oh, that I had the opportunity to share one of my hospital work days with Dr. Brown and hear his thoughts about violence and our lives in community in this time and place!

The elevator slows to a stop and I head back to my office.

The facts about violence and children

As was seen on morning rounds, child maltreatment increases both the incidence of psychic pain of the abused and the possibility that he or she will mistreat or abuse others. According to statistics from the Centers for Disease Control National Center for Injury Prevention, the Division of Violence Prevention (CDC NCIPC DVP), 1,560 children died in the U.S. in 2010 from abuse and neglect, and 695,000 children were victims of maltreatment. In addition to the bruises, fractures, burns and other injuries, abuse adversely affects brain development and the immune system. Abuse also predisposes its victims to depression, substance abuse, obesity, eating disorders, sexual acting out, smoking, and suicide (CDC NCIPC DVP, 2012a). What cannot be over-emphasized, however, is the fact that abuse and neglect is one of the greatest risk factors for violence later in later childhood, adolescence, and adulthood.

Youth violence is all too common in the United States. It includes slapping, hitting, shooting, stabbing, and bullying, and a child or adolescent can be a victim, a perpetrator, or a witness. Violence is the second leading cause of death for those between the ages of 15 and 24. Other relevant statistics include (AACAP, 2011; CDC NCIPC DVP, 2012b, 2012c):

- In 2010, 4,828 adolescents between the ages of 10 and 24 were homicide victims – that is an average of 13 every day.
• Of those 4,828 murdered youth, 86% (4,171) were males and 14% (657) were females.

• Homicide is the leading cause of death for African Americans, the second cause of death for Hispanic youth, and the third leading cause of death for American Indians and Alaska Natives.

• In 2011, more than 707,000 youth had physical assault injuries treated in emergency rooms (~ 1,938 a day).

• Youth murders and assault injuries produce $16 billion in medical and work loss costs.

There are numerous **risk factors** for childhood violence, including (AACAP, 2011; CDC, 2011):

**Individual Risk Factors -**

• History of early aggressive behaviors

• History of abuse or violent victimization

• Attention deficit hyperactivity disorder and learning disorders

• Tobacco, alcohol, drug abuse

• Below average intelligence

• Past treatment for psychiatric or emotional concerns

• Poor academic performance, lack of interest in academics

**Family Risk Factors -**

• Excessively strict or authoritarian childrearing attitudes

• Harsh, lax, or inconsistent disciplinary practices

• Low parental education and income

• Low parental involvement
• Poor family functioning
• Poor monitoring and supervision of children
• Parental substance abuse and criminality

Peer and social risk factors –

• Gang involvement or association with delinquent peers
• Rejection by peers
• Lack of involvement in typical activities for age

Community risk factors –

• Low levels of community involvement, limited interest by churches, service and philanthropic organizations
• Limited employment and economic opportunities
• Increased transiency
• Poverty
• Socially disorganized neighborhoods

When pastoral psychotherapists uncover one or more of the above risk factors, they should be alert to the potential that violence is indeed a concerning part in a child and family’s lives.

On the other hand, **protective factors** can buffer youth from becoming involved in violent or risky situations. These include (AACAP, 2011; CDC, 2011):

• Above average intelligence
• High grade point average
• Religiosity
• Family connectedness and/or connectedness to adults outside the family
• The ability of the youth to discuss problems with parents
• Shared time and activities with parents
• Involvement in social or sanctioned extracurricular activities
• Consistent presence of a parent at one or more of the following times: upon awakening, arriving home from school, at the evening meal, or bedtime

In addition to risk and protective factors regarding child maltreatment and youth violence in general, pastoral counselors must make it a point to stay current with news headlines and matters related to violence in the larger society. Recent events in Connecticut, Colorado, and so many other places in the United States have highlighted the problems associated with children, youth and firearms in this country. Clergy and pastoral counselors tend not to like talking about firearms, knives, bows and arrows, explosives, and other objects associated with violence. However, it cannot be assumed that religiously oriented care providers and those who gravitate to them for care share the same views on the ownership and use of weapons. This is one area in which pastoral counselors may need to look to other guilds and how they address potentially delicate or controversial issues. The American Academy of Child and Adolescent Psychiatry recommends that if guns are kept, they should be unloaded and locked in a secure location known only to the parents or guardians. Guns and ammunition should be locked and stored in separate locations. When cleaning or handling a gun, it should be in the adult’s view at all times and never left unattended (AACAP, 2008).

Other “hot topics” relevant to clinical work, with research in process and evidence-based practices in development, are bullying and cyber-bullying. What I call “old-fashioned bullying” – insults, cruel teasing, threats, and physical aggression – still exists and is quite common. What
seems to have changed is that it is occurring at younger ages, increasingly among siblings, is being perpetrated in a burgeoning number of new digital and social media, and more and more adults accept it as a new norm or rite of passage from childhood to adolescence and adulthood. Pastoral counselors working with children and other victims of violence must rise to the challenge of staying current with new cultural trends, especially those that can by misused or adapted for purposes potentially destructive and damaging to children in vulnerable situations and those already struggling with and affected by violence.

**Final thoughts**

Violence. It is just a common, crippling, and deadly as any microbial pathogen, but sadly, no antiseptics, antibiotics, or sterile procedures exist to eradicate it. As a physician, a child and adolescent psychiatrist who works in a children’s medical center, it is too often the constant, reliable evil in my day. In recent years, it seems as if most of my clean ins and clean outs are to prepare my heart, hands, and mind to hear and work with victims affected by violence. The presence of a ritual, “medical Shema” reminds me that children are at the center of God’s promises to us and that we as adults and pastoral caregivers are charged to convey God’s grace and care to the extent that we can, wherever and whenever we can. This is especially true when we work with children who have witnessed and experienced violence as victims, and those who act violently toward themselves, others, and property. I share these vignettes, reflections, and basic facts about childhood violence to enhance interdisciplinary conversation among colleagues also caring for children affected by violence. May you, too, find a scripture verse, a mantra, or sacred ritual to lighten the weight on your souls and open you to be vessels of care as you enter rooms of children and leave bearing their burdens and offering them back to God.
Clean in and clean out – the Lord bless you and keep you.

References


A Cloud of Unknowing: Articulations of Identity and Faith in Younger Adolescents

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Abstract: Younger adolescents struggle to recruit and retain adult mentoring and engagement across the many institutions in which they participate, creating a potential dearth of support critical to the development of mature identity and faith. Because their bodies and social roles are in flux, as well as their capacity to interpret themselves socially and existentially to those around them, younger adolescent expressions of self are often variable. However, mature conventions of selfhood require the capacity to articulate one’s self in a recognizable and consistent fashion, causing many adults to be uncomfortable and impatient in the face of younger adolescents’ unpredictability. Persons who hope to provide support to younger adolescents require the capacity and desire to be a consistent relational presence despite the unknowability of the middle school self.

Key Words: Adolescence, Identity Development, Younger Adolescents, Narrative

Younger adolescents (roughly 11-14 years old) have a bad reputation. As a scholar in practical theology and youth ministry who currently works primarily with middle-school aged youth, I notice that much of the theoretical literature in my field focuses on older adolescents. Although most churches have significantly more younger- than older- adolescents in their communities, something important happens between younger and older adolescence that makes the latter group more attractive to mainline religious Protestants writing about how to effectively engage with young people. Namely, older adolescents are better able to articulate and perform their identity

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and faith in a way that is recognizable by adults. This capacity to perform selfhood helps them to recruit adult mentoring and engagement. This same recruitment and engagement appears much more difficult for younger adolescents because of their inability to perform a coherent and stable account of themselves, creating a potential dearth of adult support and mentoring across the many institutions in which they spend their time. Both the lack of adult mentoring and connection and the difficulty younger adolescents have in offering an account of themselves in one-to-one counseling situations raises concern for those who work with early adolescents. By better recognizing the dynamics of change and identity in this phase of life, adults who hope to offer support and guidance to younger adolescents may be able to sustain relationship with them even in the face of their changeability.

When I was sharing the topic of this article with a group of colleagues, the entire room of professors of religion misheard the title of this article as “A Cloud of Annoying.” In a collective Freudian slip of the ears, they replaced “unknowing” with a term they personally associated with their experience of younger adolescents. Like my colleagues, many adults find middle-schoolers difficult to be around, particularly if they happen to be related to them. As someone who has worked with many youth groups and youth ministers over the years, this phenomenon holds true in terms of recruiting volunteer teachers and mentors for younger adolescents as well. While the occasional adult really connects with this group and enjoys working with them, other adults seem put off by them or even scared of them. It becomes difficult to find and sustain long term volunteers to work with younger adolescents, and educational programs that take seriously the gifts and strengths of this age group are hard to come by. What makes this relationship between adults and younger adolescents particularly difficult?
One explanation/justification for this phenomenon is the common-sense wisdom that younger adolescents are “all about peer relationships,” and therefore it does not make much sense to invest adult attention in them. This everyday interpretation skews the insight of older developmental literature that notes the emerging importance of peer interaction for identity development in this period of life. Studies have demonstrated that early adolescents’ long-term developmental values (including their choice of peer groups) are most influenced by significant adult caregivers in their lives during this period, but this research does not impact the average adult’s perception that peer relationships trump all else during this time (Aimin, Peterson & Morphey 2007). This common sense understanding can lead to adults feeling as if their investment of time and energy relating to young persons in this age group is a waste of time.

This phenomenon of adults avoiding younger adolescents extends to the institution where many younger adolescents spend most of their waking hours: schools. In the educational literature about middle school, one persistent theme is the lack of teacher education and research available for persons wanting to work with this age group. Despite large scale efforts within the world of education to attend to this age group during the development of the junior high school at the turn of the 20th century and again with the middle school movement in the 1970’s and 1980’s, significant training programs for teachers and administrators at this level have never materialized. As Mills (1995) notes, “Generally, the literature reports that many teachers see the middle level as a ‘stopping-off point’ on their way to high school teaching, and middle grades teachers not only lack confidence in their ability to teach young adolescents but also feel overwhelmed by the middle school environment” (p.141). Only the rare middle grade teacher lives with a particular calling to work with this age group, and others, as a friend who has taught middle school for more than a decade wryly noted, are simply waiting for a position to open at
the high school. Despite repeated calls in the educational literature for teachers who are committed to learning about and working with persons in this particular age range, a lack of focus on this age group still exists in both teacher training programs and education research.

As someone who is concerned about the wellbeing of younger adolescents, the idea that they spend much of their day in contact with adults who do not necessarily enjoy their company is concerning. Coupled with my own experience of the difficulty in finding volunteers who enjoy engaging in mentoring relationships with younger adolescents and parents who struggle with their children at this age, I wonder about the impact of this aversion to younger adolescents on their development and transition between childhood and adolescence. What is necessary for adults to engage persons in this period of life, and why are many of them averse to doing so?

Given this reluctance to engage with younger adolescents in teaching and research, I have become curious about what makes the relationship between middle-schoolers and the adults who surround them particularly difficult. Why do so many people think of middle school as a time to be endured rather than a place of discovery and openness? Why do parents, pastoral caregivers, and adult volunteers struggle to connect with persons in this age group? One interpretation holds that this time period was, for many adults, a time of peer interaction so painful in their own experiences that they do not have the desire or strength to re-experience the trauma as an adult working with persons in this age group. While I certainly have read enough adolescent autobiographies from students in youth ministry classes to believe this statement, I still wonder. Can younger adolescence really be such a bad a period of life that adults nearly universally avoid regular contact with it?

Adult discomfort with this age group may arise from experiences of younger adolescents turning their nascent critical thinking skills on their parents and other people close to them. As
young adolescents develop the cognitive capacity to reflect critically on ideas and concepts they begin to use this logical capacity to evaluate the ideas and beliefs of parents and friends as part of their search to place themselves in the social matrix of their life (Nydam, 2004). The shift adults undergo, from relating to a child who has regularly trusted and depended upon that adult’s wisdom for the past eleven years, to now relating to one who practices emergent critical thinking skills by assessing the adult’s intellectual capacity and life commitments in a negative fashion, can be rather disconcerting. But again, is it simply fear of the judgment of the young that keeps adults from connecting with this age group?

In addition to the reminder of a traumatic past in witnessing social interactions among middle-schoolers and finding oneself the target of their critical thinking, I believe something else fosters trouble in our relationships to younger adolescents: the way we adults encounter them is highly variable. One time we find a mostly unselfconscious, childlike person who is confident in their body and in their capacity to recruit adult support. In the next minute, a surprising display of intellectual capacity shines through, and adult-like descriptions of life experience and wisdom emerge from their mouths. The next minute, a wrestling match may break out between friends, or young people slide into name-calling and put-down swapping that seem callous to the real emotions of their peers. This changeability from minute to minute is unusual in adults, and a possible indicator of mental health issues. However, for middle-schoolers, the variability is an honest expression of their bodily and intellectual realities, which are very much in flux.

While it may be developmentally appropriate and in line with physiological and other tracks of growth in early adolescence, this changeability is something that we do not often value in adult expressions of self. In an adult, encountering essentially a different kind of person in multiple conversations is a sign of being deceived, or an indication of a serious deficiency in the
integrity of the person. Developmental psychologist Robert Kegan (1982) tells the story of a young woman he calls Terry, an inpatient in a medical facility having difficulty in evoking sympathy and response from the various personnel in the hospital. Kegan describes her situation:

Terry’s parents love her, and the hospital was ready to care for her, but she was unhelped because no one could feel moved by or attracted to her. On the contrary, people found her revolting. People are moved by heroic and vulnerable expressions of dignity and integrity, and no one could see these qualities in the way Terry lived her life (p.177).

Kegan goes on to describe how her behavior seemed more appropriate for a younger teenager, but seemed appallingly immature for a person at 16. He describes how the research team “…could see her in group meetings struggling unsuccessfully to talk about herself in a way the staff would approve” (p.176). Terry was unable to narrate her experiences and personal integrity in a way that evoked a caring response from the adults around her.

What is interesting to me about this story is Kegan’s belief that such behavior seemed normal for a younger adolescent, but became problematic because it was still present in a 16 year-old. What does it mean to find this behavior generally revolting and off-putting in older adolescents, but somehow tolerable in younger adolescents? This account leads me to wonder if one of the reasons that younger adolescents have a difficult time recruiting the support of sympathetic adults is this incapacity to narrate a consistent and integrative self, even when it may be nascently present.

In my own work teaching youth ministry, I often have students in my youth ministry classes interview an actual adolescent as a way of interrogating and being in dialogue with the theories about adolescents that we read. Over the years, I have discovered that students who work with younger adolescents often have a harder time striking up useful conversations with
them and end up at a disadvantage in completing the assignment. I now encourage students to work with someone 15-18 years old whenever possible on the assignment, simply because older adolescents are better able to narrate their own experience in a way that my adult students can understand and engage. My own assignment provides a clue that I will explore further in this article. Namely, I believe that adults find it difficult to relate to younger adolescents because they are not reliable narrators of themselves in ways that adults can easily comprehend. This situation has obvious implications for those who might be called upon to work with younger adolescents in care and counseling situations. How is a pastoral counselor to establish a contract of care and some sense of progress in a therapeutic setting within a context of variable selfhood?

The problem is not that younger adolescents do not yet have a sense of self, significant values and commitments, meaningful life experiences of joy and suffering, or existential questions and concerns. Rather, these deep currents of being have not yet made a reliable transition into language and bodily expressions that adults can readily access. I find it useful to think of the narration of self in the experience of younger adolescents as similar to spoken language in young toddlers. Young toddlers develop receptive language far before they develop the capacity to speak. In other words, they understand what other people are saying well before they can form language themselves in ways that others can understand. In a similar manner, young adolescents develop, recognize and respond to integrity of selfhood and faith well before they are able to communicate to other persons their own internal experiences of identity and faith. In other words, they lack the skill to perform a self that communicates internal integrity and elicits sympathy from the adults around them.
Selfhood in transition

Between the ages of 11 and 14, humans go through a remarkable amount of physical and cognitive change. Physically, the movement into puberty causes growth spurts that can lead to literal awkwardness as well as an emotional awkwardness about one’s presence in space. Nydam (2004) describes these physical and emotional changes as a kind of adventure that combines excitement and fear:

It is a time of both unavoidable awkwardness and possible delight. These spurts of early adolescent growth are unpredictable, uneven, and out of personal control as the body ‘takes over’ in its press toward physical maturity. One of the major developmental goals of early adolescence is managing and accepting these bodily transformations. (pp.214-215)

As humans live and experience reality out of embodied experience, major changes in physicality not surprisingly impact how young people understand and narrate themselves. The rapid bodily changes of early adolescence can be intrusive during early adolescence, causing the physical self to become “an ‘insistent presence’ for the child.” (Brinkhaupt & Linka, 2002, p.6)

Cultural discourse about the significance of bodies also impacts young adolescents’ experiences of themselves at this time, because along with bodily changes come changes in the way that people perceive and relate to them. This relationship between others’ evaluations of their body and a young adolescent’s sense of self-worth is particularly salient for young women, but affects young adolescents of both genders (Davidson & McCabe, 2006). For example, developing a mature female body can lead to sexual harassment, or even just sexual noticing, by adults, phenomena that may well be difficult for young females to handle. Either embracing this attention or being embarrassed by it can cause discomfort and unusual reactions in relationships with parents and other adults. Reflecting on these kinds of embodied experiences and
expressions, Nydam (2004) notes the multi-layered meanings that can be attached to such a behavior by describing a young girl wearing a bikini at age 13. While an adult might read such behavior as sexually provocative, in reality the young woman may not be thinking in these same categories. She may simply be trying to be noticed by manipulating her appearance. Cultural practices that normalize scantily clad female bodies used in advertising and mass-produced media impact an emerging adolescent’s read on her own body. Yet, she is just beginning to read herself into that broader cultural narrative, without a great deal of experience of what it means to have this body in this space. The lag time in gaining awareness and experience may mean there is a certain level of naiveté about what her bodily performance means to those who read it, or simply a lack of practice in performing it within the categories recognized by adults in her culture.

At the same time that so many physical changes are in play, the brain is also transforming itself in powerful ways, with new brain cells and neural connections proliferating that allow for better processing of sensory input. The capacity to learn new languages diminishes, even as more complicated capacities for self-control, assessing risky behavior, and emotional regulation begin their long process of emergence, a process that takes up to a decade to complete (Brinthaupt & Linka, 2002). In other words, even as younger adolescents’ bodies are changing, their capacity to process and understand information is shifting with hormonal and physical changes. Younger adolescents likely experience themselves as highly changeable in their perception and understanding of the world as well as in their bodily experience, which contributes to their variable performance of selfhood during this time.

Middle schoolers are thus a bit raw around the edges, changeable from day to day in their self-presentation. They are beginning to borrow the language and categories of the culture
around them to try to fit it into their experience. That language is newly accessible to them as their thinking is becoming more abstract and attuned to social discourse and tropes. But they have not quite had the experience to really place themselves within those spectrums of conflicting discourse with reliability and certainty, which means that they will often deploy multiple ways of narrating their experience given multiple contexts and categories offered. While this, of course, also is true for older adolescents and adults, persons with more practice in narrating their experience recognize that the conventions of communication require articulation of some level of stable “self” over time. Often younger adolescents do not yet have this convention as part of their capacity. In other words, the capacity to read and deploy cultural narratives comes before the capacity to construct a self-narrative that integrates both of these narratives in a way that communicates stability to others.

The narrative self and the life story

The relationship between having a self and being able to tell one’s own life story has been explored by philosophers and psychologists such as Paul Ricouer (1991), Charles Taylor (1989), and more recently Dan McAdams (1996):

The challenge of identity demands that the modern adult construct a ‘telling’ of the self that synthesizes synchronic and diachronic elements in such a way as to suggest that (a) despite its many facets, the Me is coherent and unified and (b) despite the many changes that attend the passage of time, the Me of the past led up to or set the stage for the Me of the present, which in turn will lead up to or set the stage for the Me of the future (p.306).

McAdams holds that the form of this construction is a life story, a “more or less coherent, followable, and vivifying story” that provides “unity, purpose, and meaning in life” (p.306). It is
the “followable” part of this convention that younger adolescents often fail. When McAdams articulates standards for a healthy life story that can effect positive life change, “coherence” is the first quality of a good narrative (p.315). Younger adolescents, with their embodied variability, do not often meet this criterion.

Given the multiple contexts and narratives within which persons compose their own life story and account of identity, the project in a contemporary context of narrating the self becomes quite complicated. Adolescents, as well as adults, struggle with the multiple discourses, images, and meaning systems in which they are called upon to give an account of themselves:

The self-narrations that purportedly provide a temporal coherence for lives are not really ‘inside’ the person, subject to the person’s revision, waiting to be told, continuing to be enacted. Instead, the postmodern person seems to reside amid the stories that surround and define him or her on a moment by moment basis. The self is as much ‘out there,’ in the swirl and confusion of the postmodern world, as it is ‘in the mind’ of ‘the person.’ (McAdams, p.298).

McAdams is seeking to define more clearly the experience of adaptivity that allows persons to experience themselves as “embodied actors with internalized intentions and plans” in the midst of changing stories and experiences over time (p.299). Telling a coherent life story, argues McAdams, best corresponds to “that quality of selfhood that goes by the name of identity” (p. 299).

McAdams describes seven narrative features of recognizable structure and content that are common to adult life stories: narrative tone, imagery, theme, ideological setting, nuclear episodes, imagoes, and endings (pp.308-309). Skillfully deploying these features takes time to learn the conventions of storytelling in one’s cultural context, including the common themes and
structures available in the culture through which one articulates the particular collections of experiences and reactions that have occurred. Given the plural nature of most contemporary Western cultural contexts, adolescents have the added burden of gaining exposure to multiple stories and ideologies by which to define themselves, and the need to navigate and weigh the consequences of taking on particular story forms by which to tell themselves. In early adolescence, this construction point is primarily a matter of gathering raw materials and trying to connect these materials to the nuclear episodes of experience, often without the integrating function of a narrative arc. McAdams locates younger adolescents in the “prenarrative era” of the self, when the task is simply to “gather material for the self-stories they will someday construct. Identity is not yet a part of their telling of the Me, but they are nonetheless immersed in experiences that may have a significant effect in the long run on the stories they someday will tell to provide their lives with unity and purpose” (p.310).

Very few younger adolescents are able to construct a “followable” account of themselves that gives them what most adults recognize as identity. However, this doesn’t mean that adults should abandon young people in the messiness of that initial construction zone of the self. The ideologies and experiences to which younger adolescents are exposed have a profound effect on the selves they construct later, and they already possess the capacity to understand those narratives in the adults around them. In fact, they are particularly attuned to assessing them. Anyone who works with young adolescents knows that their antennae for potential hypocrisy and lack of integrity in life story are particularly sensitive. This sensitivity to a lack of integrity between the stories that adults tell about themselves and their actual behavior points to a significant nascent project in self-building that deserves adult companionship and support.
However, many adults seem to want to abandon that role and instead blame young people for being difficult and squirrelly.

**Soul searching and the demand for “articulation” of faith**

The lag in development in younger adolescents between having a maturing self and being able to reliably narrate that self to adults around them would not be a problem, except that it can be hard to recruit adult support and mentoring without this capacity to articulate themselves. The companionship of significant adults is essential to their continued growth into maturity. Another way of talking about this articulation would be to use the performance language that has emerged in social psychology and political theories of identity. Younger adolescents do not typically perform a self that is easily recognized by one of their primary audiences, the adults around them. Adults often misread younger adolescent performances of self as highly distractable, not-caring, disrespectful, or random. When this misreading leads to a lack of adult relationships and investment in the lives of middle-schoolers, the results can be tragic. It can lead to adolescents living in what journalist Patricia Hersch (1998) documented as “A Tribe Apart,” a subset separated from the wisdom and resources of other generations, as adolescents are left to their peer relationships as their main source of social interaction, support, and self-referencing.

A deeper problem emerges when the lack of articulation is interpreted as an actual lack of self, or when the capacity to perform selfhood recognizably is equated with actually having a self. A recent major sociological study of the religious lives of adolescents (in this case older adolescents, because the research team decided that younger adolescents could not articulate their experience), makes this problematic confusion between the capacity to perform or articulate a self and the thing itself. Christian Smith and Melinda Denton’s (2005) book *Soul Searching*
strongly argues that articulation is a critical element in the development of faith in adolescents: “Philosophers like Charles Taylor argue that inarticulacy undermines the possibilities of reality. So, for instance, religious faith, practice, and commitment can be no more than vaguely real when people cannot talk much about them. Articulacy fosters reality” (Smith & Denton, 2005, p.268). Smith and Denton argue that one of the failings of religious education of youth in contemporary culture has been its inability to nurture articulateness among young people with regards to vocabulary, stories, and key messages of faith. This lack of the capacity to verbally describe their faith gives the researchers the “distinct impression is that very many religious congregations and communities of faith in the United States are failing rather badly in religiously engaging and educating their youth” (p.262). In other words, because even the older adolescents that Denton and Smith studied could not verbally describe their beliefs, they believed that such beliefs did not exist.

As I was reading this report of their research, I became suspicious of their claim that articulation was a key developmental goal for adolescents. My first cynical response was that by “articulation” Smith and Denton (2005) really meant parroting doctrinal formulations offered by their religious tradition, the kind of certainty commonly demanded in performance of faith from particular evangelical Christian communities. Some quotes from the report support this suspicion, such as the following: “Viewed in terms of the absolute historical centrality of the Protestant conviction about salvation by God’s grace alone, through faith alone and not by any human good works, many belief professions by Protestant teens, including numerous conservative Protestant teens, in effect discard that essential Protestant gospel” (p.136). The research team was looking for a small and narrow gate of acceptable articulations of “key messages” essential to Protestant identity that they did not find shared by the religiously diverse
adolescents they interviewed. The lack of these specific formulations led to the charge of inarticulacy about faith more broadly.

However, as I thought further about this assessment of adolescent religiosity, I began to become more uncomfortable with the assessment that articulation of belief was an important goal for even the older adolescents that the study worked with (15-18 years), and especially for the younger adolescents they excluded from their study on the grounds of their inability to narrate themselves to a researcher. Here, another quote from their text indicates the extent to which the researchers equated the capacity to articulate themselves in the realm of religion with actually being socialized into a religious identity:

But Joy was hardly the only teen we interviewed who struggled with inarticulacy and confusion when it came to religion. If there is indeed a significant number of American teens who are serious and lucid about their religious faith, there is also a much larger number who are remarkably inarticulate and befuddled about religion. Interviewing teens, one finds little evidence that the agents of religious socialization in this country are being highly effective and successful with the majority of their young people. (Smith & Denton, 2005, p. 27)

I believe the researchers are collapsing two different measures here…being socialized into a religious identity and being able to articulate those commitments by an accepted form of narration of the self.

Before I set Smith and Denton up as straw persons, I should note that they also recognized that an activated faith expressed through involvement in religious communities and practices was central to the adolescents they studied:
For such teens, faith involves their intentionally engaging in regularly enacted religious habits and works that have theological, spiritual, or moral meanings that form their lives, such as habitually worshipping with other believers, reading scriptures, praying regularly, practicing confession and forgiveness and reconciliation, engaging in service to others, using and not using one’s body in particular ways, tuning into religious music and other religious art forms, and engaging in regular faith education and formation. Religious practices, in short, seem crucial to vibrant religious faith among American teens” (p.27).

In addition to this description of the ways in which the adolescents they interviewed participated in religious communities and enacted lives of faith, the sociologists found a positive correlation between “greater teen religious involvement and more positive outcomes in life” (p.28). While many of their indicators of positive outcomes can be legitimately challenged (for instance adolescent sexual activity is seen as a negative life outcome incompatible with religiosity; p.278), these findings undercut the importance they place on articulation of belief as a key indicator of adolescent religiosity. Even when they could not articulate their experiences of faith, religious involvement by adolescents resulted in positive outcomes as measured by factors such as success in school and psychological wellbeing. Given this reality, why, then, the focus on the ability to articulate oneself as the key intervention necessary?

Smith and Denton seem suspicious that such an embodied faith can be “real” without young people having the words to describe it. Yet, religious experience often falls into the realm of the ineffable; the significance of religious practices and symbols often moves beyond the capacity of articulation and description even for adults. In a zone of proximal development similar to those described by educator Lev Vygotsky (1978), more religious understanding and commitment may be present than youth are able to articulate on their own in an interview. Is the
capacity to critically articulate one’s faith truly a good measure of religiosity for adolescents? Or would such an articulation merely be the uncritical adoption of the beliefs of adults around them, given that such a developed performance of self-narration is highly unlikely among adolescents, particularly younger adolescents? While Smith and Denton are working primarily on articulations of the religious beliefs of young persons, I think their mistake of connecting a lack of articulation of what is going on internally in adolescents with an actual deficiency in their development holds true in areas beyond religious formation. In the remainder of this article, I want to pursue the younger adolescent self and why articulation may not be the best value to hold in this stage of development.

Articulation of self and faith

Is the kind of articulation of personal faith Denton and Smith were expecting, with integrity about who one is and how one lives into religious belief, at all possible in adolescence, particularly younger adolescence? Certainly describing what the people around them believe, sometimes even assuming that it is what everyone believes, can be possible in early adolescence. But the capacity to articulate a belief as one’s own and central to one’s identity seems premature at this point in life. Such an articulation would require embodied and experiential knowing of those beliefs, an opportunity to question and think critically about them by experience in diverse religious settings, and finally the capacity to articulate them consistently as part of a life story in ways that are readable by adults. This seems like a high standard for adults, much less persons who have generally not yet “left home” economically and physically. While their research is particularly focused on the religious identity and development of teenagers, Smith and Denton
pointed me to consider that expectations of performing a recognizable self consistently seems out of place in adolescence.

The capacity to articulate one’s identity and commitments may develop well after they are formed. When Erik Erikson (1959) described the formation of identity, he noted that identity developed prior to being able to think consciously about that identity:

An increasing sense of identity, on the other hand, is experienced preconsciously as a sense of psychosocial well-being. Its most obvious concomitants are a feeling of being at home in one’s body, a sense of ‘knowing where one is going,’ and an inner assuredness of anticipated recognition from those who count. (p.128)

For Erikson, identity first comes as a non-verbalized, even a preconscious sense of what is colloquially identified as “being comfortable in one’s skin.” He pairs this sense of being at home in one’s body and having a sense of direction with “an inner assuredness of anticipated recognition from those who count.” For Erikson, the process of gaining identity includes the sense of being recognizable to others, particularly those others one deems very important. This description of preconscious identity development sounds very much like what Smith and Denton (2005) described in their acknowledgement of the “embodied faith” in the adolescents they interviewed: “[R]eligious identities, organizations, and practices are significantly shaping people’s lives, despite the fact that at the level of subjective consciousness most of them are only dimly aware of how or why that is happening” (p.263). They knew how to be Christian with their bodies, and that this performance would be recognized by their community of faith, even as they were not yet able to articulate this identity.

Unlike Smith and Denton, who are worried about the lack of articulation of self and religious commitments, Erikson worried about premature foreclosure of identity. Erikson
believed that adolescents who arrived early to a sense of identity may be expressing “a state of minimal actual choice and commitment with a maximum inner conviction of still being the chooser” (Erikson, 1959, p.134). The kind of articulation of faith that Smith and Denton looked for would be something much more similar to a premature foreclosure than a true expression of mature identity and faith. While both younger and older adolescents have the capacity to learn and recite the doctrinal commitments of their elders and their communities, an assumption that such a capacity would be the same thing as articulating their personal belief system seems to miss a vibrant process of the formation of self and identity that involves searching, assessment, and living into the beliefs that one claims. In adolescents, and particularly in younger adolescents, this process is in its beginning stages, radically open and permeable.

While I do not intend to relegate early adolescents to a permanent state of non-articulation about their beliefs and identity, I think unmet expectations of a coherent performance of self may prevent adults from enjoying working with them. If we expect a consistently performed self, with the capacity to not only articulate commitments consistently but also to live into them with integrity, we are likely to be disappointed. Movement towards articulation and awareness of one’s commitments and life experiences, even critical thinking about them, is a valuable goal of pastoral counseling, religious education, and other encounters between younger adolescents and their mentors. However, its absence doesn’t necessarily denote a failure as Smith and Denton charge. It may in fact indicate a fullness of searching and openness to learning about the world beyond the confines of one’s immediate experience, both valuable characteristics in young religious persons. Any religious identity worth its salt will take a lifetime to fully explore, articulate, and live into. Young adolescents can experience the gift of faith; performing a
consistent religious identity that is recognizable by adults is a different task on a slower developmental timeline.

While younger adolescents may not be in the position to confidently articulate themselves and their faith in spoken language in a way that adults consistently recognize and understand, they may indeed be articulating their nascent selfhood and faith commitments in different ways. One of the gifts of adults who enjoy working with younger adolescents is their capacity to read and affirm these alternate performances of self. Rather than being able to articulate consistently their beliefs and commitments in a life story, early adolescents often point to them in more indirect fashion, through their choices of peers and heroes, through the music and images that they find beautiful and compelling, through the books and movies whose narratives engage them, through the hobbies and interests they obsessively pursue, and even through the situations they find worthy of critique and disdain (Egan, 2005, 1998; Kegan, 1982; Nydam, 2004; White, 2005). These embodied and often rather unarticulated understandings of what they find true and beautiful are indicators of the emerging sense of identity and faith. Rather than being discouraged by the lack of consistency and the changeability of younger adolescents, sharing interest and conversation about these signposts of selfhood can be a way of connecting with the deeper currents of being that do not yet rise to the surface performance of self on a consistent basis.

In search of unknowing mentors and companions

Although younger adolescents are not generally articulating or performing an integrated self easily recognized by adults, they still need adults who recognize their value and are willing to serve as counselors, teachers, mentors, and parents to them. Just because we may not be able to
read early adolescent performances of self does not mean that we stop being in relationship with middle schoolers. As Nydam (2004,) notes, “Getting a useful grip on reality, especially emotional reality both in self and in others, does not come automatically. It is the result of a process of thousands of ongoing internalizations of the truth about self and others that happens within the context of intimate human interactions” (p.214). Without adults willing to engage in those thousands of ongoing interactions, young adolescents are less likely to be able to forge narratives about themselves and their faith that will eventually elicit support and affirmation from their communities. Yet remaining in relationship with changeable persons poses a challenge that many adults seem uneager to engage.

Given the amorphous and changing nature of younger adolescents, adults who work with them require a certain combination of rootedness and flexibility. Like the tree that bends with the wind but does not break, they can serve as a point of reference even as they are able to meet younger adolescents in the many forms in which they self-present. In her study of what makes an “ideal” teacher for this level, Davies (1995) puts it this way: “Likewise, a teacher’s ‘self-rootedness’ and positive esteem support professional growth, enabling one to stand tall and firmly for young adolescents, to take risks in the classroom, and to model personal growth for students” (p.150). Davies notes that younger adolescents are particularly concerned about the personal qualities of their teachers, and points to the capacity to demonstrate caring in both relational and symbolic ways as central to the work of adults involved with middle-schoolers. Being able to thrive on the energy and openness of younger adolescents does not hurt either. Davies calls for a sort of match of dispositions in the capacity to meet changeable energy with steadiness and the capacity to model channeling that energy into worthy pursuits.
Adults serving in this mentoring and counseling capacity often do so without reliable reports that their efforts are making an impact. The changeability of early adolescents and their lack of reliable narration about what is happening within often means that the adults working with them do not know what kind of influence they are wielding and its impact until much later. Even then, their work may not make it into the finished narrative of an adult’s life, because solidifying that narrative (or performance) of self is not the task of early adolescence. By the time a person gets their narrative of self more consistently performed, they may have moved beyond the middle school adult mentors, incorporating instead the efforts of adults they met at an older age. However, the beginnings of these capacities for integrity of self and faith only happen in ongoing relationships with adults who recognize and evoke them. What is an adult to do, who is called to serve as mentor, counselor, teacher, or parent to younger adolescents?

Pastoral counseling, teaching, and other forms of ministry with younger adolescents require a spiritual practice not unlike that of the great contemplative mystics. The metaphor of the cloud of unknowing that I evoke in the title of this paper communicates two things when thinking about younger adolescents. On the one hand, the cloud of unknowing evokes the idea that early adolescents do not yet fully know themselves, having not developed the capacity to leverage broader cultural discourses and describe themselves in such a way as to elicit adult understanding and support. In that younger adolescents do not yet know themselves consistently in a language that can be socially interpreted and understood, they live in a sort of cloud of unknowing about themselves. On the other hand, the cloud of unknowing evokes a fourteenth century handbook for establishing connection with God even in the face of the reality that we can never fully know God. The anonymous work *The Cloud of Unknowing* (1980) describes a way of loving God even without fully knowing God. This foundational work in the *apophatic* mystical...
tradition, a piece that has influenced contemporary contemplatives, describes the early experience of contemplative prayer as follows:

For when you first begin to undertake it, all that you find is a darkness, a sort of cloud of unknowing; you cannot tell what it is, except that you experience in your will a simple reaching out to God. This darkness and cloud is always between you and your God, no matter what you do, and it prevents you from seeing him clearly by the light of understanding in your reason, and from experiencing him in sweetness of love in our affection. (Cloud, 1980, pp.120-121)

While I do not intend to equate God with early adolescents, they do share the quality of being profoundly inscrutable, albeit it in distinct ways. The prayer manual teaches would-be contemplatives that there are two distinctive working powers in all rational creatures: a knowing power and a loving power. God is incomprehensible to the knowing power, but is entirely comprehensible to the loving power. The worthy act of contemplative prayer is “this secret love beating on this cloud of unknowing” (p.139). The ongoing act of contemplation allows for occasional rays of light piercing through the cloud of unknowing and generating glimpses of God that evoke affection in the prayer.

Although not a perfect analogy, I believe that part of the charism of working with younger adolescents is developing a spiritual practice of loving what you cannot yet know or understand fully. Working with younger adolescents requires letting go of the demand that they articulate themselves reliably in order that we might meet them where they are. Rather, we approach our work with them knowing that we can never know them fully, that the self they are performing is as yet highly changeable and ineffable. Despite their lack of reliable narration and performance of self, we can love them and accompany them, and in that commitment provide the relational

Sacred Spaces: The e-Journal of the American Association of Pastoral Counselors (2014), vol.6
matrix needed for them to grow strong in faith and in integrity of selfhood. Helping the parents, teachers, pastors, counselors, and other adult mentors of younger adolescents to normalize this unknowing openness and encounter it with the energy and adventuring spirit it calls for rather than to condemn it as immature and distasteful is worthy work to engage. Working with younger adolescents may be something of an unremembered task, yet a critical one performed in the transitional waters of body and mind that occur in middle school.

References


Sense and Nonsense in the Wisdom of Dr. Seuss

Herbert Anderson, Ph.D. ¹

Abstract: Encouraged by his grandchildren to re-visit the whimsical world of Dr. Seuss, the author reflects upon what is it that has made Dr. Seuss’s writings so popular with young people. He suggests that the successful children’s author developed a moral vision and universe which appeals to readers (old as well as young).

I puzzled and fussed
And fuzzled some more
To find words robust
For the wisdom of Seuss
And his nonsense galore.
My pen had a Skrink
That drank all the ink;
My desktop was Splettered
So words were Unlettered.
(The Cat in the Hat
Would surely fix that.
But the cat was getting fat
Eating cake in the tub with a bat.)

I planned to write
A word like Seuss
But quickly found
My words were bound
By too much sense
Without nonsense
To apprehend
His thoughts profound.
And so instead
With pen and lead
I sought to write
The remarkable wisdom of Seuss
With prose ordinare
And hopings to spare
To be un-obtuse.

¹ This article is dedicated to my grandchildren Jonah Anderson and Julia Febos who love Dr. Seuss just about as much as their Grandpa does.
One of the gifts of being a grandfather is having permission to read Dr. Seuss again. Because I was only read bible stories as a child, I was delighted to discover the whimsical world of Dr. Seuss when my children were young. Now again as a grandfather, his mischievous imagination draws me back into the playful world of the child. The remarkable sounds of invented words make the same intriguing cacophonies and satisfying sounds I remember from the first time. The sounds may delight but they are difficult to make at first. The ear can hear more than any tongue can read. In *Fox in Socks*, Dr. Seuss acknowledges without shame how hard it is say words.

Please sir, I don't like this trick, sir.  
My tongue isn't quick or slick, sir.  
I get all those ticks and clocks, sir, mixed up with the chicks and tocks, sir.  
I can't do it, Mr. Fox, sir.  
Mr. Fox!  
I hate this game, sir.  
This game makes my tongue quite lame, sir.²

This awareness of the complexity as well as the joy of word sounds is part of the remarkable empathy of Dr. Seuss. He helps us imagine what a child learning to speak might be thinking. "My poor mouth can't say that, no sir. My pour mouth is much too slow, sir." At sixty-five, I know the feeling well. Reading Dr. Seuss aloud challenges the nimbleness of my tongue. I often wish Mr. Fox were around to say "bring your mouth this way, I'll find it something it can say." Throughout all his books, Dr. Seuss invites people to see a child's world in which elephants hatch eggs on trees or the Cat in the Hat can take spots off a wall with Dad's two shoes or a Green Headed Quail might catch

² From *FOX IN SOCKS* by Dr. Seuss, TM & copyright © by Dr. Seuss Enterprises, L.P. 1965, renewed 1993. Used by permission of Random House Children's Books, a division of Random House, Inc.
you from behind. It is the kind of nonsense that children love and adults never outgrow.

**Fifty-three years of publishing and forty-seven books**

Dr. Seuss is the pen name for Theodor Geisel who was neither a doctor nor a parent of children. His first book, *And to Think That I Saw It on Mulberry Street*, was rejected twenty-seven times. Editors complained that the book had no moral or message, nothing aimed at "transforming children into good citizens." Theodor Geisel was outraged. "What's wrong with kids having fun reading without being preached at," he insisted. When it was finally published in 1937, the New York Times reviewer regarded *And to Think That I Saw It on Mulberry Street* as a masterful interpretation of the mind of a child, creating the kind of stories with which children often amuse themselves and strengthen their own self-respect. Between 1937 and 1990, when the last, and in my judgment, the most profound book appeared entitled *Oh, the Places You'll Go!* Dr. Seuss produced forty-seven books of nonsensical charm and sensible wisdom. The universal appeal of Dr. Seuss is demonstrated by the fact that at the time of Theodor Geisel's death in 1991 more than one hundred million copies of his books had been sold in eighteen languages (Morgan & Morgan, 1995).

The genius of Dr. Seuss is reflected both in his whimsical, slightly subversive, nonsensical rhyme and the way those stories quite effortlessly, and sometimes unintentionally, become effective tales that foster moral imagination. Dr. Seuss was a moralist in spite of himself. There are three foci for this reflection on the wisdom of Dr. Seuss. The first theme is the remarkable capacity of Theodor Geisel to enter the world of a child and see what the child sees. Dr. Seuss is an exercise in empathy that is often in short supply today in the response of adults to the child's world. The first book, *And to Think That I Saw It on Mulberry Street*, is predicated on the assumption that parents cannot possibly see what a child would see on Mulberry Street on the way to school. Along the way, Dr. Seuss affirms some of the characteristics of childness that adults never outgrow. That is the second Sacred Spaces: The e-Journal of the American Association of Pastoral Counselors (2014), vol.6
focus of this essay. The characteristics of "childness" that most adults struggle to retain include vulnerability, immediacy, openness and neediness (Anderson & Johnson, 1994, pp.22-26). Although he did not set out to transform children into good citizens, there are powerful moral themes generously sprinkled throughout the books. That is the third focus of this essay.

**Seeing what the child sees**

The prologue to what happened on Mulberry Street is a conversation between a father and a child reminiscent of family dinner gatherings when a parent turns to a child and asks eagerly and expectantly "so, how was your day?" The parent hopes that what the child will report will correspond to the world the parent sees and knows. *And to Think That I Saw It on Mulberry Street* illustrates why sometimes the child might say something like "nothing much" in response to parental desire to hear what they saw on the way to school, at school, or on the way home.

When I leave home to walk to school,
   Dad always says to me,
   "Marco, keep your eyelids up
   And see what you can see."

But when I tell him where I've been
   And what I think I've seen,
   He looks at me and sternly says,
   "Your eyesight's much too keen.

"Stop telling such outlandish tales.
Stop turning minnows into whales."³

Dr. Seuss is sometimes perceived as subversive precisely because his empathy for the child's view of the world does not correspond to the parental expectations of an ordinary world in which the wagon is pulled by a horse. The parent's desire to know what *really* happened on

³ From *AND TO THINK THAT I SAW IT ON MULBERRY STREET* by Dr. Seuss, TM & copyright © by Dr. Seuss Enterprises, L.P. 1937, renewed 1965. Used by permission of Random House Children's Books, a division of Random House, Inc.

Sacred Spaces: The e-Journal of the American Association of Pastoral Counselors (2014), vol.6
the way to school is predicated on the conviction that reality is not socially constructed. The child's openness to constructing a world is not defiant or even subversive, as some parents might suggest, but rather reflective of the child's natural narrative perspective.

All the long way to school
   And all the way back,
I've looked and I've looked
   And I've kept careful track,
But all that I've noticed,
   Except my own feet,
Was a horse and a wagon
   On Mulberry Street.

   That's nothing to tell of,
   That won't do, of course . . .
   Just a broken-down wagon
   That's drawn by a horse.

   That can't be my story. That's only a start.
I'll say that a ZEBRA was pulling that cart!
   And that is a story that no one can beat,
When I say that I saw it on Mulberry Street.

In the child's version, the zebra becomes a reindeer and the wagon becomes a sled which in turn becomes a big brass band led by an elephant which in turn becomes a big procession with the mayor and motorcycles leading the parade. At the end of the story, Dad says calmly "Just draw up your stool and tell me the sights on the way home from school."

   There was so much to tell, I JUST COULDN'T BEGIN!
Dad looked at me sharply and pulled at his chin.
   He frowned at me sternly from there in his seat,
"Was there nothing to look at . . . no people to greet?
Did nothing excite you or make your heart beat?"

"Nothing." I said, growing red as a beet,
"But a plain horse and wagon on Mulberry Street."

I am struck by the child's embarrassment and sadness at not being able to tell a story that would

Sacred Spaces: The e-Journal of the American Association of Pastoral Counselors (2014), vol.6
correspond with Dad's expectation of what happened on Mulberry Street. When a child says "nothing" in response to a parent's ordinary question "what happened in your day?" it may not be disrespect as much as a sad and awkward conclusion by children that their narrative construction of the world does not correspond to the prevailing expectations of parental authorities. The ability of Dr. Seuss to see from the child's perspective is a challenge to parents and other adults to keep imagining what a child sees and feels because it is usually different than what the parent sees and feels.

**Qualities of childhood in the wisdom of Dr. Seuss**

The appeal of Dr. Seuss for adults is because we never outgrow childhood. I am using the term "childhood" to refer to those characteristics of childhood that are beyond childishness and not limited to childhood. For that reason, childness is an inevitable dimension of all human life. We remain vulnerable long after we are no longer obviously small, weak, and needful. Openness is the experience of wonder toward the world that enables the child to relish surprise and the unexpected. The immediacy of childhood is what enables everyone to be playful and direct in affections and speech. We never outgrow the neediness of childhood. In the kingdom of Jesus, Arthur C. McGill once observed, we always begin with neediness, we live toward neediness, and we always end in neediness.

**Vulnerability**

Children are particularly vulnerable in the literal sense of that word. They are susceptible to being wounded because they are small, weak, and needful. Eventually we may learn to walk and run and get our own food and even protect ourselves a little bit. But we never outgrow the experience of vulnerability that children and Dr. Seuss know so well. *I Had Trouble in Getting to*
Solla Sollew (1965) concludes with the realization that we cannot avoid having troubles nor is there even a simple solution to our troubles. Keeping our eyes open looking ahead to avoid rocks is not enough. Sometimes a Quilligan Quail will get you from behind or a Skritz from above or a Skrink from below. Such a dilemma prompts my favorite line from all of Seuss that captures the inevitability of human vulnerability.

And I learned there are troubles
Of more than one kind
Some come from ahead
And some come from behind.

The journey to Solla Sollew ("where troubles are few") is full of one calamity after another. Finally, he gives up his search for a trouble-free existence and heads back to the Valley of Vung, prepared for the trouble he knows he will have.

But I've bought a big bat.
I'm all ready, you see.
Now my troubles are going
To have troubles with me!4

Violence with a bat is not the acceptable solution to troubles. The dominant theme in the book, however, is that vulnerable human creatures cannot escape trouble.

Openness

Two of the later books of Dr. Seuss promote the quality of openness to wonder and surprise. Oh, the Thinks You Can Think (1975) encourages imagination and wonder in thinking and Oh, the Places You'll Go! (1990) invites us to imagine all the things we might see in the places we will go. In both books, the presumption is that we have freedom to think what we want and go where we want.

4 From I HAD TROUBLE IN GETTING TO SOLLA SOLLEW by Dr. Seuss, TM & copyright © by Dr. Seuss Enterprises, L.P. 1965, renewed 1993. Used by permission of Random House Children's Books, a division of Random House, Inc. Sacred Spaces: The e-Journal of the American Association of Pastoral Counselors (2014), vol.6
"You can think any think that you wish." There are no limits on imagination. We should not act on everything we think. Think and wonder. How much water can fifty-five elephants drink? The answer to such a silly question is obviously not important as the encouragement to imagine outside the box.

You can think about
Kitty O'Sullivan Krauss
in her big balloon swimming pool
over her house.5

I am not sure why that image tickles me so but the prospect of floating in a swimming pool over my house is not as outrageously impossible today as it might have seemed when Theodor Geisel first imagined it.

Openness, as Karl Rahner (1971) describes it, is the "attitude in which we bravely and trustfully maintain an infinite openness to all circumstances" despite disappointments and despair that might prompt us to shut ourselves off from the world (p.48). In McElligot's Pool (1947), a farmer tries to warn Marco that fishing in the pool was a pointless effort because it was too small and full of junk.

If you sat fifty years
With your worms and your wishes
You'd grow a long beard
Long before you'd catch fishes.

Marco's imagination and openness were not diminished by the farmer's realism. There might be no fish in the pool "but, again, well, there might."

"'Cause you never can tell
What goes on down below!

5 From OH, THE THINKS YOU CAN THINK! by Dr. Seuss, TM & copyright © by Dr. Seuss Enterprises, L.P. 1975. Used by permission of Random House, Inc.
"This pool might be bigger
Than you or I know!"

This MIGHT be a pool, like I've read of in books,
Connected to one of those underground brooks!\(^6\)

The brook is connected to rivers that go to the sea where there are THING-A- MA-JIGGERS that make a whale look like a tiny sardine. "If a fellow is patient," Marco says to the farmer, "he might get his wish." The openness of childhood is hope not yet disillusioned by adversity and receptivity not covered with caution or fear. We must be prudent, that is sure. But the openness to imaging something new and untested and the willingness to be surprised are hallmarks of existence given and preserved in God's promise to make all things new.

**Immediacy**

It is difficult to read Dr. Seuss without getting caught up in the spontaneity and unfiltered delight of discovery and surprise. What is often lost in the careful calculations and measured responses of adulthood is the immediacy of child-ness that is a prelude to wonder. When the Bingle Bug near Lake Winna-Bango asked *Thidwick, the Big-Hearted Moose* (1948) for a ride on his antlers, the answer was immediate.

"Of course not!" smiled Thidwick, the Big-Hearted Moose.

"I'm happy my antlers can be of some use.
There's room there to spare, and I'm happy to share!
Be my guest and I hope that you're comfortable there."\(^7\)

There were unforeseen consequences to Thidwick's generous hospitality as more and more

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\(^6\) *From McELLIGOT'S POOL* by Dr. Seuss, TM & copyright © by Dr. Seuss Enterprises, L.P. 1947, renewed 1974. Used by permission of Random House Children's Books, a division of Random House, Inc.

\(^7\) From *THIDWICK, THE BIG-HEARTED MOOSE* by Dr. Seuss, © & copyright © by Dr. Seuss Enterprises, L.P. 1948, renewed 1975. Used by permission of Random House Children's Books, a division of Random House, Inc.
creatures not only traveled on his antlers but took up residence. Nonetheless, Thidwick's immediate welcoming response is a challenge to the adult inclination to calculate the consequences of any generous impulse.

Birthdays are awkward for many people. The awkwardness is not just about growing older but about being the center of unfiltered attention. Even when we long to be recognized, we may be embarrassed when it comes. The wisdom from Dr. Seuss about birthdays in *Happy Birthday to You!* (1959) is a delightful corrective to our reluctance to regard ourselves with wonder and gratitude at least once a year.

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Today you are you! That is truer than true!
There is no one alive who is you-er than you!
Shout loud, "I am lucky to be what I am!
Thank goodness I'm not just a clam or a ham
Or a dusty old jar of sour gooseberry jam!
I am what I am! That's a great thing to be!
If I say so myself, HAPPY BIRTHDAY TO ME!"  
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This capacity for wonder and awe toward human mystery and the mystery of God is a critical spiritual capacity in an age in which instrumental reason and technology threaten to become the sole definers of what is right and true. Reading Dr. Seuss not only encourages wonder and imagination. It is practice in being surprised. On the way to Solla Sollew, the traveler in search of a trouble-free environment has fallen into a body of water where he survives without a tooth-brush for twelve days. Suddenly he is filled with hope as a rope descends to pull him from his plight only to encounter another. General Genghis Kahn Schmitz recruited him to fight in a war against the Poozers. A child raised on the wisdom of Dr. Seuss is more likely to be prepared for the surprises of life.

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8 From *HAPPY BIRTHDAY TO YOU!* by Dr. Seuss, TM & copyright © by Dr. Seuss Enterprises, L.P. 1959, renewed 1987. Used by permission of Random House Children's Books, a division of Random House, Inc. Sacred Spaces: The e-Journal of the American Association of Pastoral Counselors (2014), vol.6
Neediness

In a culture that promotes strength and self-sufficiency, the neediness of children is often an unsettling reminder of human finitude and dependence. If we regard children with all their needs as fully human, then dependency must be included in any definition of what it means to be human even in adulthood. Our contempt for children often masks the deeper discomfort we have about neediness as part of childness throughout life. In *Horton Hears a Who* (1954), the faithful elephant is also the gentle protector of the entire village of Who-ville that lives on a speck of dust. Over and over again, Horton insists to his unbelieving neighbors that "a person's a person, no matter how small."

So, gently, and using the greatest of care,
The elephant stretched his great trunk through the air,
And he lifted the dust speck and carried it over
And placed it down, safe, on a very soft clover.

Horton has trouble convincing people about the Whos he hears. So he asks the major of Who-ville to make a ruckus. The noise wasn’t enough to be heard until the major of Who-ville found a very small shirker named Jo-Jo who added his Yopp to the noise-making.

And that Yopp... That one small, extra Yopp put it over!
Finally, at last! From that speck on the clover
Their voices were heard!9

Horton was pleased. The whole world of Whos had been saved by the Smallest voice of all. At a time in this society when dimpled chads may not count, Dr. Seuss challenges our inclination to disregard those who are small, weak, needy, and outside the mainstream with an elephant's care for the smallest of the small.

*A moral vision without moralisms*

9 From *HORTON HEARS A WHO!* by Dr. Seuss, TM & copyright © by Dr. Seuss Enterprises, L.P. 954, renewed 982. Used by permission of Random House Children's Books, a division of Random House, Inc.
Faithfulness

During my wife's childhood and early adolescence, she and her mother had a simple expression that carried a moral imperative derived directly from the writing of Dr. Seuss. As Phyllis left for school or ballet practice, her mother would say "One Hundred Per Cent." Whatever she did, she was expected to give it her all. This parting admonition comes from *Horton Hatches the Egg*, one of the earliest books of Dr. Seuss. Mayzie, a bird, tricked Horton, an elephant, into sitting on her egg so she could vacation to Palm Beach. Reluctantly, Horton agreed to sit on the egg with Mayzie's assurance that she would be back before she was missed. Horton sat and sat through rain and snow until icicles hung from his trunk and his feet.

I'll stay on this egg and I won't let it freeze
I meant what I said
And I said what I meant . . .
An elephant's faithful
One hundred per cent.\(^\text{10}\)

Other animals laughed at him and teased him but still he was faithful even though he was lonely. Hunters captured Horton and sold him to a circus in New York. Thousands of folks flocked to see and laugh at the elephant up in a tree. Even when poor Horton sat sad and alone in a hot, noisy tent he maintained that he meant what he said: An elephant's faithful-one hundred percent.

Horton's faithfulness was rewarded when the egg is hatched and it had ears and a tail and a trunk like an elephant. It was an elephant bird! Embedded in this whimsical story is a profound wisdom: faithfulness changes things. Of course Horton did not know that in advance. None of us do. The admonition to be "one hundred per cent" was given to my wife.

\(^{10}\) From *HORTON HATCHES THE EGG* by Dr. Seuss, TM & copyright © by Dr. Seuss Enterprises, L.P. 1940, renewed 1968. Used by permission of Random House Children’s Books, a division of Random House, Inc.
whenever she left the house without any expectation of the consequences. Faithfulness is a moral obligation without re-ward but it does change things in odd or unexpected ways. Just ask Mayzie, the bird, who flew back from Palm Beach to discover the consequences of her un-faithfulness.

*Care for the environment*

One of the earliest stories, *Bartholomew and the Oobleck* (1949), is about King Derwin of the Kingdom of Didd who called in his magicians to make something fall from the skies that no Kingdom ever had before. The magicians worked their magic and ooblecks fell from the sky. It was a disaster. Ooblecks became green stuff that stuck to everything and then everything stuck to everything. Farmers stuck to plows, goats were getting stuck to ducks, and geese stuck to cows, and King Derwin's royal pants were stuck to his royal chair. When the king said the magic words "I'm sorry," ooblecks quietly melted away and King Derwin declared a holiday in honor of the four perfect, old-fashioned things that come down from above: rain, snow, fog, and sunshine. The affirmation that nature is good enough as is and should not be tampered with is clearly implicit. The contamination of nature with ooblecks is, however, more the consequence of arrogance and magic than willful abuse.

By contrast, *The Lorax* (1971) is a transparent treatise about the dangers to the environment of unchecked progress and greed. The old Once-ler lives alone behind closed shutters at the far end of town where Truffala Trees once stood in abundance, Brown Barbaloots frisked about in their Barbaloot suits and ate Truffala Fruits, and Humming Fish hummed in a rippulous pond while splashing around. It was a bucolic, Eden-like setting until the Once-ler discovered he could make Threeds from the Truffala Trees until they were no more. Throughout the story, the Lorax was a persistent prophet who spoke for Sacred Spaces: The e-Journal of the American Association of Pastoral Counselors (2014), vol.6
the Swans and the Humming Fish and Barbaloutts and annoyed the entrepreneurial Once-ler by reminding him of the tragic consequences of cutting down the Truffala Trees. When the trees were all destroyed, so was the town. Everyone had gone. Only the Once-ler remained, barricaded in his tower and alone until a child asks what happened to the town. After the Once-ler tells the story, he says to the child:

"But now," says the Once-ler, "Now that you're here, the word of the Lorax seems perfectly clear. UNLESS someone like you cares a whole awful lot, nothing is going to get better. It's not."

With that, the Once-ler drops the last remaining Truffala Seed to the child, admonishing the child to plant it and "treat it with care; give it clean water and feed it fresh air." Jonah, my two-and-half year-old grandson had me read this story again and again. When I asked him what the Once-ler gave the boy, he was quite clear that "the boy got a seed." The assumed responsibilities that accompanied that gift probably eluded Jonah. But, if I may be pardoned a Seuss-like pun, the seed was already planted. It is difficult to imagine how a generation of children who heard about the Lorax and the end of Truffala Trees could still grow up to be unapologetic Once-lers.

There is much more moral wisdom hidden in these nonsensical tales. How the Grinch Stole Christmas (1957) is an innocent story with a quiet anti-consumerist message about Christmas that has ironically been commercialized by the movie. In The Sneetches (1954), Sylvester McMonkey McBean appeals to human envy and promises to make them "the best Sneetches on beaches and all it will cost you is ten dollars eaches."

11 From THE LORAX by Dr. Seuss, ® & copyright © by Dr. Seuss Enterprises, L.P. ©1971, renewed 1999. Used by permission of Random House Children's Books, a division of Random House, Inc.

12 From THE SNEETCHES AND OTHER STORIES by Dr. Seuss, TM & copyright © by Dr. Seuss Enterprises, L.P. ©1953, Sacred Spaces: The e-Journal of the American Association of Pastoral Counselors (2014), vol.6
wanted to be king of the trees and the air and the birds. With five thousand, six hundred and seven turtles on top of one another, "I'll stack 'em to heaven," he said. Then Mack, the turtle on the bottom who had had enough of being stacked upon, burped. And in a moment, Yertle the Turtle became King of the Mud and all turtles were free. The genius of Dr. Seuss is how effortlessly he has fashioned sweet morality tales from silly rhymes and nonsensical stories.

**Conclusion**

This is an appreciative essay about the wisdom of Dr. Seuss. In another essay, perhaps, we could examine the negative side of many of the positive contributions of his legacy. We cannot invent words forever. Nor is it possible to think outside the box without connecting with the conventional patterns of thinking and behaving. Sometimes, the naughtiness is not cute because it does not have sufficient limits or realistic consequences. There is a frantic quality to the stories that perpetuates the inability to tolerate boredom already epidemic in this society. Not all mistakes can be fixed, as the Cat in the Hat would have the children believe. And for most people, there are real limits to the "thinks we can think" or "the places we can go" determined by race and economic status. Despite these criticisms, Dr. Seuss has managed to capture the ears and hearts of children with his empathic imagination. And along the way, without being a moralist, he has managed to provoke the moral imagination of children "who have ears to hear." Preschool children, Robert Coles has observed, "are constantly trying to comprehend how they should think about this gift of life given to them, what they should do with it" (Coles, 177). Admonitions about good citizenship are generally ineffective. Rather, the empathic imagination of Dr. Seuss invites adults and children into conversation about stories of real struggles with troubles that come from ahead and behind.

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So there you are.
I did my best to digest (at your behest)
Some thought from the nonsense of Seuss.
There's more to find, I'm sure.
You'll have to look yourself.
You'll find the search a pleasure.
It's bliss to write like this
And play with words and make fun sounds
Or tap your fingers in a row
Or watch petunias grow
Or read a book on How to Cook.

But when it's time for me to sleep
And say good night to fish and sheep
I hate to go without a peep
Or add another word replete
Of Seuss's wisdom deep.
And so
I tell the stories of the day
And with dear Seuss I say and say
“From there to here,
from here to there,
funny things are everywhere”
even New Theology Reviewer.

References


