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Living Liturgy in Practice: Orthodox Care in a Rapidly Changing World

2022 OCAMPR Conference Theme

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Introduction

This issue marks another transition for OCAMPR publishing noteworthy articles and publications from the proceedings from the yearly OCAMPR conference. The theme for this issue is taken from the 2022 conference, "Living Liturgy in Practice: Orthodox Care in a Changing World." Since its beginnings, several important publications of proceedings have been published. In recent years, peer reviews have been introduced. As the publications have steadily improved over time, a drive to add a scholarly dimension (including the accountability of our theology) has been discussed.

As efforts were made to steer publications in this direction, it became clear that this did not entirely represent the spirit of the OCAMPR publications. The variety of presentations at OCAMPR conferences attests to this. From academic and clinical research to important plenaries to probing reflections on the work of faith and healing, many kinds of articles are offered. Each plays an important role in the publication. Although an effort to improve the form of the articles in terms of a standardized style and strong content, it appears to the editorial board that there are two general kinds of article submissions. One is more academic, theoretical, theological, and clinical research-based, and the other, are others includes submissions that come from the proceedings and the varied reports just mentioned. The latter of this group are highly stimulating and interesting, and frankly, usually draw the most interest from the OCAMPR readership. We decided to try to do both. With this perspective in mind, this issue is an attempt to address these two areas. Thus, the issue is divided into these two parts—research-based and proceedings.

It also marks the naming of the journal, *Synergeia.* A powerful symbol and description of the working of faith between efforts by both God and His adherents is central to the Orthodox *praxis.* This name is not new to OCAMPR publications. In the early 2000s the name was used for conference writings. The Holy Trinity is the ultimate expression of synergy and exemplifies the Trinitarian doctrine and practice that Orthodox Christians aspire to in the practice of their faith. We also hope to work together in this spirit at OCAMPR.

We hope that the reader will be pleased that we are able to represent both kinds of writing and can enjoy this latest iteration of publication. Further, this is the second year (the just released Covid-19 delayed 2019 issue) that publications are only available online. Additionally, they will be free to all.

Editorial & Review Board

Steven-John M. Harris, Ph.D. Dr Harris is a clinical psychologist who has been in private practice for over 30 years. In addition to receiving his Ph.D. in psychology, he has earned certifications in psychoanalytic and Jungian psychotherapy. He is the former director of the Center for Depth Psychology and co-director of the Psychoanalytic Study Center of Southern California, both in Newport Beach, CA. He also was the Clinical Director for the Center for Individual & Family Therapy of Orange, CA. He has also taught at BIOLA University's Rosemead of Professional Psychology, Vanguard University. He taught professional psychology both at the California Graduate Institute and the American Behavioral Studies Institute. Other than numerous articles on faith and psychology, he has published the books, *God, Psychology, & Faith in Dialogue* (Sebastian Press, 2020), *To Be or Not to Be: Explorations in Madness and Faith* (Sebastian Press, 2020), and *Despair & Faith: A Dialogue between Kierkegaard & Patristic Thought* (2023).

Helen Theodoropoulos, Ph.D. is an Orthodox theologian and lecturer and is currently adjunct professor at St. Sava Serbian Orthodox School of Theology in Libertyville, IL, teaching classes in Patristics, and Christianity in America. She has also served as adjunct faculty at the University of St. Mary of the Lake/Mundelein Seminary, Loyola University Chicago, and other area schools, with classes focusing on Orthodox history, theology, and spirituality. She leads two Bible studies and teaches adult religious education at area Orthodox churches. She is the secretary of the Orthodox Theological Society in America (OTSA), and on the board of the St. Phoebe Center for the Deaconess. She has an MTS from the Holy Cross Greek Orthodox School of Theology and an MA and PhD from the Divinity School of the University of Chicago.

James Burg, Ph.D., LHMC, LMFT is an Associate Professor of Counselor Education at Purdue University-Fort Wayne, IN., where during his tenure he was a program director, department chair, and founding dean of two colleges at the university. He earned his doctorate from Purdue University in marriage and family therapy and is a Licensed Marriage and Family Therapist and a Licensed Mental Health Counselor with more than 30 years of experience as a clinician and educator. He is a Clinical Fellow and Approved Supervisor with the American Association for Marriage and Family Therapy and a past president of the Indiana Association for Marriage and Family Therapy. Dr. Burg was a board member and Psychology Section chair for the Orthodox Christian Association for Medicine, Psychology, and Religion (OCAMPR). He and his wife published more than 700 newspaper columns on healthy marriages, and he was a co-editor of three OCAMPR books.

Catherine Creticos, M. D. Dr. Catherine Creticos is a physician specializing in Infectious Diseases and has been in private practice for 35 years in the Chicagoland area. She received her M.D. from the University of Chicago Pritzker School of Medicine, completed her internship and residency in Internal Medicine from Loyola University of Chicago, and did her fellowship in Infectious Diseases from Loyola University of Chicago and the University of Illinois at Chicago. She is a Clinical Assistant Professor of Medicine at the University of Illinois at Chicago where she also acts as the Illinois Medical Director of the Midwest AIDS Training and Education Center. She has been on the staff at Advocate Illinois Masonic Medical Center since 1987, where she has been the Chief of the Section of Infectious Diseases since 2006. Throughout her career,

she has been devoted to clinical care, education, and research around HIV/AIDS medicine and Infectious Diseases. She is the Medical Director of Clinical Research and Director of Infectious Diseases at Howard Brown Health, where she also provides direct patient care and has been the principal investigator on over 50 clinical research studies. She has co-authored and presented numerous publications, posters, and lectures. Dr. Creticos is the Vice-Chair of the Washington Square Health Foundation, where she also serves as the Chair of the Grant Committee.

Reviewers

Nancy J. Brown, M. A. has been Orthodox for four years. She has her M.A. in Counseling Psychology and has worked both in child abuse prevention and as a Licensed Marriage and Family Therapist. She resides with her husband in Northwest Arkansas.

Bryce E. Rich, Ph.D. Bryce E. Rich holds a Ph.D. in Theology from the University of Chicago. His specializations include historical theology of the late-antique and medieval periods, queer theory and theologies, and modern religious thought. His first book, *Gender Essentialism and Orthodoxy: Beyond Male and Female*, is published by Fordham University Press. Bryce has participated in six conferences on Orthodoxy and sexuality in Finland, Norway, and England.

George S. Stavros, Ph.D., M.Div. George Stavros is the Executive Director of the Danielsen Institute and Clinical Associate Professor of Pastoral Psychology at Boston University. His clinical and research interests are in the connection between mental health and spirituality in clinical practice and in clergy and clergy family wellness. He is co-author of *Relational Spirituality in Psychotherapy* and co-editor of *The Skillful Soul of the Psychotherapist*. He is a licensed psychologist and also has a Master of Divinity from Holy Cross Greek Orthodox School of Theology.

Grigorios Chrysostom Tympas has degrees in medicine (registered with the General Medical Council, UK) and theological studies, both from the Aristotle University of Thessalonica, as well as a Ph.D. in Psychoanalytic Studies from the University of Essex. His thesis on *Carl Jung and Maximus the Confessor on Psychic Development* has been published in English (*Routledge,* 2014*).* He serves as a priest and a mental health counselor based on the Orthodox Church of Ss Cosmas and Damian in London while teaching as a visiting lecturer at various universities.

Audora Burg is a professional writer, editor, and proofreader and is presently the copy editor for *Touchstone* magazine. She is a freelance writer with hundreds of feature stories, and along with her husband, she has published more than 700 newspaper columns on healthy marriages. She is a homeschooling mother, and she and her family worship at St. John Chrysostom Orthodox Church in Fort Wayne, Indiana.

Section 1

Journal Articles

Orthodoxy and Attachment Theory

Polixenia Stan, Cătălin Andrei Nicolae, and Maricica Pandele

Abstract

John Bowlby defines the concept of attachment as a "lasting psychological connectedness between human beings."[1] There is a possibility that the attachment style developed in relation to significant people from childhood influences the way that we perceive God's care towards us.

Our objective, in this research project, was to observe whether, for Orthodox Christians, there is a correlation between the attachment style to a romantic partner and the attachment style to God, and further, whether there are certain factors that might influence the attachment style to God.

As a working method, we applied an online questionnaire that measured anxiety and avoidance in the relationship with God and in the relationship with the romantic partner. The questionnaire was applied to 325 participants between August 9, 2022, and September 9, 2022, and utilized the adapted AGI (Attachment to God Inventory)[2] to measure avoidance and anxiety towards God and the ECR-R (Experiences in Close Relationships-Revised) translated into Romanian[3] to measure avoidance and anxiety towards the romantic partner.

Analysis of the data shows that there is a significant correlation between anxiety in the relationship with God and anxiety in the relationship with the partner. There is no significant correlation between avoidance in the relationship with God and avoidance in the relationship with the partner. The frequency of prayer can moderate the level of anxiety towards God and towards the partner. That is to say, frequent prayer seems to decrease the level of anxiety towards God. Through prayer the living presence of God is internalized.

Our research opens perspectives for future study of the Orthodox Christian population.

Introduction

The writing on attachment most often centers on the parent (especially mother) – child relationship, since the attachment pattern is formed during childhood. From the attachment theory perspective, the Internal Working Model (IWM) developed in the attachment experiences with the parent influences the individual's further intimate relationships. As an example, the

[1] John Bowlby. *Attachment,* 1. "Attachment and Loss." (New York: Basic Books, 1969), 194.

[2] Richard Beck and Angie McDonald. "Attachment to God: The Attachment to God Inventory, Tests of Working Model Correspondence, And an Exploration of Faith Group Differences.*" Journal of Psychology and Theology* 32, No. 2 (2004): 92-103.

[3] Tudor-Ștefan Rotaru and Andrei Rusu, (2012). *"*Psychometric Properties of the Romanian Version of Experiences in Close Relationships-Revised Questionnaire (ECR-R),*" Psiworld* 2012, *Procedia – Social and Behavioral Sciences* 78 (2013): 51-55.

the person will use the IWM to "decode" the relationship with God. There are studies showing that the relationship with the primary caregiver from childhood influences the relationship with God.

The connection between a loving religious caregiver and the child is transferred later on to the connection with God, and individuals with religious parents and a secure attachment pattern will be more likely to adopt their parents' religious beliefs.[4,5] When the result of the connection between the caregiver and the child results in insecure attachment, the relationship with God will also be an insecure attachment. That is to say, when the attachment style of the caregiver is an insecure one, this will impact the relationship with God, although religion can have, in certain situations, a compensatory role.[6]

Research has found that the attachment pattern of the romantic relationship usually was the same as the attachment style developed in childhood.[7,8] After over two decades of research, it is well known that long-term romantic relationship serves an attachment function.[9] Still, it is worth mentioning that the attachment style from childhood can also be changed in adulthood by the individual's connection with other primary attachment figures.[10,11,12]

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[4] Aaron D. Cherniak, Mario Mikulincer, Philip R. Shaver. Pehr Gravquist. "Attachment Theory and Religion," *Current Opinion in Psychology* 40, (2021): 126-130.

[5] Yaakov Greenwald. Mario Mulkulincer, Pehr Gravquist, Philip R. Shaver. "Apostasy and Conversion: Attachment Orientations and Individual Differences in the Process of Religious Change," *Psychology of Religion and Spirituality* 13 (2021).

[6] Lee A. Kirkpatrick and Phillip R. Shaver, "Attachment Theory and Religion: Childhood Attachments, Religious Beliefs and Conversion," *Journal for the Scientific Study of Religion* 29 (1990): 315 – 334.

[7] Wolfgang Friedlmeier and Pehr Granqvist, "Attachment Transfer Among Swedish and German Adolescents: A Prospective Longitudinal Study," *Personal Relationships* 13 (2006): 261–279.

[8] Cindy Hazan and Debra Zeifman (1994), "Sex and the Psychological Tether", in *Attachment Processes in Adulthood,* Advances in Personal Relationships, 5, Kim Bartholomew and Daniel Perlman eds. (London: Jessica Kingsley, 1994), 151–177.

[9] See John Bowlby, *Loss*, 3, Attachment and Loss (New York: Basic Books, 1980), Mary D. Salter Ainsworth, "Attachments Beyond Infancy," *American Psychology* 44, no. 4 (1989): 709 – 716, Cindy Hazan and Phillip R. Shaver, "Romantic Love Conceptualized as an Attachment Process," *Journal of Personality and Social Psychology* 52 (1987): 511 – 524, Judith A. Feeney, "Adult Romantic Attachment: Developments in the Study of Couple Relationships," in *Handbook of Attachment: Theory, Research, and Clinical Applications,* 2nd ed., Jude Cassidy and Phillip R. Shaver eds. (New York: Guilford, 2008), 456-481, Mario Mikulincer and Phillip R. Shaver, *Attachment in Adulthood: Structure, Dynamics, and Change* (New York: Guilford, 2007), and Debra Zeifman and Cindy Hazan, "Pair Bonds as Attachments: Reevaluating the Evidence," in *Handbook of attachment: Theory, Research, and Clinical Applications,* 2nd ed., Jude Cassidy and Phillip R. Shaver eds. (New York: Guilford, 2008), 436-455.

[10] Roger Kobak, "The Emotional Dynamics of Disruptions in Attachment Relationships: Implications for Theory, Research, and Clinical Intervention," *Handbook of Attachment: Theory, Research, and Clinical Applications*, Jude Cassidy and Phillip R. Shaver eds. (New York: Guilford Press, 1999), 21-43.

[11] L. Alan Sroufe *et al.,* "Implications of Attachment Theory for Developmental Psychopathology," *Development and Psychopathology* 11 (1999): 1–13, doi:10.1017/S0954579499001923.

[12] Vivian Zayas *et al.,* "Roots of Adult Attachment: Maternal Caregiving at 18 Months Predicts Adult Peer and Partner Attachment," *Social Psychological and Personality Science* 2, no. 3 (2011): 289–297, doi:10.1177/1948550610389822.

In order to measure the attachment style of adults, a possibility is to measure the attachment style with their romantic partner. Studies have found that the adults' attachment style with the romantic partner (romantic attachment) is usually the same as the individuals' attachment to God.[13,14] For example, the romantic secure attachment style is correlated to a secure attachment style to God.

Gardner a reviewer of the literature on attachment theory and God, states there is empirical evidence that explicit knowledge of God consisting in person's theological set of beliefs and behaviors differs from the implicit perception of God as an attachment figure.[15] This difference explains the discrepancy between what is appropriate to religion and compensatory practices.

Studies have shown that individuals with a secure attachment to God have some benefits of this relationship: satisfaction in life,[16] less psychological distress and emotional problems in Christians,[17] good mental health, an increase in self-esteem, optimism,[18] and, over time, resilience and spiritual growth.[19] Monroe and Jankowski, in their research, found that through prayer the attachment to God increased resulting in improved health and mental state.[20]

All the studies on attachment to God referenced here deal with the Western Christian population which has a certain culture and understanding of God. There is a lack of knowledge of how the Eastern Orthodox Christian population relates to God from the attachment theory

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[13] Lee A. Kirkpatrick and Phillip R. Shaver. *"*An Attachment-Theoretical Approach to Romantic Love and Religious Belief,*"* *Personality and Social Psychology Bulletin* 18 (1992): 266 – 275.

[14] Diane P. F. Montague, Carol Magai, Nathan S. Consedine, and Michael Gillepsie. *"*Attachment in African American and European American Older Adults: The Roles of Early Life Socialization and Religiosity,*"* *Attachment & Human Development* 5, no. 2 (June 2003): 188 – 214.

[15] Jodie Kathleen Gardner. *"*Attachment, Trauma, and Intimacy with God. Conversations: A Graduate Student Journal of the Humanities," *Social Sciences, and Theology* 1, no. 2 (2013).

[16] Kirkpatrick and Shaver, *"*An Attachment-Theoretical Approach to Romantic Love and Religious Belief.*"*

[17] Michaela Hiebler-Ragger, Johanna Falthhansl-Scheinecker, Gerhard Birnhuber, Andreas Fink, and Human Friedrich Unterrainer. *"*Facets of Spirituality Diminish the Positive Relationship Between Insecure Attachment and Mood Pathology in Young Adults,*"* *PLoS One*, June 23, 2016,.

[18] Matt Bradshaw and Blake Victor Kent.*"*Prayer, Attachment to God, and Changes in Psychological Well-Being in Later Life,*"* *Journal of Aging and Health* 30, no. 5 (2017):1-25.

[19] Joshua A. Wilt, Kenneth I. Pargament, and Julie J. Exline. *"*The Transformative Power of the Sacred: Social, Personality, and Religious/Spiritual Antecedents and Consequents of Sacred Moments During a Religious/Spiritual Struggle,*"* *Psychology of Religion and Spirituality* 11, no. 3 (2019): 233-246. quoted in Aaron D. Cherniak et al., *"*Attachment Theory and Religion,*"* *Current Opinion in Psychology* 40*,* (2021): 126-130. >

[20] Natasha Monroe and Peter J. Jankowski. *"*The Effectiveness of a Prayer Intervention in Promoting Change in Perceived Attachment to God, Positive Affect, and Psychological Distress,*"* *Spirituality in Clinical Practice* 3, no. 4 (2016): 237-249. Quoted in Aaron D. Cherniaket al., "Attachment Theory and Religion,*"* *Current Opinion in Psychology* 40*,* (2021): 126-130.

perspective. Obviously, there are similarities with Western Christians, but also differences related to the culture and understanding of God.

From the perspective of Eastern Orthodoxy Theology, God is completely immaterial, and we should not anthropomorphize Him by human characteristics.[21] However, the Holy Fathers consider the use of the names for God[22] not as trying to anthropomorphize God or His Being but rather as giving the faithful a guide so that they can better grasp the things which are hidden.[23]

In the Orthodox Tradition God can be seen both as a caregiver (The Father) and as a romantic partner (Christ, The Bridegroom). It is important to notice with Christ as the Bridegroom that the Church is the bride. Christ appears as the Bridegroom in the Parable of the Ten Virgins. Also, Saint Gregory of Nyssa wrote to Olympias 15 homilies on *The Song of the Songs* where he described God as a Bridegroom and the soul of the person wanting God as the bride.[24]

Based on the teachings on uncreated energy, the "Orthodox" God, while still being immaterial and non-anthropomorphized, is tangible. He communicates with His creatures through the uncreated energies and this communication, from the Orthodox perspective, means relationship[25]. Within this relationship, God doesn't change; only humans change by participating in the uncreated energies. Still, there is the risk of message' distortion of how we see God caused by the human receiver's IWM. In this context of distortion, there is a possibility that the attachment style developed in relation to significant people from childhood can influence the way that we perceive God's care towards us.

Objectives of the Study

The present study aims to address the following questions:

Is there any correlation between the attachment style in relation to the romantic partner and the attachment style in relation to God in Romanian Orthodox Christian believers similar to that shown in studies done on believers of other confessions in the West.

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[21] John S. Romanides. *The Ancestral Sin*, George S. Gabriel trans. (Ridgewood: Zephyr, 2008), 97.

[22] St Dionysius the Areopagite. "Despre Numirile Dumnezeiești" (On the Divine Names) II.5, 6 in *Opere complete (Complete Works),* Fr Prof. Dumitru Stăniloae trans. (Bucharest, Paideia, 1996), 141.

[23] St Gregory of Nyssa, *Answer to Eunomius' Second Book* III.2 (NPNF^2 5:265).

[24] St Gregory of Nyssa, "Homilies on The Song of Songs," in *Writings from the Greco-Roman world* no 13, Richard A. Norris Jr. trans. (Atlanta: Society of Biblical Literature, 2012).

[25] Nikolaos A. Matsoukas, *Demonologie (Demonology),* 4, Teologie Dogmatică și Simbolică (Dogmatic and Symbolic Theology), Fr Prof. Ph.D. Constantin Coman and Fr. Cristian-Emil Chivu trans., (Bucharest: Bizantină, 2002), 22.

Is there any correlation between the intellectual representation of God and the person's style of attachment to God?

Is it possible that the style of attachment to a romantic partner differs from the style of attachment to God for people who go to church often, confess often, pray regularly and frequently?

Methodology

Participants in the study were 325 Romanians, Christian-Orthodox. Out of the total of 325 subjects, 266 go to church regularly (at least twice a month). 246 respondents have participated in the church's services for a period between 5 and 20 years. Regarding confession, 214 respondents confess regularly, 80 confess in the four fasts, and 50 people confess rarely and very rarely. Regarding prayer, 246 people have a regular prayer schedule. Regarding demographic factors, 294 respondents live in urban areas, and 31 in rural areas; 249 people have higher education, of which 43 have doctoral or postgraduate studies; 27 respondents have high school or technical school. The division by gender is 249 women and 76 men, which is to be expected considering that in Romania the vast majority of people who attend church are women.

Procedures

The participants answered an online questionnaire between August 9, 2022, and September 9, 2022. Participation was voluntary, free and completely anonymous.

Measurements

Demographic questionnaire. Information was obtained about age, gender, educational level, environment (rural/urban), frequency of going to church, number of years of going to church regularly, frequency of confession, frequency of prayer, and if the person is going through a difficult period.

Attachment to romantic partner. To measure the attachment to the romantic partner, the ECR-R (Experiences in Close Relationships-Revised) [26] questionnaire translated into Romanian was used. The questionnaire is designed to measure avoidance and anxiety towards romantic partner.

[26] Rotaru and Rusu, "Psychometric Properties of the Romanian Version of Experiences in Close Relationships-Revised Questionnaire" (ECR-R).

Attachment to God. To measure attachment to God, a questionnaire inspired by the AGI (Attachment to God Inventory)[27] was used, which we adapted for practicing Orthodox Christians. The questionnaire is designed to measure the level of avoidance and anxiety in relation to God. The questionnaire used in this study has 8 statements to measure avoidance and 8 statements to measure anxiety. A six-point scale was used, to correspond with the Romanian version of the ECR-R.

Data Analysis

We examined whether the data approximated the normal distribution using the Shapiro-Wilk test and visual inspection of stem-and-leaf plots. None of the four variables of interest approximated the normal distribution (p's < .001, see Table 1). This was confirmed by the shapes of the stem-and-leaf plots. Therefore, we examined the data using Spearman nonparametric correlations.

Table 1. Tests of Normality

	Shapiro-Wilk		
	Statistic	Df	Sig.
Avoidance – God	.879	325	.000
Anxiety – God	.888	325	.000
Avoidance – Partner	.979	325	.000
Anxiety – Partner	.939	325	.000

The degree of avoidance in one's relationship with God was positively associated with the degree of avoidance in the relationship with one's partner (*rho* = .24, p < .001). Similarly, the degree of anxiety in the relationship with God (*rho* = .33, p < .001) correlated to the degree of anxiety in the couple's relationship (*rho* = .27, p < .001). Frequency of church attendance, confession, prayer, and the number of years of frequent church attendance were negatively associated with the degree of avoidant attachment towards God (all p's < .001).

As stated, the degree of anxiety in one's relationship with God was positively correlated with the degree of anxiety in the relationship with one's partner (*rho* = .46, p < .001) and also with the degree of avoidance in the couple's relationship (*rho* = .29, p < .001). Only the frequency of prayer was significantly associated with the degree of anxiety in the attachment toward God (*rho* = -.15, p = .005).

[27] Beck and McDonald, *"*Attachment to God: The Attachment to God Inventory, Tests of Working Model Correspondence, And an Exploration of Faith Group Differences.*"*

Table 2. Spearman zero-order correlations

		1	2	3	4	5	6	7
1	Avoidance – God	-						
2	Anxiety – God	.33**	-					
3	Avoidance – Partner	.24**	.29**	-				
4	Anxiety – Partner	.27**	.46**	.40**	-			
5	Frequency of church attendance	-.22**	.09	-.03	-.01	-		
6	Frequency of confession	-.22**	.05	-.05	.01	.48**	-	
7	Frequency of prayer	-.25**	-.15**	-.16**	-.13*	.07	.19**	
8	Years of frequent church attendance	-.24**	-.01	-.14*	-.04	.40**	.26**	.07

Note: * $p < .05$, ** $p < .01$

Avoidance in attachment towards God was positively associated with learning in church that God always punishes one for their sins (*rho* = .17, $p = .001$), that God sometimes punishes and sometimes forgives sins (*rho* = .16, $p = .004$), that God punishes one according to the gravity of their sins (*rho* = .20, $p < .001$), and that God forces one to do his will (*rho* = .22, $p < .001$). By contrast, avoidance in attachment towards God was negatively associated with learning in church that God helps one do good deeds even if one has sinned (*rho* = -.18, $p = .001$), that God constantly takes care of humans (*rho* = -.23, $p < .001$), that God allows one to freely choose between good and evil (*rho* = -.17, $p = .002$), and that God has absolute power and therefore good will triumph over evil (*rho* = -.21, $p < .001$). Anxious attachment towards God was positively associated with learning in the church that God always punishes one for their sins (*rho* = .27, $p = .001$), that God sometimes punishes and sometimes forgives sins (*rho* = .19, $p = .001$), that God punishes one according to the gravity of their sins (*rho* = .21, $p < .001$), and that God forces one to do his will (*rho* = .19, $p = .001$) and negatively associated with learning in church that God helps one do good deeds even if one has sinned (*rho* = -.14, $p = .011$) and that God constantly takes care of humans (*rho* = -.16, $p = .004$).

Table 3. Spearman correlation between attachment to God and people thinking of church precepts.

	Avoidance - God	Anxiety - God
I have learned at church that God always punishes me for my mistakes.	.170**	.270**
I have learned at church that God always forgives me for my mistakes.	-.008	-.013
I have learned at church that sometimes God punishes me, sometimes God forgives me.	.161**	.191**

I have learned at church that God only punishes me enough to help me and motivate me to straighten up. His punishment is pedagogical.	-.047	.087
I have learned at church that God loves me no matter what I do.	-.002	-.048
I have learned at church that God loves me only if I do what pleases Him.	.096	.089
I have learned at church that God helps me to do good even if I have wronged Him a lot.	-.177**	-.141*
I have learned at church that God punishes me according to how badly I have sinned against Him.	.201**	.211**
I have learned at church that God is always taking care of me.	-.225**	-.159**
I have learned at church that God gives me the freedom to choose between doing good and doing bad, and I decide to do what is good.	-.174**	.005
I have learned at church that God forces me to do what He wants.	.217**	.191**
I have learned at church that God has absolute power, so evil will always be overcome by good.	-.207**	-.048

Note: * $p < .05$, ** $p < .01$

A hierarchical regression was used to test if the degree of avoidance in attachment towards one's partner is predictive of one's avoidance in attachment towards God. In the first step of the regression, we introduced age, gender, educational level, environment (urban or rural), frequency of church attendance, confession, prayer, years of regular church attendance, and whether the person considers they are going through a difficult period. In the second step, we introduced the degree of anxiety in attachment to God. In the third step, we introduced anxiety and avoidance in attachment towards one's partner.

The first model was statistically significant (F (9, 315) = 10. 85, $p < .001$) and explained 21% of the variance of avoidance in attachment towards God. Significant predictors were gender (B = -.36, SE = .09, $p < .001$), frequency of confession (B = -.13, SE = .07, p = .049, frequency of prayer (B = -.23, SE = .05, $p < .001$) and years of regular church attendance (B = -.11, SE = .03, $p < .001$). The second model was statistically significant (F (10, 314) = 20.24, $p < .001$) and explained 37.3% of the criterion's variance, the increase in predicted variance being statistically significant (F(1, 314) = 82.55, $p < .001$). Anxiety in attachment towards God was a significant predictor (B = .33, SE = .04, $p < .001$). The third model was statistically significant (F (12, 312) = 17.11, $p < .001$) and explained 37.4% of the criterion's variance, the increase in predicted variance was not statistically significant (F(2, 312) = 1.29, p = .278). Neither avoidance (B = .04,

SE = .04, *p* = .274) nor anxiety (*B* = .03, *SE* = .03, *p* = .416) in attachment towards one's partner were predictive of avoidance in attachment towards God. In the final model, the predictors of avoidance in attachment towards God were age (*B* = .08, *SE* = .03, *p* = .015), female gender (*B* = -.31, *SE* = .07, *p* < .001), frequency of confession (*B* = -.16, *SE* = .06, *p* = .004), frequency of prayer (*B* = -.14, *SE* = .04, *p* = .002), number of years of frequent church attendance (*B* = -.10, *SE* = .03, *p* < .001) and anxiety in attachment towards God (*B* = .30, *SE* = .04, *p* < .001).

Table l 4. Hierarchical regression predicting avoidance in attachment towards God

	Model 1		Model 2		Model 3	
	B	B	B	β	B	B
Constant	3.25**		2.30**		2.16	
Age	.04	.06	.08*	.12	.08*	.12
Gender (Male = 0)	-.36**	-.22	-.30**	-.19	-.31**	-.19
Education	-.04	-.03	-.04	-.03	-.03	-.02
Environment (Urban = 0)	.14	-.06	-.12	-.05	-.12	-.05
Church attendance	.01	.01	-.02	-.02	-.03	-.02
Confession frequency	-.13*	-.13	-.17*	-.17	-.16*	-.16
Prayer frequency	-.23**	-.25	-.14*	-.15	-.14*	-.15
Difficult time	.08	.05	-.04	-.03	-.05	-.04
Years of frequent church attendance	-.11**	-.24	-.10**	-.21	-.10**	-.20
Anxiety in attachment to God			.33**	.43	.30**	.39
Avoidance in attachment to partner					.04	.05
Anxiety in attachment to partner					.03	.04
R^2	.23		.39		.40	
F	1.58**		2.24**		17.11**	
ΔR^2	.23		.16		.01	
ΔF	1.58**		82.55**		1.29	

* *p* < .05, ** *p* < .001.

Similarly, a hierarchical regression was used to test if the degree of anxiety in attachment towards one's partner is predictive of anxiety in attachment towards God. In the first step of the regression, we introduced age, gender, educational level, environment (urban or rural), frequency of church attendance, confession, prayer, length of regular church attendance, and whether the person considers they are going through a difficult period. In the second step, we introduced the degree of avoidance in attachment to God. In the third step, we introduced anxiety and avoidance in attachment towards one's partner.

The first model was statistically significant ($F(9, 315) = 4.88$, $p < .001$) and explained 12.3% of the variance of avoidance in attachment towards God. Significant predictors were age

(B = -.12, SE = .05, p = .013), frequency of prayer (B = -.26, SE = .07, p < .001) and being in a difficult time of life (B = .35, SE = .15, p = .001). The second model was statistically significant (F (10, 314) = 13.79, p < .001) and explained 28.3% of the criterion's variance, the increase in predicted variance being statistically significant (F(1, 314) = 82.55, p < .001). Avoidance in attachment towards God was a significant predictor (B = .63, SE = .07, p < .001). The third model was statistically significant (F (12, 312) = 186.06, p < .001) and explained 41% of the criterion's variance, the increase in predicted variance was statistically significant (F (2, 312) = 27.66, p < .001). Anxiety in attachment towards one's partner was predictive of anxiety in attachment towards God (B = .25, SE = .04, p < .001). Additional significant predictors were age (B = -.12, SE = .04, p = .004), frequency of confession (B = .17, SE = .07, p = .019) and avoidance in attachment to God (B = .50, SE = .07, p < .001).

Table l 5. Hierarchical regression predicting anxiety in attachment towards God

	Model 1		Model 2		Model 3	
	B	β	B	β	B	B
Constant	2.89**		.83*		.10	
Age	-.12*	-.14	-.14*	-.17	-.12*	-.14
Gender (Male = 0)	-.17	-.08	.06	.03	.02	.01
Education	.00	.00	.02	.01	.04	.03
Environment (Urban = 0)	-.04	-.01	.05	.02	.01	.00
Church attendance	.09	.06	.08	.06	.07	.05
Confession frequency	.13	.10	.21*	.16	.17*	.13
Prayer frequency	-.26**	-.22	-.12*	-.10	-.08	-.07
Difficult time	.35*	.18	.30*	.16	.17	.09
Years of frequent church attendance	-.03	-.06	.04	.06	.04	.06
Avoidance in attachment to God			.63**	.49	.50**	.38
Avoidance in attachment to partner					.09	.09
Anxiety in attachment to partner					.25**	.31
R^2	.12		.31		.41	
F	4.49**		13.79**		18.06**	
ΔR^2	.12		.18		.11	
ΔF	4.89**		82.56**		27.66**	

* p < .05, ** p < .001.

Finally, we tested whether the frequency of prayer moderates the relationship between anxiety in partner attachment and anxiety in attachment to God. The model was statistically significant (F(3, 321) = 37.88, p < .001) and explained 26.15% of the variance of anxiety in attachment towards God. Anxiety in partner attachment (B = .37, SE = .04, p < .001), prayer frequency (B = -.12, SE = .06, p = .048) and their interaction (B = -.08, SE = .05, p = .049) significantly predicted anxiety in attachment towards God.

Discussion

In the attachment theory literature, avoidance corresponds to a negative view of others, caregivers, and romantic partners. In this study, anxiety represents the fear of potential abandonment and the person feeling that he is unlovable and that he does not deserve to be loved.

Referring to feelings towards God, it is hard to believe that avoidant behavior in relating to God can mean a negative view of him as a whole, especially for people who attend church. We expect that this way of relating to God in an avoidant way manifests itself mainly by avoiding intimacy with God, by the person's distrust of showing their emotions towards God, and the compulsive trust in their own powers. These people will not feel comfortable with God taking "control" of their lives and involving God in their daily activities. Even if they are wrong, these people will not ask themselves whether God would be pleased with them. By asking this question and understanding the implications, in time, these people would end up opening up emotionally to God.

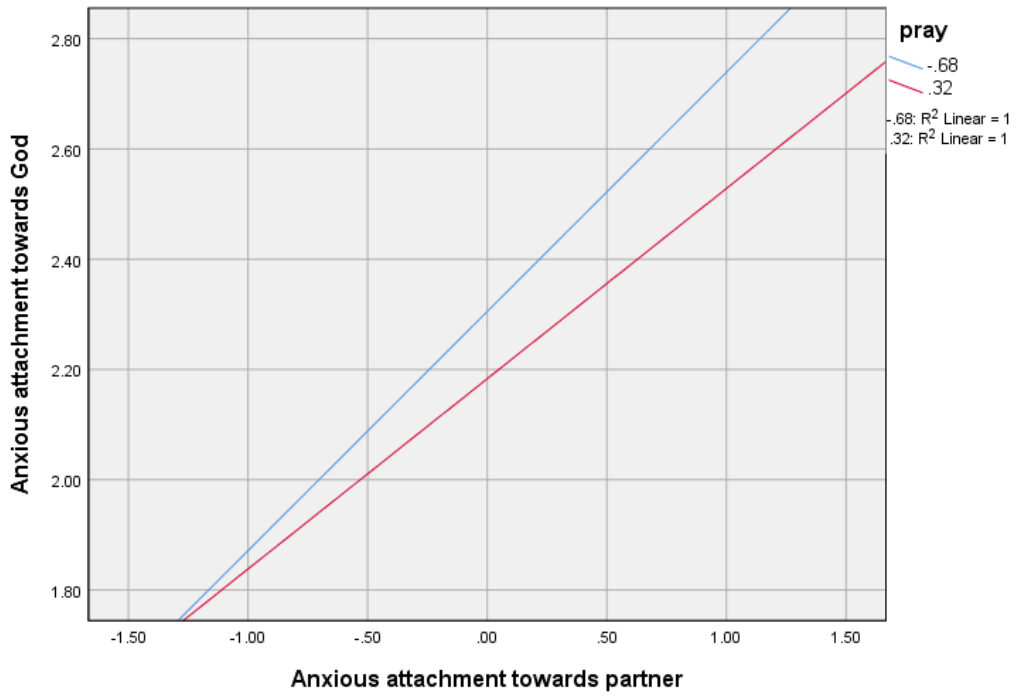

Figure 1. The moderating effect of prayer in the relationship between anxiety in partner attachment and anxiety in attachment towards God.

Anxiety in the relationship with God manifests itself in the person believing that God loves him less than others, that God helps others and kind of forgets about them. These persons will constantly be waiting for signs and answers from God, reassurances from God that they are loved, and when they don't get them, they will get angry and jealous because they will live all the time in fear that God might abandon them.

Avoidance in Relationship with God

The data suggest that *older people are more avoidant and less anxious in their attachment to God.* This could be explained by the fact that older people grew up in the communist era when a relationship with God was, at best, tolerated. There was no question of a deeper relationship with God, just as there was no question of emotional expression in general.

Statistical data also suggested that *women have less avoidance in attachment to God than men*. That finding can be explained if we think about the popular culture that allows women to express themselves emotionally. Men are not really allowed to express themselves emotionally with such expression being considered a sign of weakness.

It appears that *the level of avoidance of God decreases when the frequency of confession, the frequency of prayer, or the length of time a person attends church frequently increases.* That finding is to be expected, because all these activities have the role of helping the person to have an even closer relationship with God.

Neither avoidance nor anxiety in the attachment to the partner could predict the degree of avoidance in the relationship with God, this being in addition to the study of Beck and McDonald.[28]

Anxiety About Relationship with God

The data from this study show that people who confess more often have more anxiety in their attachment to God. It is possible that these people find in confession a coping mechanism, thus dealing with the anxiety raised in the relationship with God.

The statistical processing also says that *if the anxiety in the relationship with the partner increases by 1 point, the anxiety in the relationship with God increases by 0.25 points*. Anxiety in the relationship with the partner may be closely related to anxiety in the relationship with God, confirming the findings of similar studies on this topic.

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[28] Beck and McDonald, *"*Attachment to God: The Attachment to God Inventory, Tests of Working Model Correspondence, And an Exploration of Faith Group Differences.*"*

The data also suggest that prayer frequency moderates the relationship between partner attachment anxiety and God attachment anxiety. Generally speaking, when the level of anxiety in the relationship with the partner is low, the level of anxiety in the relationship with God is also low. Moreover, the more frequent the prayer, the less anxiety in the relationship with God. But as the anxiety in the relationship with the partner increases, the anxiety in the relationship with God changes differently according to the frequency of prayer. As partner anxiety increases, people who pray less are more anxious about their relationship with God than people who pray more. We could assume that the frequency of prayer is a protective factor that protects the type of attachment in the relationship with God from the attachment that the person has with the partner.

Although longitudinal studies are needed, statistical analysis suggests that prayer frequency may lead to less anxiety in the relationship with God, although anxiety in the relationship with the partner may be unaffected. Practically, through prayer, the Orthodox Christian's relationship with God becomes individualized with God being perceived more as a different person than the partner.

The Orthodox Christian's Need for God

Two interesting observations emerge from this data: *if the anxiety manifested towards God increases by one point, then the degree of avoidance in the relationship with God increases by 0.30 points. On the other hand, if the degree of avoidance of God increases by one point, the anxiety with God increases by 0.5 points.* So, the measure of avoidant behavior and the level of anxiety towards God are closely related.

If the person feels more strongly the fear of being abandoned by God, they will more intensely fear opening up emotionally to God and involving him in their daily life. If their fear of being abandoned by him increases, they compensate for the perceived lack of support they expect from him which they believe they do not receive by opting to manage on their own.

But if the person turns away from God, not considering that God can be a reliable partner in everyday life and that he can support them emotionally, they will feel more strongly the fear that God might abandon them. A circle is created similar to the circle of pleasure-pain of which the Holy Fathers speak. If the person becomes more afraid that God may abandon them, they will tend to avoid him more, but if they avoid him more, their fear that God may abandon them will also increase. This complicated relationship suggests that a practicing Orthodox Christian believes that he has an imperative need for God in his life, just as Orthodox theology suggests.

Intellectual Representation of God

Following the analysis, we obtained weak correlations between the person's relationship with God and their intellectual representations of God. It is possible that the wording of the

statements beginning with "I learned at church that..." may have misled some people, who had these representations of God from family rather than from church. However, the data suggest that it is not only the intellectual representation of God that is relevant in the relationship with God, but the internalization of the experiences that the person has, his need to feel a living presence of God. Further research is needed to study if, besides the intellectual representation of God, an Eastern Orthodox Christian needs to ensure a good relationship with God by working with his passions in order to be illuminated through God's grace and have a correct perception of God, as the Holy Fathers have said.

Limitations and Conclusions

The conclusions of this study: there is no significant correlation between the degree of avoidance towards God and the degree of avoidance towards the partner. By contrast, there is a significant correlation between the level of anxiety in the relationship with God and the level of anxiety in the relationship with the partner, confirming the study of Beck and McDonald.[29]

There is no significant correlation between the intellectual representation of God and the attachment to God, so conclusions related to the intellectual representation of God must be treated with caution.

There is one significant factor that seems to moderate anxiety towards God and the partner, namely, the frequency of prayer. The more frequently the person prays, the relationship with God seems to become more and more differentiated from the relationship with the partner in terms of anxiety level. However, longitudinal studies are needed for clearer confirmation and better interpretation.

Special Thanks. Special thanks to Eugen Secară for his valuable help in statistical data analysis, to Tatiana Tăbîrcă for her contribution to data analysis, to Anca Raluca Romanescu for translating the part of the paper which deals with psychology, and to the translator of the paper's theological part who wished to remain anonymous. We also wish to thank Nancy J. Brown and Steven-John M. Harris for their valuable help with the final edits of this paper.

[29] Ibid.

The Psychodynamics of Gratitude: An Opportunity for Theological-Psychological Convergence

V. Rev. Isaac Skidmore

Abstract

The author discusses psychological dynamics entailed in the experience of gratitude, arguing that they constitute a region of significant overlap—and an opportunity for meaningful dialogue—between those who nurture individuals towards spiritual growth (priests and other spiritual guides), and those who work with clients in secular therapeutic settings. The importance of gratitude in Orthodox spiritual life is attested to in Patristic and ascetical writings and is evidenced by the regularity of the Church's celebration of the Eucharist. From the perspective of the Church's understanding of *theosis* as the telos of human development, pastoral ministry encourages gratitude, as a means of healing and the expression of its fulfillment. Priests and other spiritual guides, however, do not always recognize the intrapsychic difficulties many people encounter in attempting to be grateful. Gratitude entails a person's understanding and acknowledgment of the fact that they are not self-sufficient. One can safely acknowledge this only if one can trust in the fundamental goodness of the environment in which they exist. Orthodox theology offers assurance of this goodness on a cosmic scale. Individuals may still struggle, though, to realize this goodness on a personal level, due to the particular traumas and deficits entailed in their own developmental histories. As such, gratitude, as both a spiritual and therapeutic goal, represents a crossroads at which pastoral guidance and secular therapy intersect. Therapists, operating in a secular context, can understand their work as leading a client towards a disposition that possesses spiritual value. Conversely, priests and spiritual guides might come to appreciate the positive contribution of psychology, in helping us understand how individuals can be helped through impediments that restrict their ability to experience gratitude.

I. A Client Says Thank You

I recently had an experience with a client that I think many therapists will recognize as being one of significance with regard to indications of therapeutic progress. "Charlene," with whom I've worked for five years, was describing her ever-present feeling of loss and loneliness. She has made notable progress in the time I've seen her, some of which is represented in her enrollment in a graduate level program to become, herself, a healer in the field of medicine. She has often described her grandparents' role in providing safety and nurture, throughout years in which her own mother, with her own developmental disabilities, was not able to provide—nor her father, who was raised in a family with abuse and neglect. Her grandparents are no longer living. Charlene shared with me how sad he feels that, despite the advances she's making in her life, there's no one there to say, "You're doing a good job. I'm proud of you." Checking in briefly with my own subjective reaction to these words, quickly running through my mental matrix of what was happening therapeutically in that moment, and trying to identify what might be therapeutically advantageous, I opted for the somewhat risky (though, I felt, justified) move of self-disclosure. "Well," I said, "I can't stand in for your family. But I find myself wanting to say, 'I see what you're doing. And I think you're doing a good job.'" Her response, "Thanks," came with a high level of congruence, unaccompanied by attempts to minimize the importance

of my positive and heartfelt feedback. She could have physically recoiled, however so-subtly, thus indicating I had come up against her internal protection system; she could have recoiled but didn't. Her reply of "thanks," was not followed by any discernible behaviors, on her part, to guard the vulnerable self she had revealed in her sharing of loss, sadness, and need. That word, "thanks," followed by a second of silence, then her continued sharing about how she was reaching for her goals, was momentous.

What is it that makes this expression of gratitude significant? Because gratitude, as is known to those who spend hours with clients in their gradual and sometimes dramatic disclosures of trauma and loss, is an achievement that entails a considerable consolidation in a person's sense of self—enough so that they can risk expressing appreciation to an *other*, whose work with them they are daring to acknowledge as valuable, and without which they may not have been able to reach their current potential.

II. Gratitude in Orthodox Theological Tradition

The importance of a client's gratitude towards her or his therapist, though, may not be exhausted merely by consideration of the psychological development it signifies. For a therapist whose anthropology is informed by Orthodox theology, the emergence of gratitude can be seen through a spiritual as well as a psychological lens. In his 1983 Thanksgiving homily, Fr Alexander Schmemann said, "Everyone capable of thanksgiving is capable of salvation and eternal joy."[1] This concisely summarizes a central characteristic—perhaps *the* central characteristic—of Orthodox worship: that is, its eucharistic focus, evident in, amongst other things, the ubiquity of Eucharistic liturgical celebrations throughout the year. In addition, the importance of gratitude is emphasized in writings from Christianity's earliest days, which, themselves, merely continue an inheritance from Israel's worship of God in the Old Testament. While all the requirements of the Old Testament sacrificial system might be seen as acts of returning to God from the bounty He has provided to us, there were also sacrifices specifically designated as thanksgiving offerings (Lev 7.11–15), offered voluntarily, apparently, by individuals to express their gratitude for God's provision in particular areas of their lives. These might have served a role similar to that of a *molieben* or *paraklesis*, which can be requested by individuals for the same reason.

Amongst admonitions to thanks-giving in the New Testament, 1 Thess 5.18 (*Authorized Version*) is especially direct. St. Paul urges, "In everything give thanks: for this is the will of God in Christ Jesus concerning you." St. Gregory the Wonderworker, in his 3rd-century *Oration and Panegyric Addressed to Origen,* says: "Ingratitude appears to me to be a dire evil; a dire evil indeed, yea, the direst of evils. For when one has received some benefit, his failing to attempt to make any return by at least the oral expression of thanks, where aught else is beyond his power, marks him out either as an utterly irrational person or as one devoid of the sense of obligations

[1] Fr. Alexander Schmemann, "Thank You, O Lord!: Final Words." < https://www.oca.org/reflections/fr-alexander-schmemann/thank-you-o-lord >, October 29, 2022.

conferred or as a man without any memory."[2] He further says, "We ought to venture and attempt everything, so as to offer thanksgivings, if not adequate, at least such as we have it in our power to exhibit, as in due return."

Bouyer, in his 1968 *Eucharist*, persuasively argues that the Christian eucharistic liturgy is heir to the Jewish *berakoth*, a series of prayers and praises that culminated in a shared meal and included, just as the Christian liturgy does, an *anamnesis* or recounting of God's works on Israel's behalf.[3] The understanding of the meaning of the liturgy by modern Orthodox Christians is frequently informed by Fr. Schmemann's emphasis on the priestly function as intrinsic to human existence. He asserts that the label *homo adorans,*[4] the human who worships, discloses a truth more central to what makes humanity unique than does the term *homo sapiens.* Fr. Schmemann's exegesis of the Genesis narrative in which Adam and Eve first fell from grace is a frequent underpinning for homilies and other occasions of spiritual guidance in the parish setting, helping people understand fasting and liturgical celebration as integral to the recovery of this lost priestly dimension. The central feature of Adam and Eve's failure, Schmemann says, is that they forfeited their priestly estate, by failing to understand food as the primary element of our communion with God, given by Him for our sustenance—with our fitting response to being thanksgiving.[5] The Eucharistic meal, then, like the meal associated with the Jewish *berakoth*, has cosmic significance, restoring creation's original intention, which can be realized only through the free return of that created world by the only creatures who are the recipients of its bounty and, simultaneously, capable of affirming the source and origin from which it comes—that is, the human person.

Our understanding of the significance of this priestly function, its forfeiture, and its recovery through the Incarnation of Christ, can be further complemented by St. Maximus's understanding of the human being as an image of a church. Describing how the human being is the vehicle for uniting creation to God, he says:

> Man is a mystical church. Through his body as he illumines the practical life of his soul through the energies of the commandments in accordance with the moral philosophy; through the sanctuary of his soul he brings to God, through "natural" contemplation and reason, the sensible *logoi* as purely detached in the spirit from matter; and through the altar of his spirit, he invokes the silence full of hymns of praise.[6]

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[2] St. Gregory Thaumaturgus. "Oration and Panegyric Addressed to Origen," Argument III, *The Ante-Nicene Fathers: Translations of the Writings of the Fathers Down to A.D. 325,* Alexander Roberts and James Donaldson, eds. (Peabody, MA: Hendrickson Publishers, 1995), 6:23.

[3] Louis Bouyer, *Eucharist: Theology and Spirituality of the Eucharistic Prayer*, Charles Underhill Quinn, trans. (London: University of Notre Dame, 1968), 59.

[4] Alexander Schmemann. *For the Life of the World: Sacraments and Orthodoxy*. (Crestwood, NY: St. Vladimir's Seminary, 2000), 15.

[5] Ibid., 16 –18.

[6] *Mystagogia*, PG 91:672BC, as cited in L. Thunberg, L. *Man and the Cosmos: The Vision of St Maximus the Confessor* (Crestwood, NY: St. Vladimir's Seminary, 1985), 123.

This passage, in defining the role of human beings, uses language corresponding to the procession of gifts, which, in the ancient Church, were brought by the faithful, handed to the clergy, and then were brought into sanctuary and placed upon the altar.[7] Maximus's image conveys the centrality of Eucharist, of thanksgiving, to the human vocation.

III. The Difficulties of a Purely Spiritual Approach

And, yet, while Orthodox services, prayers, and spiritual traditions provide form and content that supports a grateful disposition, these do not always guarantee that an individual who practices them can easily transcend personal developmental factors that can make gratitude a formidable challenge. A disposition of gratitude, whether it be towards God or other people, depends upon a number of developmental precedents that, for many, are elusive. For example, gratitude entails the recognition of an *other*, in relation to whom one is a beneficiary. In the case of small favors, such recognition is not likely to challenge one's sense of self. However, when the benefit received begins to pertain to one's fundamental worth, and even to one's very existence and being, the acknowledgment of dependence upon an *other* can tax an individual at the core of their identity. We might imagine, at this point, that the common distinction between theology and psychology collapses—because, for a person to grow towards gratitude as it is understood theologically, requires that intrapsychic psychological impediments, including those at the object-relations level, be addressed.

In other words, taking gratitude seriously as an important element of spiritual growth, priests, pastors, and other spiritual guides eventually encounter dynamics that psychology has made one of its special focuses. At this point, priestly and pastoral guides have a choice to make. They may wish to assert the sufficiency of the Church's anthropological and ascetical understanding of healing, and believe, rightly or not, not only that the Church possesses medicine adequate to this task, but that they are sagacious and skilled enough to administer it effectively. This is a tall order, as any priest who has encountered deep-seated psychological issues among parishioners can attest. Another option is for priestly and spiritual guides to recognize the potential benefits of the psychological perspective. In ideal situations, this may include referral of parishioners to a psychiatrist, psychologist, or mental health therapist. Here, hopefully, the parishioner can encounter an environment in which, as a part of growth in awareness of their own attachment dynamics and working towards ways of connecting that include greater openness and reciprocity, and a capacity for vulnerability and trust, their access to an experience of genuine gratitude can be significantly increased.

[7] Robert Cabié, *The Eucharist, vol. II, The Church at Prayer: An Introduction to the Liturgy,* Aimé Georges Martimort, ed. Matthew J. O'Connell, trans. (Collegeville, MN: The Liturgical Press, 1986), 78–80.

IV. Psychology's Potential Contribution

The priest or spiritual guide can be assured that modern psychology, also, from its own vantage point and experience with patients, values gratitude as an important element in wellbeing. For instance, Portocarrero, Gonzalez, and Ekema-Agbaw, in a 2020 meta-analytic review of 158 research manuscripts, screened for relevance to the question of correlation between dispositional gratitude and well-being, describe their findings as suggesting that "the grateful disposition is more strongly related to positive compared to negative aspects of well-being, which implies grateful individuals (compared to less grateful individuals) present higher levels of subjective and psychological well-being . . . compared to their levels of psychological maladjustment (such as depression, anxiety, or stress)."[8] Kumar, et al., examined the effects of a grateful disposition on various correlates of resilience during conditions of the COVID-19 pandemic. In their study including 201 undergraduate students at the University of Nebraska-Lincoln, between ages 19 and 45, a disposition of gratitude going into the pandemic significantly correlated with lower levels of anxiety and depression, and with reports of positive rather than negative effects of the pandemic in areas including "*strengthened interpersonal connections, more time,* and *academic ease or improvement.*"[9]

Steven-John Harris highlights this overlap of spiritual and psychological concerns in a way relevant to this overlap in theology and psychology's positive valuation of gratitude, in his discussion of the phenomenon of spiritual hunger, for which Christ presents himself as the ultimate satisfaction—the Bread of Life. "A prerequisite for reparation and the experiencing of one's true hunger," Harris says, "is the renunciation of omnipotence. This renunciation involves awareness of and turning away from omnipotent magical thinking as well as compulsive thoughts and actions that attempt to control the object or the '*Other.*'" [10] If we follow Harris's thought, we begin with the consideration of a central spiritual theme—what is implied in receiving Christ as the Bread of Life—yet end up in the domain where psychotherapeutic work contributes its insight and expertise. Harris continues, "Turning away from these difficult defensive patterns, according to Winnicott, opens up the possibility of 'potential space,' a level of creativity between Creator and created."[11]

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[8] Florencio F. Portocarrero, Katerina Gonzalez, and Michael Ekema-Agbaw, "A Meta-Analytic Review of the Relationship between Dispositional Gratitude and Well-being," *Personality and Individual Differences* 164 (Oct., 2020): 33. https://doi.org/10.1016/j.paid.2020.110101. <https://hanlib.idm.oclc.org/login?url=https://> <www.proquest.com/scholarly-journals/meta-analytic-review-relationship-between/docview/2426000054/se-2>. Ellipses mine.

[9] Shaina A. Kumar, et al., "Does Gratitude Promote Resilience during a Pandemic? An Examination of Mental Health and Positivity at the Onset of Covid-19," *Journal of Happiness Studies: An Interdisciplinary Forum on Subjective Well-being* (July 2022): 3476. doi: <https://doi.org/10.1007/s10902-022-00554-x>. <https://hanlib.idm.oclc.org/login?url=https://www.proquest.com/scholarly-journals/does-gratitude-promote-resilience-during-pandemic/docview/2691089110/se-2>.

[10] Steven-John M. Harris. *God, Psychology, and Faith in Dialogue*, Nancy J. Brown, ed. (CA: St. Sebastian Orthodox Press, 2018), 55.

[11] Ibid.

It is common in therapeutic work for the therapist her- or himself to become the other, upon which a client projects the pattern of the prior relationships in which they came to understand who and what they are. Thus, the therapist finds themselves in the crosshairs of the expectations, hopes, frustrations, and fears that comprise the client's schema for connection with an *other*. The field of transference and countertransference becomes rich with dynamics of attachment for both client and therapist—although the therapist is the one charged with being conscious of these dynamics, enough to facilitate the client's development. Jeremy Holmes describes various patterns that can appear in the field of transference. With patients whose attachment is avoidant, Holmes says, "the therapist may feel she and the patient are warily circling one another; the sessions may seem vacuous and difficult to recall afterward when writing notes. The patient may provoke the therapist to be rejecting, or assume a pseudo-intimacy that does not correspond with the therapist's experience."[12] With ambivalent-attachment patients, Holmes says, "the therapist may feel stifled, or crowded out, or coerced into helping the patient rather than listening to him or her, overwhelmed by the patient's distress, and invaded by a sense of helplessness."[13] Disorganized attachment, often associated with the appearance of borderline personality disorder, manifests in "difficulties with both autonomy and intimacy."[14] Thus, "instability of attachment or oscillations between dependency and detachment are typical." Such patients may seem to crave chaos, experiencing stability as the occasion for "unbearable feelings of depression or emptiness." The therapist is in the position of needing to assess (even moment by moment), "whether the primary problem is with intimacy, in which case empathy is the main need, or autonomy, which is fostered best when aggression is acknowledged and firmly contained."

The attachment dynamics that emerge and are worked with in therapy have their origins in the client's earliest relational experiences, beginning with their primary caregiver, usually associated with the mother. Melanie Klein said, "Throughout my work, I have attributed fundamental importance to the infant's first object relation—the relation to the mother's breast and to the mother—and have drawn the conclusion that if this primal object, which is introjected, takes root in the ego with relative security, the basis for a satisfactory development is laid."[15] In other words, those earliest relational experiences determine the template that will be the basis for relational experiences thereafter. Early developmental trauma, which can include instances of deprivation and neglect on one hand, or of aggressive intrusion on the other, can make subsequent relationship formation problematic. Typically, the earlier such traumas occur, the more likely they are to affect, not only the behaviors that enable a person to form fulfilling relationships, but, more essentially, the person's very sense of self, which is the basis for apprehension of the other as other.

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[12] Jeremy Holmes. *Attachment, Intimacy, Autonomy: Using Attachment Theory in Adult Psychotherapy*. (Northvale, New Jersey, 1996): 25.

[13] Ibid.

[14] Ibid., 27.

[15] Melanie M. Klein, "Envy and Gratitude and Other Works 1946–1963," M. Masud R. Khan, ed., in *The International Psycho-Analytical Library*. (London: The Hogarth Press and the Institute of Psycho-Analysis, 1975), 178.

V. Discussion

The foregoing prepares us to appreciate, not only how gratitude might serve as a common denominator for therapeutic and pastoral understandings of wellness, but how it suggests the potential for therapy and pastoral ministry to work together, in a complementary way, in the process of healing.

As simple as the idea of gratitude is, we can reflect on the complex co-incidence of factors entailed in it: 1) a sense of self-sufficient to acknowledge the reality of another as having being distinct from oneself; 2) acknowledgment that the other possesses something of benefit to them, the giving of which might enhance their own experience (in other words, acknowledgment that one is not so self-sufficient that they cannot benefit from what the other might give to them); 3) trust that the other is kindly-disposed towards them, and desires to give to them, with the intention of helping and not hurting them. The collapse of any of these conditions impairs a person's capacity to conceptualize, receive, or express gratitude for an act of giving.

Impairment in a person's belief (conscious or unconscious) that they could possibly be the recipient of another's benevolent giving invites two avenues of investigation and therapeutic work. A client's presenting concern might include their report of the failure of others to lovingly provide them with what they need. In this case, the obstacle to reception is projected upon others. "Other people don't love me." "Why is the universe so unfair to me?" One manifestation of this is a client's experience of envy when they encounter the possibility of another possessing something they deem desirable. Klein describes envy as "the angry feeling that another person possesses and enjoys something desirable—the envious impulse being to take it away or to spoil it."[16] This impulse is due to the fact that the person does not possess a developmental template, formed in those first instances of the infant-caregiver dyad, that suggests the possibility that a desired thing might be willingly granted to them. Instead, the desired thing, possessed by the other, merely highlights the sense of deprivation in oneself at not having a self-sufficient supply of it. What might be an opportunity for appreciation, relationship, and sharing—perhaps even leading to reception and gratitude—instead becomes marked by hatred for the other and a desire that the thing they possess be spoiled.

Alternatively, a client might attribute their barrier to receiving the desired thing to a flaw in themselves. In that they were not afforded an environment in which their primary self-needs were adequately met, they lack an internalized sense of their value, and cannot imagine possessing value in the eyes of another. "What's wrong with me?" is the client's cry. Their ailment is shame. Klein describes how this might manifest in a client as greed, "an impetuous and insatiable craving, exceeding what the subject needs and what the object is able and willing to give. At the unconscious level, greed aims primarily at completely scooping out, sucking dry, and devouring the breast…its aim is destructive introjection."[17] A therapist, in the cross-hairs of transference related to these primary relational deficits, may find her- or himself fluctuating

[16] Klein, "Envy and Gratitude," 181.
[17] Ibid.

erratically between a variety of roles, including that of trying to supply maternal nurture and validation to a client, to then being criticized harshly for a relatively minor misstep in reflection or response. A therapist learns how to have her or his own "seatbelt" on, in the midst of such therapy. We can imagine, and sometimes see, an unwitting priest or spiritual guide trying to navigate this same terrain, sometimes compelling them (even if they had been reluctant before) to consider making a psychological referral.

None of this is to say that resources for working with these dynamics are lacking within the parish setting, though. The Orthodox spiritual perspective addresses, at their roots, developmental deficits that can manifest in one's conviction that universe is fundamentally malevolent, or that one is inherently flawed and unlovable. This is because the Orthodox perspective affirms and evidences God's love towards us, and, simultaneously, our inherent, inviolable value—being made in the image of God, and partakers of the divine nature through the assumption of our humanity by the incarnate Word of God. There is no lack here of anything necessary to establish us in a Eucharistic orientation towards God. Our ability to experience this, however, entails no more bypassing our lived human reality than did the divine Incarnation itself. Our capacity, in our human nature, to partake of the divine, includes healing of our human nature, which entails, in appropriate measure, the employment of human means.

These human means, in the case of helping one heal from developmental trauma that impedes a capacity for gratitude, include contact with people who are able to bear the chaos of the problematic attachment schema as they are projected onto them, whether that be in the setting of friendship, therapy, or the priest-parishioner relationship. In the therapeutic setting, the therapist must tolerate many moments in which their caring advances are received by the client, not with reciprocity and gratitude, but with greed or envy, and must be able to resist the allure of identifying with the images of the idealized, wished-for parent the client projects onto them—as good as those projections might feel, especially in light of the therapist's pain and self-doubt that may have been activated by the more-critical projections. The therapist must be willing to be pushed beyond the range in which the relationship with their client feels good—or, in some cases, even feels possible—and then be willing to return again to caring interaction the moment the client appears ready to try to repair the relationship they have just sabotaged. By letting her- or himself be sacrificed in this way, and then recovered, again and again, by the client, the therapist assists the client in establishing a stable inner object—that internalized image of the other with whom they are relating—and thus establish, increasingly, a stable self, which is the basis for that relating.

Winnicott describes these destructive forces of the client's transference as the client's "attempt to place the analyst outside the area of omnipotent control, that is, out in the world."[18] Prior to this externalization, the therapist exists to the client primarily as a function of the projection of their own inner world. Winnicott describes this shift in development as a transition from object relations to object usage. Of this, he says, "From now on the subject says: 'Hullo object! "I destroyed you.' 'I love you.' 'You have value for me because of your survival of my

[18] D. W. Winnicott, *Playing and Reality*. (New York, Basic Books, Inc., 1971): 91.

destruction of you.' 'While I am loving you I am all the time destroying you in (unconscious) fantasy.' Here fantasy begins for the individual."[19] "The positive changes that come about in this area can be profound," Winnicott says, but "they do not depend on interpretative work. They depend on the analyst's survival of the attacks." Only following that, Winnicott says, can the client "now *use* the object that has survived."

In relation to the emergence of a capacity for gratitude, the development Winnicott describes begins to satisfy the conditions mentioned earlier that are necessary for its appearance. The person, the client, the parishioner, is developing a capacity to acknowledge an *other*, and to understand oneself in relation to that other. Moreover, the person begins to trust that the other's existence is benevolent in the sense that this other's existence does not obliterate, but sustains, their own, even in the face of their attacks on that other, that have the specific intention of trying to destroy it. Winnicott uses the term "love"[20] to describe something essential about this new relationship—corresponding with this new self. "We love because he first loved us" (1 Jn 4.19, NIV), can perhaps be heard, in light of this, with a greater appreciation of its psychological dynamics.

Clients sometimes initially present in a condition in which they are unable, or extremely unlikely, to express gratitude. As has been said, this can be the consequence of developmental trauma that conspires against the appearance of conditions necessary for its appearance. Though lacking the nuance in the understanding of these dynamics demonstrated by later object-relations and attachment theorists, Klein nonetheless identifies what lies at their core, and what consequences they have for the client: "It is clear that deprivation, unsatisfactory feeding, and unfavourable circumstances intensify envy," she says, "because they disturb full gratification, and a vicious circle is created."[21] "Greed, envy, and persecutory anxiety, which are bound up with each other, inevitably increase each other,"[22] she says. The inability to experience and express gratitude is one unfortunate correlate of this circle.

Conversely, though, therapy can be a setting in which the conditions necessary for gratitude can be nurtured. The therapist, surviving the attacks that are intended by the client, unconsciously, to destroy their capacity as a relational other, affords the client the opportunity to discover the stable and persistent reality of their own selfhood. With the emergence of the other and the self, there emerges, simultaneously, the possibility of love—and, with that, the possibility for gratitude. "One major derivative of the capacity for love," says Klein, "is the feeling of gratitude."[23] Gratitude, in turn, reinforces the client's—or parishioner's—relationship to the good object, thus contributing to further growth in love. Klein continues, "Gratitude is essential in building up the relation to the good object and underlies also the appreciation of goodness in others and in oneself." Thus, the vicious circle is replaced with a virtuous one, in

[19] Ibid., 90.
[20] Ibid.
[21] Klein, "Envy and Gratitude," 187 footnote.
[22] Ibid., 187.
[23] Ibid.

which "enjoyment and the gratitude to which it gives rise . . . mitigate destructive impulses, envy, and greed."[24]

VI. Conclusion

To conclude, this survey of the role accorded to gratitude in both the Orthodox spiritual perspective and modern psychology indicates that efforts to promote a capacity for gratitude might serve as a common focal point for priests and spiritual guides, on the one hand, and psychologists and therapists, on the other, who work with people who are, simultaneously, Orthodox Christians and patients in mental health care. Becoming aware of this overlap, priests and spiritual guides might be more understanding of the barriers some parishioners encounter when faced with the admonition to be grateful, and more willing to consider referrals when those barriers persist. Mental health providers might be ennobled and inspired by the understanding that, in helping clients towards a capacity for gratitude, they are working towards a goal that is considered spiritually important by—amongst other spiritual traditions—the ancient Orthodox Faith. One benefit of describing gratitude as a shared focal point is that it does not necessitate that theology and psychology adopt identical ontologies or methods of healing in order to collaborate with each other—yet, at the same time, it affirms genuine compatibility in the directions in which their work aims, and holds open the possibility that these sciences, theology and psychology, might converge, each from its own particular angle and vantage-point, on the same ultimate realities.

[24] Klein, "Envy and Gratitude," 187. Ellipses mine.

Interactive Care of the So-called Dissociative Identity Disorder Between Priest and Psychotherapist: Initial Considerations

Steven-John M. Harris

Abstract

For the life of the parishioner who has experienced severe and debilitating trauma resulting in what was formerly named, "Multiple Personality Disorder" (now called “DID”), many spiritual and psychological realities present themselves for our attention. For example, a major concern is that dissociative defenses that protect the person also create significant psychopathology that leaves an individual vulnerable to both the demands of normal living along significant spiritual challenges. This presentation will consider the dialogue between some of the theological and psychological realities, including possible areas of overlap between the two domains. The overlap and distinctions found in this kind of case need attention between both priest and therapist. In cases like these, both disciplines are challenged to relent either-or stances which call for an all-spiritual, or all-psychological view of the case. Each discipline can and should make their unique contribution to help. After presenting a brief overview of trauma and the development of so-called PTSD/DID, a brief hybrid case will be presented to illustrate these key points and then lead a discussion to attempt to address some of the main concerns relevant to this challenging and important work in an effort to form an interactive framework that engages both theological and psychological perspectives. Thus, my goal is to have participants play a role in the development of an emerging model of the coordination of care between priests and therapists.

Overview

(1) Review and define a working understanding of trauma and dissociation; (2) A case presentation to illustrate some of the challenges that present themselves to clergy and mental health professionals. (3) The importance of having a perspective with a helpful working model for the emotional and spiritual care of these individuals, we will begin a discussion of some important factors between these disciplines in approaching these highly traumatized individuals.

A Brief Introduction to Trauma & Dissociation

Persons successfully recover from everyday trauma and return to normal functioning, usually because of a combination of factors, including milder severity (for example, little “t” trauma), adequate emotional support, biological predisposition, the provision of security and protection, and the individual’s faith and support. However, with severe and overwhelming experiences, especially when sustained, as well as with an absence of some of the important ingredients above, can make recovery more difficult. The mind has a remarkable ways of surviving when it has met an experience that is *greater than* what has been called the “Window out of consciousness that which is or was too much to bear—this is called dissociation. We all

dissociate, but it is a matter of degree. Further, even the healthiest of persons can develop serious conditions like PTSD or even DID. The separation of emotional states can be necessary, but when it becomes chronic, a person becomes unable to access different parts of their mind and become unable to be able to do what Philip Bromberg calls "standing in the spaces" between different parts of experiences and emotions,[1] more serious psychopathology may develop. On the other hand, very few persons, if in fact anyone, has full access to all parts of their mind at the same time. This is actually a relief. This would be overwhelming! Functioning with only parts of our mind at a time and being able to shift flexibly to other functions when necessary are all part of a healthy mind. The mind is marvelously made! Without getting too technical, a metaphor is that we can manage our minds like the way we wear different hats, or the roles we play—mother, priest, professional, friend, neighbor, etc., although they may run together as well. At the emotional level, the more fluidly and deliberately we can move through these, the more adapted we can be to the demands of life. This ability to move fluidly between different ways of coping, feeling, relating, and so on, we might say, is healthy dissociation. And, we might say, re-associating when necessary.

What concerns us here is *pathological dissociation*—on our way to discussing what is now called DID. Healthy dissociation helps us cope with the healthy "hiccups" of painful or stressful events enabling us to return to normal functioning. When someone cannot return to normal functioning, something within them *remains unlived*. It is a part of experiencing that one has not lived, and the person is often unaware of this because the mind has actively (consciously or unconsciously) "kicked the can down the road" because of what is called a fear of breakdown.[2] Now, when moving forward in life (after the unlived portion remains) new experiences that fall into the category of perceived threat, out of control, overwhelming, etc., are detected and perceived as presenting in or lurking behind new events. It is at this point that the unlived portion of the mind seems to shut down new experiences. When trauma is more severe, is ongoing, and the environment makes it difficult or intolerable to be present and receive support for recovery, the more likely that dissociation will persist and become chronic. This can progress to PTSD. When PTSD progresses to DID, the separate states of mind are cut off from each other in a rather arbitrary manner, and in this fashion, the person becomes unable to manage their overwhelm and some other state of mind takes over—frequently without any awareness on the person's part. When this "taking over" becomes ongoing and exhibits itself with discrete states of mind (meaning the person may have lost awareness while another ego state or part of them takes over), this becomes what we now call Dissociative Identity Disorder.[3]
Because the trauma has not been lived, or processed, many new life experiences are not integrated into a coherent narrative within the person's life. Outwardly, they may appear to be somewhat bland or even somewhat normal, while at the same time, they are not able to put together and adapt to their experiences effectively. In place of a coherent narrative is a complex

[1] Philip M. Bromberg. Standing in the Spaces: The Multiplicity of Self and the Psychoanalytic Relationship. *Contemporary Psychoanalysis*. 32 (1996): p. 509-535.

[2] Donald W. Winnicott. "Fear of Breakdown." *International Review of Psychoanalysis.*

[3] Lynette S. Danylchuk and Kevin J. Conners. *Treating Complex Trauma and Dissociation: A Practical Guide to Navigating Therapeutic Challenges*. (New York and London: Routledge, 2017), 22.

inner system that dictates arbitrary responses to different circumstances.[4] For instance, an individual can suddenly become appeasing when feeling threatened by someone or may abruptly become angry and attacking at another instance when perceiving threats or violation. Often the person feels ashamed of not being able to control these responses and behaviors, or in some instances, are unaware of "who" took over.[5] According to the "Sequential Model of Dissociation," learning how these parts work can explain how this survival system works,[6] and in my experience, can assist with the healing process. Further understanding of the function of the divisions and the parts, such as protector, angry, reasoning, supportive, and so on, may help understand further the purpose of dissociation on the way to possible integration.

More serious dissociate represents being able to "escape when there was no escape."[7] The truth of the trauma became too much. It appears as if, as a result of being unable to suffer, dissociation's goal is not to exist or "to be. The truth has no mental space. Without a context or a relationship that creates space for what has been both unbearable and unspeakable, the emotional truth cannot be allowed. A separate space is then created for that pain that has not existed before. Chronic dissociation can work to prevent the unconscious fear of breaking down. Several implications are involved. These include: (1) the prevention of the "unthinkable,"[8] (2) protection against "disintegration anxiety,"[9] and (3) protection from "against the annihilation of personal spirit."[10]

I want to briefly mention that some have questioned how DID is different from schizophrenia. Some researchers have suggested that the difference is that the schizophrenic is unable to dissociate.[11],[12] They fall apart. DID, from this perspective, is more of a compromise, a kind of division without completely falling apart. This matter has not been resolved and remains subject to further investigation.

The cost of this "survival" can be great. Depression, rigid coping defenses, and a host of other struggles to adapt to life result, and for the purpose of our discussion, the person can

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[4] Bennet Braun. "The BASK Model of Dissociation." *Dissociation.* I:1 (1988), 4-23.

[5] Steven-John M. Harris. *To Be or Not to Be: Explorations in Madness & Faith.* (Alhambra, CA: Sebastian Press, 2020), 186.

[6] Danylchuk and Conners, "Treating Complex Trauma and Dissociation: A Practical Guide to Navigating Therapeutic Challenges," 24-25.

[7] Frank Putnam. "Discussion: Are Alter Personalities Fact or Fictions?" *Psychoanalytic Inquiry.* 12 (1992): 24-32.

[8] Winnicott, "Fear of Breakdown," *International Review of Psychoanalysis.* (1974): 103-107.

[9] Heinz Kohut. *The Restoration of the Self.* (New York: International Universities Press, 1977), 104.

[10] Donald Kalsched. The Inner World of Trauma: Archetypal Defenses of the Personal Spirit. (New York and London: Routledge, 1996), 2.

[11] Andrew Moskovitz, John Read, Susie Farrelly, Thomas Rudegeair, and Ondra Williams. "Are Psychotic Symptoms Traumatic in Origin and Dissociative in Kind? In Paul F. Dell and Joan A. O'Neil eds. *Dissociation and Dissociative Disorders* (London: Routledge, 2009), 331-353.

[12] Roni Shiloh, Bruria Schwartz, Abraham Weizman, and Marguerite Radwan. "Catatonia as an Unusual Presentation of Posttraumatic Stress Disorder." *Psychopathology* 28 (6) (1995): 285-290.

become very vulnerable to spiritual problems and what has been called evil influences. They may improve with prayer, but often their emotional dysregulation continues. In the hybrid case that follows, many features of both psychological and spiritual concerns will be presented to illustrate our task for dialogue.

Introduction to Case Presentation.

The following case is not a real single case of a known person in that it does not represent the facts of any one case but represents an amalgamation of case material from the details of many cases gathered over time. Any similarity is coincidental and not accurate. Although no one case is represented here, my patients are asked to sign a consent form which gives me permission to utilize their case material for the advancement of psychology. They are also allowed to refuse to give such permission. Further, I inform them that the use of casework, including their own may be useful for case consultation, teaching case illustrations, etc., and aid future therapists in their learning and/or make concepts clearer. Also, they are informed that illustrations as such do not require releasing the personal identity or other identifying information about them. And they are further informed that another potential advantage is that the struggles and difficulties of their life might do some good to help future generations of learners and fellow human beings whose lives may be filled with some of the issues that are similar to those that have troubled them. With this in mind, I clarify that I have never shared a specific case and that I create hybrid cases that combine many cases to help illustrate these clinical realities while facilitating the process and further take great efforts to prevent any feelings of exposure. Let us now proceed with a hybrid case.

Case Presentation

"Bill" (pseudonym) is a 32-year-old male who was referred by his priest. Bill had been attending church with his family for the past few months. During this time, when he attended Divine Liturgy, he sat near the back of the church. Although quiet and reserved, when approached for a blessing, or when the Holy Cross was presented in various forms, he would let out a loud and terrorizing screech that was not only overwhelming to parishioners, but even his well-seasoned priest would shake and jump back. Also disturbing was that while passing others lighting candles in the narthex, Bill would often calmly approach them, and, seemingly out of nowhere, jump into the faces of praying parishioners and shove them, often screaming or "screeching" at them. In one instance, he punched someone in the nose as they were lighting their candle.

Bill was brought to his first therapy appointment by his parents. Given his age, despite some reservations by his parents, I wanted to see him first. He studied my office and his eyes seemed both acutely vigilant but far away somehow. When I asked him about his life, he said that he was a hopeless case because he was demon-possessed. At times that I could not predict, his face suddenly changed, and he let out one of those loud shrieks that sent me flinching

backward in my chair. I found myself needing to summon up large amounts of courage as I muttered, the "Prayer of the Heart"[13] to myself, many times over during sessions. In early sessions, he was unbathed, smelled badly and his hair and clothing were disheveled. Sometimes when he shrieked, he produced a foamy saliva that resembled that of a rabid dog. One positive factor seemed to be that he seemed to calm down and feel soothed by my interest in his story and my not being too overwhelmed (relatively speaking. I am sure he knew I flinched, while at the same time, I remained engaged with him!) by sitting with him.

Later, I learned from his parents that before coming to the Orthodox church, they had brought him to Pentecostal evangelists and "healers," who prayed for him "to have his demons cast out." Many of these so-called "healers" even offered to do so for sums of hundreds to thousands of dollars! I noticed when I asked Bill to recall these prayer meetings and gatherings, that *he seemed to have formed a kind of profile of what a demon-possessed person was and that it seemed that he might have attached himself to this narrative* in order to explain to himself (and others?) his despair, depression, and disjointed state of mind—all apparently lending to his view of himself as demon-possessed. It seemed noteworthy in this regard that he was somewhat self-diagnosed in this way.

After receiving permission to call his priests (he had a few as he traveled from parish to parish), I asked one Father if he felt that Bill was demon-possessed. It somewhat surprised me when the Father told me that this was possible, but added, "I think there is something more here." I felt challenged to move out of my either-or thinking and consider what I have always wondered in theory—whether trauma and presentations of what appears to be spiritual harassment may involve a complicated intersection of both in the minds of some individuals. I decided to attempt to meet further with Bill and see if I could get him to tell me more about his history. Meanwhile, his parents were taking him to several notable monasteries to be prayed for in an effort to ward off or cast out evil spirits. He seemed to improve after these meetings and prayers. I was given permission to call these monastics but did not receive a callback. I did not take this to mean anything per se but I wished to learn more about their perspective of Bill. Meanwhile, after he improved from prayers, he continued to have his outbursts and needed to be hospitalized for psychiatric reasons after he became suicidal including voices telling him to kill himself and his family.

During his hospital stay, he was prescribed heavy doses of anti-psychotic medications, major tranquilizers which he took for a few weeks but ceased taking them because of the dead zombie-like behavior they produced. In sessions, he became clearer and more lucid, and the number of violent shrieks became less frequent. Sadly, when a child-like voice emerged in a session, I was to learn that a paternal uncle had sodomized him repeatedly since he was six years old. He stated that he tried to tell his grandparents, whom he was staying with, about these incidents, but reportedly, they never believed him. Instead, they shamed him and told him that if he told anyone his parents would be killed. Although he felt my empathy for him these

[13] Prayer of the Heart is another name for the "Jesus Prayer."

parts of him seemed to respond well, an adult part of him seemed to not believe it. He would say that it is like another person told me it happened to them, "it was not my experience." Meanwhile, he related that he was having unrelenting nightmares of being chased by invaders from outer space, watching people get killed, and other horrors.

A second priest called me after Bill gave me permission. This priest was concerned about the possibility of demonic influences but was also curious about his history. When I explained to him the violent sexual trauma of his early life, the priest became very disturbed and saddened and became profoundly empathic for Bill. We shared our concern about how his efforts to improve seemed to get undermined. His parents had seemed to focus on his "craziness" and demonic elements and there seemed to be collusion between them and Bill to not have anyone know about the trauma. I wondered if they were more invested in him being demon-possessed, mentally ill, or both). I thought that no matter how we want to know the truth, whether some truths were too painful or shameful to bear. Further, the question was raised in my mind if in his likely role as a "symptom bearer,"[14] it may have been emotionally easier to accept or bear the reality of demon possession rather than expose sexual abuse and trauma to be found in the family. Either way, the multiple levels at which one might wonder how this poor soul was traumatized, possessed by the idea of being possessed, or possessed. Not only that, but the spiritual cost of his condition seemed immense. Finally, the overlap between deception, intimidation, and shame between what might be wicked and traumatized forces in his mind seemed quite daunting. Over the next few months, Bill had lengthier psychiatric hospitalizations that interfered with his progress in his treatment. Some hospitalizations appeared to arise out of big family conflicts. After his last hospitalization, he did not reschedule further sessions.

DISCUSSION

Parishioner Response

Disturbing behaviors, especially those that are aggressive, bizarre, and apparently out of control can illicit significant fears in the minds of a church parish. Churches are starting to work on equipping their parishes with ways to respond to problematic behavior. The rather extreme behavior illustrated in Bill and many others can often be alleviated by having it spotted much earlier. There can be many signs to parishioners and ways to approach and help individuals find help long before they mount to serious levels. Parishioners do not have to be mental health experts but can learn to observe concerning behavior and find ways to engage and converse in supportive ways to assist in a fellow parishioner's finding help. In other words, the parishioner does not have to be the help.

For example, together with the Orthodox Christian Association of Medicine, Psychology, and Religion (OCAMPR), the Assembly of Canonical Orthodox Bishops has developed a new

[14] A symptom bearer is a concept similar to a scapegoat, a family member who is targeted as the problem when it focuses the family away from other matters of family dysfunction.

program that launched in 2022 called "Peace of Mind" to address these matters. Peace of Mind is a composite training program on mental health crisis response that includes a clinically based course (*Mental Health First Aid™, owned by the National Council for Mental Wellbeing*) which is augmented by a theologically based presentation developed by the Assembly of Bishops. The training program is administered by trained individuals, "Peace of Mind Facilitators," who train others in parishes to train their parishes how to identify concerning behavior and intervene through thoughtful engagement with the potential to offer support and possible referrals to receive further help. Briefly, it is important to acknowledge that parishioners can be a supportive community for people going through difficult times and do not have to stand by at a loss as to what they can do.

In the case of Bill, in the eyes of a lay-trained Mental Health First Aid parishioner, early signs of preoccupied behavior, and any other oddities, with appropriate timing, can be engaged through greeting and asking how they are doing and finding ways to discuss and share experiences, and when the opportunity presents itself in conversation, to indicate what they are observing and try to find inroads into what might be happening. First aid workers do not diagnose or confront, but provide an interested, curious, and supportive approach to parishioners who appear to be having troubles. Provided that Bill would start to share any difficulties, the mental health first aid worker can normalize human struggles and how anyone can need further help and begin to offer support and resources to help guide them towards the mental health and spiritual needs Bill likely has. Much more can be found out by this program at its website.[15] Further, more features of this program are provided at a talk given at the 2022 OCAMPR conference by Philip Mamalakis, PhD and Sangeetha Thomas, MS.[16] All of this amounts to not only addressing the clergy and mental health practitioners, but also helping a parish be informed and able to address its mental health needs in a supportive manner.

Clergy and Mental Health Response

Many questions arise from such a complex and challenging case for both clergy and psychotherapists. I will list a few here:

(1) Is there justification for considering both spiritual and emotional problems at the same time in this case, or must it be determined which "cause" is predominant?
(2) What are some ways that a priest can support the therapy process while keeping an eye on both his parishioner and the safety of his overall parish?
(3) How can the psychotherapist coordinate with the priest/spiritual father to support Bill's spiritual progress?
(4) What are some of the important issues to consider when trying to balance the matter of evil and psychopathology in this case? With this issue in mind, a very evil "protector"[17] will appear during times of high vulnerability.

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[15] <https://www.assemblyofbishops.org/ministries/mentalhealth/peace-of-mind>

[16] <https://youtu.be/O6vryF10fh4>

[17] A protector is a name for an altering state or part of the personality in dissociated individuals who act out in various ways, protectively of the person during times of real or perceived stress.

(5) Are there theological perspectives that help with the complicated mix of psychological and spiritual problems illustrated with this case?
(6) How might the psychotherapist transgress (go too far) into the spiritual life of the parishioner/patient and how should (s)he find ways to manage this with the priest/spiritual father?
(7) What theological perspectives may help us disentangle some of the factors of this case (e.g., St John of Damascus and St Maximus the Confessor whose discussion of passions are not necessarily spiritually resistant but are wayward or are rooted in other mental problems and in the latter whose discussion of corruption of the will as set apart from a secondary result from The Fall, the corruption of natural energies[18]).

Although all of these questions will not be answered here, this is a starting point for matters that seem inescapable for the life of a parish. These matters will not go away so we may well begin to prepare ourselves for these eventualities. Also, many cases of mental health challenges may not be as serious as the case of Bill but need a perspective to hold for intervention. It is hoped that clergy and mental health practitioners will continue this important conversation as we move forward to address these matters. In what follows, I would like to introduce a mental health perspective that seems vital for beginning to address this matter.

The Human Subject & God

With its great tradition, sacraments, and practice the church plays its part in facilitating our awareness and availability of God's provisions of love and grace in restoring us to Him. Christ readily knocks on the door of human hearts[19] and the response across human beings is complex. "A healthy body, mind, and soul are imperatives for the salvation of the human person," cites Archbishop Elpidophorous.[20] While this statement implies many things, the complexities of the emotional, mental, and spiritual well-being of the human person are implied.

The case of Bill raises the importance of what is so pivotal for some persons' ability to respond to God, *the human subject* (meaning here the person and their ability to respond to God). At stake here is the question of whether the human subject can consciously perceive and respond if it has not come into being. For the Patristic Fathers such as St Maximus, coming into being results from the human rejoining with God. Non-being then, for St Maximus, is to be without God. I am calling attention to another kind and level of non-being, that of either not coming into an awareness, conscious, participant of human experience, or as in the case of Bill, having a traumatic human experience that shatters the mind. This state of mind (or lack of an ongoing

[18] This is discussed more at length in, Steven-John M. Harris. Science and Orthodoxy Around the World (SOW) Psychoanalysis and Orthodox Theology. "Healing of the Person from Psychological and Theological Perspectives: Are They Compatible?" Presented September 30, 2022, at the Volos Academy for Theological Studies, Volos, Greece (in press).
[19] Revelation 3:20.
[20] Peace of Mind, Assembly of Canonical Orthodox Bishops of the United States of America. <https://www.assemblyofbishops.org/ministries/mentalhealth/peace-of-mind>

coherent state of mind) is "prior" to moral resistance or rejection of God. In the case of Bill, one cannot easily discern whether church or liturgical rituals are being rejected outright, or whether the human connection present in the liturgy has become traumatic for Bill. The hope for him to interact, initiate, or respond to another seems to rest on his becoming able to experience himself in the presence of another. This being able to come into being through a relationship with others (priest, parishioner, friend, therapist, God, etc.) is pivotal participation in any primary or meaningful participation in the faith. Over time, the process of the healing presence facilitates what D. W. Winnicott called, "going on being,"[21] which promotes movement and growth through the healing relationship.

Before proceeding, it must be acknowledged that sometimes Divine Grace decides to work with a soul while the psyche is in a very morbid condition. In such a case we can see an important opposite path: spiritual visitation by Grace contributes to mental constitution and improvement. Also, Spiritual restoration of the soul should not be confused with salvation. For sure there will be saved people who have serious psychological troubles throughout their lives who are nevertheless in the grasp of salvation. And finally, there are certainly cases in which the person is not granted by God inner peace, because it is for their spiritual benefit to remain in trouble. Obviously, the matter is complicated. In my discussion, I wish to address those individuals who struggle like the Case of Bill, to engage their faith, and whose ability to participate in a healing relationship may be able to aid in their participation more productively in the practice of their faith.[22]

In his recent work *Ethics of Beauty,*[23] the author Timothy Patitsas argues that through identifying with Christ and going through his passion and resurrection, his prescribed ethic of beauty is one of turning from the trauma towards the good, it is the *Eros* for the Other, God. He focuses man's object away from himself toward the centrality of God. God is the subject of our attention. He states boldly that trauma takes us away from coherence and solidity into non-being, a state of hell, and he adds that the liturgy of Christ can absorb any amount of chaos and bring it back into being. This statement presents an important truth. He further points out that many trauma victims, especially war veterans, can overcome both emotional and moral injury, the coming out of the shame, isolation, and despair, restoration to the *hypostasis* can provide immense relief, healing, and restoration,

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[21] The author is grateful to George Stavros, PhD, for pointing the connection between the healing process being described here and the description of Winnicott's in his seminal paper, D. W. Winnicott, The theory of the parent-infant relationship. In Donald W. Winnicott, The Maturational Processes and the Facilitating Environment. London: Karnac Books, 1990, pp. 37-55.

[22] Many of the elements in this paragraph arose out of an email conversation with Fr Vasileios Thermos. Email correspondence: February 11-12, 2023.

[23] Timothy Patitsas. *The Ethics of Beauty.* Maysville, MO: St Nicholas Press (2019).

> Seeing ourselves as suffering with Christ, seeing that He suffers with us, reverses all of this. It stops the panic and reintegrates the soul. In consenting to suffer with Christ as He consents to suffer with us, we overcome all possible attacks and find our integrity being restored.[24]

This sweeping pronouncement promises profound healing as one identifies with the Holy Cross. The welcomed penetrating experience of the deeply loving embrace of all eternity is unmistakably foundational to existence. Important for this powerful transformation is one's existence and the existence of the Other. In this article, what is being added to this discussion about severely traumatized individuals, is the question of whether in certain cases are there certain fundamental relational elements of functioning in the human subject that condition that are necessary *on their way* to participating in the practice of their faith.

This perspective raises the question about the human subject who has been annihilated by experience. How does the person relate to the other through its damaged, perhaps even distorted Eros? How does God become the central concern when they possess little or no identity either prior to or as a result of the trauma? Some traumata, notably lengthy and cumulative, can greatly diminish or shatter the identity. Essential to the development of self and existence in the world is the beautiful exchange between the nascent self and the other. If there is no other or if when the was the presence of the other is absent or destructive, even annihilating, there are consequences. Simply reacting or dissociating impinges on the process of being or becoming.[25] At stake are being or annihilation. Without the other, there is no existence or very little to put it more conservatively. If the "I" does not exist, how does it find the "other"? Patitsas points out, "By eros, we mean that the love that makes us forget ourselves entirely and run towards the other without any regard for ourselves […]," a self-forgetting. This sounds like a very important solution and is advisable. My question is: Can the person make those choices if they have no coherent awareness of self and other? And in a related manner, is there an other when there is no me?

The formation of the self arrives in earnest but at the hands of the other. In its psychological origins, this development is often signified by the arrival of the breast, but also nurtured and protected, more or less, throughout life, which when adequate enough, these beginnings gather enough its necessary subsistence. When this nurture and protection are absent, volatile, or violently interrupted, the self's capacity to experience itself or have the experience of the other can be non-existent, diffuse, diminished, or unreliable. Subjectively, there are varying degrees of there being no other if there is no me. We must ask if there is no or very little

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[24] Patitsas, "The Ethics of Beauty," 94.

[25] D. W. Winnicott. The Maturational Processes and the Facilitating Environment. *In the Theory of Emotional Development*. 64 (1965), 46-47.

establishment of self, is there a feeling of existence, or can the other exist, subjectively? We know the Other exists objectively.

In a certain way, a collaboration between priest/spiritual father and psychologist may be helped by either of them not having to be completely responsible for the different facets of the process. Psychologists can point towards certain confessional and liturgical elements to be addressed by the pastor, while perhaps a priest can trust the theologically aware or informed psychotherapist to address emotional difficulties, assured that they will not seek unnecessary and unhelpful avenues of self-fulfillment, autonomy, and self-sufficiency that sometimes take one away from helpful avenues of their faith.

It may be important to determine which psychotherapeutic factors work against the healing liturgy and which ones may support it. Also, at times, spiritual fathers and priests may provide some of the relational factors that facilitate the emergence of a relational self on the way to healing in the form of being able to be in the presence of another. Although efforts are sometimes made towards the establishment of an "Orthodox therapist," the assumption of such a uniform approach as if it were a method-ist path towards emotional and spiritual health may have its disadvantages. For example, the rigid application of an expected regimen may align with pathological defenses that are blocking the development of a healthy dependency on the Divine. Another approach may be more exploratory and appreciative of the healing wrought by the liturgical process. The benefits of empathic inquiry while steering the trauma victim towards the healing benefits of their liturgical faith practice appears to have considerable promise.

Conclusion

By providing background on some of the elements of severe traumatic experience and their consequences, I have sought to illustrate some initial considerations for the work of the church and allied mental health professionals. An added dimension that seems pivotal for severe mental illness is the importance of the human subject, not centrally, for God is the object of faith, but when applicable, can be pivotal towards experiencing the great provisions of our faith. It seems important in cases of mental disturbances like in the case of Bill, that an in-depth healing relationship that helps him pick up the pieces of his life, and requires great attention, can be attended to by many potential sources of support, be it spiritual father, priest, parishioner, or mental health practitioner. Most important is probably not who, but when and how these relationships will emerge for severely traumatized individuals. Personhood, then, emerges from love, including importantly, the Divine Eros, and severe trauma can separate the person from this love. The Trinitarian response of clergy-clergy-parish may be pivotal if not crucial, in the restoration of the traumatized person to a loving relationship that "goes on being."

Section 2

From the Proceedings

A Palliative Care Chaplain's Response to Medical Aid in Dying

Sarah Byrne-Martelli

Abstract

In the past decade, the practice of Medical Aid in Dying has become increasingly widespread in the United States and around the world. As Orthodox Christians who profess that God is the ultimate author of life, we are called to develop a visionary response to the growing popularity of assisted death. This response must not only be a mere condemnation of the practice, but a vision that illuminates our views of life, death, suffering, and meaning.

In this paper, after first describing the overall legal and cultural landscape surrounding Medical Aid in Dying, I shall suggest a framework for reflection that touches upon three key concepts: autonomy, suffering, and the remembrance of death. Then, based on my own experience as a Palliative Care and Hospice chaplain, I shall discuss the potential spiritual gifts that arise both for those undergoing the process of dying and for those who care for the dying. I shall conclude by emphasizing what the Orthodox faith and tradition offer us to navigate the conclusion of our earthly life.

Introduction

At this time, Medical Aid for Dying is legal in ten US states and several countries around the world, including Canada.[1] Terminology varies by region and by one's stance on the subject. It is sometimes called Physician Aid in Dying, Assisted Suicide, and Assisted Death. It is called "Death with Dignity" by the large, well-funded advocacy group Compassion and Choices.[2] Their publications on the subject have titles like, "Finish Strong;" they even have a theme song. For our purposes, I am using the term Medical Aid in Dying, or MAID, due to the increasing consensus in published medical literature.

MAID requirements vary by location; nonetheless, in all cases, one must be decisional and be an adult resident of a state in which it is legal. Candidates must have a terminal illness that leads to death within 6 months if the disease progresses as expected. They must be able to self-administer medication. They must consult with physicians, and there is a waiting period. Many patients are under the care of Hospice, though this is not a requirement.[3] MAID is generally considered to be distinct from euthanasia, which is the act of bringing about the death of a person at his or her request. In euthanasia, someone other than the patient performs an act

[1] As of July 2023, MAID is legal in the states of California, Colorado, Hawaii, Maine, Montana, New Jersey, New Mexico, Oregon, Vermont, Washington, as well as Washington D.C. Globally, it is legal in Australia, Austria, Belgium, Canada, Colombia, Germany, Italy, Luxembourg, Netherlands, New Zealand, Peru, Spain, and Switzerland. Source: "Legal status of physician medical aid in dying (MAID) and voluntary active euthanasia (VAE) in countries other than the United States, as of April 2023," citied *in UpToDate*.

[2] "Compassion & Choices | End-of-Life Resources," Compassion & Choices, accessed October 3, 2022, <https://www.compassionandchoices.org/>.

[3] "Resources," Death With Dignity, accessed November 1, 2022, https://deathwithdignity.org/resources/.

(e.g., administering a lethal injection) with the intent to end the patient's life.[4] Euthanasia is illegal throughout the United States.

Some religious denominations distinguish morally between euthanasia and MAID, and support MAID based on their understanding of autonomy and personal conscience. At this time, two major religious denominations, the United Church of Christ, and the Unitarian Universalist Association, have issued formal statements supporting the practice of Medical Aid in Dying, while distinguishing it from euthanasia, which they do not support.[5] However many are Orthodox Christian scholars, including Palliative.

Care physician, Dr. Daniel Hinshaw, feels that this distinction is not valid, because the writing of a lethal prescription and the administration of such lethal medication is not so morally distinct.[6] In both cases, life is intentionally ended. In both cases, there remains an attitude that death should be within one's control and that the greatest good is to quickly alleviate the process of dying. As Orthodox Christians, we cannot endorse this individualistic view. Only with a prayerful and repentant orientation to God, based on both our understanding and partaking of the communal life in the Church, can we properly understand the meaning of life and death.

At this time, the Hospice and Palliative Nursing Association, the National Hospice and Palliative Care Organization, and the American Nurses Association are opposed to MAID. [7,8,9] The American Academy of Hospice and Palliative Medicine takes a position of studied neutrality on the subject. They do note "concerns about a shift to include physician-assisted dying in routine medical practice, including palliative care" and argue that "such a change risks unintended long-range consequences that may not yet be discernable, including effects on the relationship between medicine and society, the patient and physician, and the perceived or actual integrity of the medical profession."[10]

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[4] "Ezekiel J. Emanuel et al., "Attitudes and Practices of Euthanasia and Physician-Assisted Suicide in the United States, Canada, and Europe," JAMA 316, no. 1 (July 5, 2016): 79, <https://doi.org/10.1001/jama.2016.8499>.

[5] "To End Our Days," Pew Research Center's Religion & Public Life Project, May 30, 2020, accessed July 23, 2018, <https://www.pewresearch.org/religion/2013/11/21/to-end-our-days/>.

[6] Daniel Hinshaw, "The Wounded Healer," interview by Sarah Byrne-Martelli, April 27, 2018, accessed February 7, 2023, https://www.ancientfaith.com/podcasts/woundedhealer/suffering_healing_and_physician_assisted_suicide_part_1.

[7] "HPNA Value, Policy, and Position Statements," accessed February 1, 2023, https://advancingexpertcare.org/position-statements/.

[8] National Hospice and Palliative Care Organization, "Medical Aid in Dying Resources ," NHPCO, October 15, 2021, accessed October 23, 2022, <https://www.nhpco.org/accordions/submission-outline-3-copy-3-copy-copy-2-2-copy-copy/>.

[9] "ANA Position Statement: The Nurse's Role When a Patient Requests Medical Aid in Dying | OJIN: The Online Journal of Issues in Nursing," accessed October 23, 2022, <https://ojin.nursingworld.org/table-of-contents/volume-24-2019/number-3-september-2019/nurses-role-medical-aid-in-dying/>.

[10] American Academy of Hospice and Palliative Medicine, "Physician-Assisted Dying | AAHPM," accessed October 23, 2022, <https://aahpm.org/positions/pad>.

Notably, there are secular advocacy groups, such as "Not Dead Yet," that oppose MAID on the grounds that it discriminates against the disabled. People with disabilities live on the front lines of a medical system that provides care for the disabled and dying. They argue that "although people with disabilities aren't usually terminally ill, the terminally ill are almost always disabled."[11] People living with disabilities "object to being seen as expendable."[12] They remind us that disability is not worse than death. In light of these concerns, I believe we are called to consider Christ's mandate to care for the needy. Christ admonishes us to love all who are suffering; as He tells us in the Gospel of Matthew, our very salvation depends on this. Surely, it follows that we must advocate for those who some might label as "expendable," as noted above. All people are worthy to live.

MAID is often portrayed as the best means to a peaceful death. In 2014, the media widely covered the story of 29-year-old Brittany Maynard, who was living with terminal brain cancer and relocated to Oregon so she could access its "Death with Dignity Act." Brittany stated, "My question is: Who has the right to tell me that I don't deserve this choice? That I deserve to suffer for weeks or months in tremendous amounts of physical and emotional pain? Why should anyone have the right to make that choice for me?"[13] MAID is depicted positively in the movie "How to Die in Oregon," with a cancer patient named Cody.[14] There is a profound, quiet sadness embedded in the film. Every fiber of Cody's being radiates fear and loss of control, though her words indicate otherwise. She stated: "[My death] will be tidy," and that she "will not be humiliated" by the indignity of losing control.[15] Not knowing – but imagining – the type of pain Brittany and Cody faced should elicit our prayers and compassionate reflection.

Importantly, although intractable pain has been emphasized in the media as the primary reason for choosing MAID, an Oregon report citing the top five reasons for lethal prescriptions identified: "loss of autonomy" (92%), "less able to engage in activities" (90%), "loss of dignity" (79%), "loss of control of bodily functions" (48%) and "feelings of being a burden" (41%)."[16] The primary motivation for choosing MAID is not intractable pain or suffering, as commonly implied in public dialogue. Certainly, Brittany's statements get to the heart of the question. What does the growing popularity of MAID say about our deepest human fears and hopes?

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[11] "Disability Rights Toolkit for Advocacy Against Legalization of Assisted Suicide," Not Dead Yet, July 11, 2022, accessed October 23, 2022, <https://notdeadyet.org/disability-rights-toolkit-for-advocacy-against-legalization-of-assisted-suicide>.

[12] Ibid.

[13] Brittany Maynard, "My Right to Death with Dignity at 29," CNN, November 3, 2014, accessed February 4, 2023, <https://edition.cnn.com/2014/10/07/opinion/maynard-assisted-suicide-cancer-dignity/index.html>.

[14] *How to Die in Oregon*, directed by Peter Richardson (Clearcut Productions, 2011).

[15] Ibid.

[16] "Oregon Health Authority: Oregon's Death with Dignity Act: State of Oregon," Oregon Health Authority, accessed February 4, 2023, <https://www.oregon.gov/oha/ph/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Pages/index.aspx>.

The Orthodox theologian Vigen Gurioan notes, "Death is becoming the ultimate concern of all those who lack the mediation of the sacred and transcendent in their lives, religious and non-religious people alike. Such people tend to fall into slavery either to a stultifying and debilitating dread of death or to the comforting illusion that life is for the living and death is for the dying."[17] Instead of getting stuck in this dualism, we must articulate a response to MAID through our compassionate and visionary understanding of Christ's life and death. We must not leave our argument against MAID there, with a forbidding "no." We run the risk of alienating those who are ambivalent and shutting down potential dialogue. We must examine *why* it is so appealing and *what* deep existential questions lead someone to it, in order to craft our responses accordingly. As noted earlier, I believe there are three core concepts that might inform an initial response to MAID: 1) autonomy, 2) suffering, and 3) the remembrance of death. This is only a beginning formulation, and my hope is that we will continue to have dialogue within the Orthodox Christian community.

Autonomy

Autonomy is one of the four basic principles of biomedical ethics, the other three being justice, non-maleficence, and beneficence.[18] Autonomy in medicine emphasizes allowing patients to make their own decisions and facilitates the conditions within which decisional patients have self-determination. In health care decisions, our respect for the autonomy of the patient implies that the patient has the capacity to act intentionally, with understanding, and without controlling influences that would mitigate against a free and voluntary act. This principle is the basis for the practice of "informed consent" in the physician/patient relationship.[19]

Autonomy is a deeply valued principle, and peer-reviewed medical literature demonstrates that autonomy is a primary driver of decisions in favor of MAID. For example, a 2017 paper in the New England Journal of Medicine, summarizing the recent implementation of MAID by the University of Toronto Health System, stated that "loss of autonomy" was the primary reason for a patient's request to have MAID.[20] The second and third reasons cited were the "wish to avoid burdening others" and the "intolerability of not being able to enjoy one's life."[21] Notably, as with the study in Oregon cited earlier, few patients cited "inadequate control

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[17] Vigen Guroian, *Life's Living toward Dying: A Theological and Medical-Ethical Study* (Eerdmans, 1996), 40.

[18] Beauchamp T, Childress J. Principles of Biomedical Ethics, 7th Edition. New York: Oxford University Press, 2013.

[19] Jonsen A, Siegler M, Winslade W. Ethics, 7th Edition. New York: McGraw-Hill Medical, 2010.

[20] Madeline Li et al., "Medical Assistance in Dying — Implementing a Hospital-Based Program in Canada," ed. Debra Malina, New England Journal of Medicine 376, no. 21 (May 25, 2017): 2082–88, <https://doi.org/10.1056/nejmms1700606>.

[21] Ibid.

of pain or other symptoms," which, again, is often over-emphasized in the justification for MAID.[22]

Related to the concept of autonomy, we must also consider the emotional and spiritual experiences of a patient's family members. The family members of a person choosing MAID may experience profound conflict, confusion, and complicated grief. Additionally, even though the patient may technically act as the decision-maker for MAID, there is variation in the medical protocols utilized. The evidence suggests that medical clinicians administer the medication when needed. In other words, even though the patient is ostensibly the center of the MAID decision, their clinical providers and family members are still deeply involved in facilitating the process of death.[23]

As an Orthodox Christian Palliative Care Chaplain who has served for 20 years in multifaith hospital and home Hospice settings, where complex medical decision-making is part of daily life, I witness patients and families struggling deeply with their autonomy and sense of self-determination. Who is in charge? Is it God? The patient, the family, the doctors? A perception of a lack of autonomy can create a deep sense of instability, fear, and panic. This underlying panic in the face of distressing illness causes patients to question what is in their control. Pursuing MAID has become one way for patients to feel they are in control.

We as Christians have a different perception of what it means to be in control; we profess that God is the author of our lives. Yes, we can discern and control many things. We have free will to choose or reject God's love. Many of us can choose where we spend our dying days, who we spend them with, and to define what "quality of life" means for us. We may seek relevant information for informed consent and appropriate decision-making, and act on that information. But we are not in control of when we are born or when we die. God's love, dynamically engaged with our free will, leads us to a life transformed by prayer and faith. We look to Scripture, we receive Communion, and we seek counsel from our clergy.

Yes, we are individuals, but our humanity is found in the larger body of Christ. Our truest selves are found when we live in communion, with one another. The end of life is the time in which we most need to trust God. God's love – not our self-centered autonomy, as defined by popular culture – and our faithful exercise of free will dynamically lead to a life that is ever-transforming in prayer and discernment.

Suffering

As noted earlier, MAID is often portrayed as the best and quickest way to avoid suffering. However, as Orthodox Christians, we have a nuanced understanding of suffering,

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[22] Ibid.

[23] Max Zworth, Carol Saleh, Ian Ball, Gaelen Kalles, Anatoli Chkarokoubo, Mike Kekewich, Paul Q. Miller, Marianne Dees, Andrea Frolic, and Simon Oczkowski. Provision of medical assistance in dying: a scoping review. BMJ Open 2020; 10:e036054. <doi: 10.1136/bmjopen-2019-036054>.

recognizing that suffering is part of this earthly life and always has the potential to be transformed by God. Metropolitan Methodios has said:

> The Church has always rejected inflicted and unnecessary voluntary suffering and pain as immoral; but at the same time, the Church also has perceived in suffering a positive value that often goes unrecognized in the logic of the world in which we live, a world characterized by secularism, materialism, and individualism...the 'good death' recognized in Orthodox ethics is that death in which the human person accepts the end of his or her life in the spirit of moral and spiritual purity, in hope and trust in God, and as a member of His kingdom.[24]

Clinicians who serve in Palliative Care and Hospice know that a peaceful death is not always easy, especially in the case of metastatic disease or intractable symptoms. However, we view the needs of our terminally ill patients through the lens of "Total Pain," a concept credited to Cicely Saunders, the founder of the Hospice movement.[25] Total pain has physical, psychological, social, and spiritual components. It involves creative and dedicated care from an interprofessional team of specialists: physicians, nurses, social workers, and chaplains. In order to benefit from the care philosophy of total pain, patients and their providers must be honest about hopes and fears and to admit when curative medicine has reached its limits. The Hospice philosophy never hastens death but seeks to focus on comfort and alleviating distressing symptoms such as pain, dyspnea, or shortness of breath, in collaboration with the Hospice team of caregivers, including clergy and chaplains. It is clear that we need ongoing community education on Palliative Care and Hospice so that we can more comfortably elect this type of care as soon as it is medically appropriate.

In liturgy, we pray for a "Christian ending to our lives: painless, blameless, and peaceful." Our tradition has always understood that no one needs or wants a painful, drawn-out, shameful, solitary end of life. We do not encourage end-of-life suffering for its own sake. Instead, we view suffering through the lens of our Lord as an example of love for all people. Yes, approaching death can be scary, confusing, and heartbreaking. Even Christ Himself grieved and cried at the death of His friend Lazarus. Christ, showing His human vulnerability, said in the garden, "Father, if thou art willing, remove this cup from me; nevertheless not my will, but thine, be done."[26] He cried out to His Father in Heaven from the cross.

We also note that St. Mark the Ascetic said, "The mercy of God is hidden in sufferings, not of our choice, and if we accept such sufferings patiently, they bring us to repentance and

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[24] Greek Orthodox Metropolis of Boston, "Letter from Metropolitan Methodios about PAE | Greek Orthodox Metropolis of Boston," accessed July 23, 2018, <https://boston.goarch.org/about_us/chancellor/discussion_physician_assisted_suicide/letter_from_metropolitan_pas.html>.

[25] David Clark, "Total pain,' disciplinary power and the body in the work of Cicely Saunders." 1958–1967, Social Science & Medicine, Volume 49, Issue 6, 1999, Pages 727-736, ISSN 0277-9536, <doi.org/10.1016/S0277-9536(99)00098-2>.

[26] Luke 22:42.

deliver us from everlasting punishment."[27] Yes, dying is not free from grief or fear. But nevertheless, we may join Christ in praying that God's will be done.

The Remembrance of Death

As Christians, we seek to practice the "remembrance of death," which is a constant, prayerful contemplation of our lives and eventual deaths. It is not morbid or negative, though it may involve tears and grief. This remembrance is Step Six in the Ladder of Divine Ascent of St. John Climacus.[28] It evokes St. Paul: "I die daily."[29] This remembrance engenders courage, hope, and repentance in the face of frailty. It leads to the "peace that surpasses understanding" – a state where we are governed not by fear, but by reassurance of God's love.[30] It also exhorts us to view medical interventions not as the perfect solution to illness, but as a way to facilitate comfort while seeking to deepen our connection with God. As Fr. Joseph Woodill has written, with reference to St. John's ladder:

> What sort of medicine would people climbing a ladder to God want to develop? We would want medicine to be a craft that comforts, heals, and relieves pain. We would not want a medicine that prompts us to neglect living the sort of life that would allow us to face death with peace."[31]

A practice such as MAID runs counter to the joyful, humble remembrance of death. Its implementation sidesteps the very necessary contemplation of the mystery and wonder of death, seeking instead to manage death and claim it as being within our control.

Notably, the remembrance of death is woven throughout the liturgy. Our liturgical practices teach us how to navigate the end of life, and we can take these practices out into the world to care for loved ones. Our liturgical life shows us how to dwell in life's complexities: joy, wonder, shame, fear, and doubt. How can we be joyful when keeping vigil at the cross on Holy Friday? Because we know that Christ has trampled down death by death. How can a death be anything other than devastating? By connecting it to our understanding of the fellowship of saints, as we pray: "May their memory be eternal." What if we are overwhelmed with fear, anger, and sadness? We join our voices with the Theotokos in the Lamentations service on Holy Friday.

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[27] G. Palmer, Philip Sherrard, and Kallistos Ware, *The Philokalia, Volume 4: The Complete Text; Compiled by St. Nikodimos of the Holy Mountain & St. Markarios of Corinth*, 64071st ed. (Farrar, Straus and Giroux, 1999), 139.

[28] John Climacus, trans. Colm Luibheid, and Norman Russell, *John Climacus: The Ladder of Divine Ascent* (Classics of Western Spirituality), 1st Edition (Mahwah, NJ: Paulist Press, 1982).

[29] 1 Cor 15:31.

[30] Phil 4:7.

[31] "The Hub - Euthanasia, Physician-Assisted Suicide, and the Pursuit of Death with Dignity," Orthodox Church in America, accessed July 23, 2018, <https://www.oca.org/the-hub/the-church-on-current-issues/euthanasia-physician-assisted-suicide-and-the-pursuit-of-death-with-dignity>.

What do we do when we are impatient and distracted and struggling? We stand in Church and pray. When we connect the remembrance of death to the joyful sorrow of liturgy, it becomes life-giving. When this remembrance of death is woven into everyday life, we have no need to seek a "cure" such as MAID, for we frame death within the sacramental life of repentance and humble participation in the life of the Church.

Deepening Faith: Accompanying the Dying

Those who care for the dying know it can be a healing and illuminating process for those who witness it. Therefore, a holistic Christian perspective means that we do not shy away from sickness and death. We show up at the bedside. We weep with those who weep. We experience real examples of how people die, and through this, we may see how peaceful death can be within reach.

Great literature teaches us how to be with the dying. Stories such as "The Death of Ivan Ilyich" demonstrate how confusing, yet joyful and peaceful the end of life can be. Ivan Ilyich is painfully isolated in his dying. His isolation is "in his knowing, the remembrance of his coming death: He tried to get back into the former current of thoughts that had once screened the thought of death from him."[32] Insane falsities in his interactions with others force him inward. Ivan's physical pain is interwoven with existential and spiritual pain. His inner and outer worlds cause profound suffering, as does the realization that he may have wasted his life: "It occurred to him that what had appeared perfectly impossible before, namely that he had not spent his life as he should have done, might, after all, be true."[33] He receives Communion at the suggestion of others, and it provides a brief respite. He experiences profound pain as he is dying. And yet ultimately, we are told that Ivan experiences the Light of Christ, and this brings him peace.

We can learn from examples like this. We can practice accompanying the dying, not like Ivan's family did as they dodged the truth and avoided his pain, or as Job's friends did as they encouraged him to curse God, but as honest and compassionate Christians. We may see that when a person starts the active dying process, they have life-giving visions of beloved people or places. As a clinician, I have witnessed dozens of experiences like this. I recall my patient Vera who saw "orbs of light" and remarked that she'd had a lovely visit with her (deceased) mother that morning. I have seen people sit up in bed with a joyful look on their faces or ask for a "ticket for the train." My patients have looked at me, their faces shining with light, saying, "I'm ready and I'm not afraid."

At the end of life, the passions often come to the forefront with greater intensity, especially in terms of relationships with others, so it is important to remain connected to the

[32] Leo Tolstoy, Richard Pevear, and Larissa Volokhonsky, "*The Death of Ivan Ilyich and Other Stories.*" First Vintage edition. (London: Vintage Classics, 2010), 17.

[33] Ibid, 20.

the sacramental life of the church and to our clergy. Our perception of meaning, values, and relationships may intensify and develop greater clarity, both for better and for worse. To witness this bravely teaches us all how we should live our lives – not in anxiety and fear, but with repentance and wisdom. Being with the dying offers us powerful experiences that we may then carry into our own life choices.

Conclusion

How can we help those who are suffering at the end of life? How can we reshape our collective vision of illness into a time of reflection and growth, in the face of something as daunting as death? How can we spiritually bolster ourselves in a way that does not resort to assisted death? We must deepen our faith, both reaching inward with our own spiritual work and reaching outward to care for the dying with the compassionate boldness that Christ has given us. We seek counsel with our priests. We educate ourselves about the real reasons people seek MAID – isolation, loneliness, despair – and seek to address those deeper causes. We practice living in a manner that facilitates our interconnectedness; we remind our sick loved ones that they are not a burden but members of our beloved family. We become more knowledgeable about the appropriate, comprehensive medical options at the end of life, including Palliative Care and Hospice.

Death is not a failure or a battle that we lose. It is not an escape from this awful material world. Instead, it is a joyful union with the God who gave us His image from the beginning. It is not something to outwit control or hasten. Death is not a lack of healing or a failure of living. Death is "not disappearance, but revelation."[34] As Orthodox Christians, we believe death is conquered not by human means or medical means, but by Christ. All is revealed and healed through the person of Christ. Healing may occur even as bodily sickness continues; we can die healed, meeting Christ at the cross, the transformative place in which He tramples down death by death and we find life in Him.

We have many "tools" to facilitate this: prayer, sacramental life, liturgy, community, service, and caring for others. If we utilize the spiritual tools we are given, the option of MAID pales in comparison to a prayerful, brave, repentant, and joyful dying process. A life lived fully within a finite horizon may have a "trivial character in contrast to a life lived in recognition of God."[35] Our faith asks us to engage "the significance of death and the nature of the truth. As to

[34] John Behr, "*Becoming Human: Meditations on Christian Anthropology in Word and Image*." 8.2.2013 (Crestwood, NJ: St Vladimirs Seminary Press, 2013), 4.

[35] "Care at the End of Life: What Orthodox Christianity Has to Teach | Antiochian Orthodox Christian Archdiocese," accessed July 23, 2018, <http://ww1.antiochian.org/node/21291>.

the latter, Orthodoxy reminds the world of Who this Truth is."[36] This truth is the person of Christ, and when we see this truth, we may live and die with hope.

[36] Ibid.

Post-Abortion Healing

Nancy J. Brown

Abstract

It is estimated that one in four women in the United States has had an abortion.[1] With the constant media attention around the overturning of Roe versus Wade, these women may, at varying levels of consciousness, feel quite triggered. Some may, for the first time, be consciously considering the possibility that the decision they made, based on thinking it was neutral, right, or didn't matter, was actually wrong and did matter. Women within the church are not immune to having abortions though they may have questioned the decision more both at the time and later. However, due to shame and guilt, these churched women may be likely to keep the abortion a secret. For both groups, rather than being the hospital it is intended to be, the church may feel like the last place to look for healing. Though arguably different in terms of moral culpability, both the churched and the unchurched post-abortive women may find themselves in a situation similar to that of soldiers coming home from a "just war" who have participated in killing. Both the soldier and the post-abortive woman, and man for that matter, may be dealing with what has been called "moral injury." Through sharing my own experience with post-abortion recovery work against a background of having both undergone much psychotherapy and also being a therapist, I shall relate how I came to be doing this work within the Orthodox community and key components of the work. I shall speak about the reality and manifestations of post-abortion syndrome and how it can involve but also differ from PTSD. Referencing the model of healing developed for moral injury, I shall speak to critical components of post-abortion recovery: grief work, confession, forgiveness work, the role of ritual, and the restoration of communion. Finally, I shall speak about the current landscape and setting of post-abortion work and the need for the Orthodox Church to more robustly and openly provide but also uniquely contribute to the healing of those carrying the tragedy of abortion.

Introduction

This paper will not be about the roar of political controversy surrounding abortion, but rather about the state of the woman after abortion and her need for healing.[2] I speak from experience as a woman who has had an abortion, who is an Orthodox Christian, and who has been given and continues to be given healing both psychological and spiritual. This short paper will serve only as a brief introduction and call to further dialogue.

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[1] Tara C. Carleton and Jill L. Snodgrass, *Moral Injury After Abortion: Exploring the Psychospiritual Impact on Catholic Women (New York: Routledge, 2022)*, 124.

[2]The din of political controversy perhaps serves a defensive purpose of deflecting from the actual enormity of loss, grief, and the reality of the nature of the choice. See Frederica Mathewes-Green, *Real Choices, Listening to Women, Looking for Alternatives to Abortion* (Linthicum, MD: Felicity Press, 2013) 7.

The Choice

So often, in our individualistic culture, we are tempted to envision the woman choosing to abort as "unfettered, empowered, and free,"[3] in other words, a person who is neither affected by nor whose choices affect anyone else including herself. At the time of my choice, I may have seen myself that way. However, with grace-given clarity, I now see myself as being in a context of interacting, affecting, interpenetrating relationships in which choices are made that lead to actions that affect all. These relationships are to God, to myself, to my child, to my child's father, to the grandparents and family of my child, to the wider community and culture, to the Church, even to all creation.

Relationships ARE key in this choice. So often the reasons given for choosing to abort are the practicalities: finances, lack of support, fear of loss of job or school, the stigma, etc., But look more deeply and what one often finds is that the choice has been made by a woman who has some thought that abortion is wrong and believes she is carrying a child, but who is very impacted by other relationships. In story after story, the most prevalent factor in the woman's choice was pressure to have an abortion from the baby's father or by her own parents. Of course, I must add that some post-abortive fathers may feel similar pressures and may feel excluded from this decision. So, rather than free autonomy, this tragic, unthinkable choice is made at a time of crisis, amidst palpable physical and emotional vulnerability, and, often subject to strong pressures exerted by others. These women feel they have to choose between losing the baby or losing the baby's father, her family, her friends, her life, her plans, and her very self as she has defined them.[4] Ironically, out of fear of abandonment, the woman makes the most isolating of choices. Most pre-abortion counseling by design, *purposely* fails to inform the woman of actual options and that she may experience psychological, emotional, and even physical problems as a result of the abortion.[5]

After the Choice

But for many, abortion does have effects. Often the procedure itself is traumatic-- the sights, sounds, smells, vulnerability, feeling of exposure, and of intrusion into the most private areas of the body, not to mention the pain. The term "post-abortion syndrome" points to psychological symptoms often seen in women who are post-abortive: substance abuse, depression, suicidality, psychic numbing, dissociation, insomnia, hyperarousal, relationship difficulties, and eating disorders. These symptoms are often viewed as a form of PTSD or a complication of a grief process. Trauma occasions grief.

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[3] Ibid.,11.

[4] I am indebted here to the work of Frederica Mathewes-Greene in her listening groups with post-abortive women as outlined in *Real Choices* and to the clinical accounts in Theresa Burke with David C. Reardon, *Forbidden Grief, The Unspoken Pain of Abortion* (Springfield, IL: Acorn Books, 2007), and the composites in Martha Shuping M.D. and Debbie McDaniel, M.A. *The Four Steps to Healing, Catholic Edition* (Tabor Garden Press, 2007).

[5]Burke, *Forbidden Grief* 33; and Bernard N. Nathanson, MD, *The Hand of God, A Journey From Death to Life by the Abortion Doctor Who Changed His Mind. (*Washington, DC: Regnery Publishing, 2013) 125.

Let us look beyond diagnosis to what those who work with women post-abortively to provide counseling, support, and healing, actually see. Within the uniqueness of each woman's story, many consistent themes arise. In addition to the symptoms mentioned above, some post-abortive women have increased anxiety in subsequent pregnancies, fear of being able to become pregnant again, increased anxiety about bonding with a baby born from a subsequent pregnancy, doubts about the capacity to be a mother, difficulties in subsequent relationships with men, promiscuity, increased likelihood of another abortion, impaired relationships with family, avoidance of accessing medical care especially gynecological, avoidance of other pregnant women and babies, avoidance of children, fear of punishment, guilt, shame, self-hate, survivor's guilt, compulsive overworking, pre-occupation with death, self-punishment, feelings of alienation, avoidance of church, a sense of disallowed grief. Tragically, the woman often carries the burden of these thoughts and feelings alone, keeping her grief, guilt, doubts, fears, shame, traumatic memories, and flashbacks, a secret, at times even from herself.

There are post-abortive women who do not claim to be troubled or, if they are, do not associate these aspects of their lives with abortion.[6] Are these the lucky ones to not be bothered by this sadness? I might say "Not yet." A curious aspect of post-abortion recovery work is that of women seeking to access help for the first time years after the abortion. One interpretation of this delay is that women are consciously or subconsciously waiting until their life feels safe and nurturing enough to begin to open that door.[7]

I was one of those women who, without realizing it, waited. I first sought post-abortion recovery work over 35 years after the abortion. My pregnancy came in the midst of a fog of alcoholism and promiscuity. I did not reflect on the choice. I couldn't speed into it fast enough or away from it fast enough afterward. In the ensuing years, through grace, I did get sober, undergo extensive therapy, managed to become more functional in my life, have improved relationships, worked in child abuse prevention, and became a therapist. Nonetheless, there was a continued feeling of something unaddressed, unconfessed. This need for confession loomed large in my coming to Orthodoxy. Father Thomas Hopko in "The Word of the Cross" speaks of agonizingly painful wounds so deep that the person does not, in one sense, known in their conscious mind these wounds are there and, thus, are incapable of admitting them by themselves. The person only knows something is wrong.[8]

Moral Injury

Beyond PTSD, with abortion, there can be another dimension of wounding--soul wounding or moral injury. The term "moral injury arose in reference to the effects on a man of serving in the military in what is termed a "just war" and, in so doing, being exposed to or

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[6] Carleton and Snodgrass, *Moral Injury,* 2.

[7] Burke, *Forbidden Grief,* xviii.

[8] Father Thomas Hopko, "The Word of the Cross." <https://www.ancientfaith.com/specials/hopko_lectures/the_word_of_the_cros part_1>, February 19, 2011.

participated in killing. The original use of the term implied "bloodguiltiness."[9] An Orthodox Christian writer describes the moral injury as follows:

> That part of the soul that holds deep, sometimes nonarticulated and unconscious, moral sensitivities and codes becomes damaged and wounded, and fragmented when a person violates those moral sensitivities. Infractions of those laws of God written on the human heartbreak the heart, darken the *nous*(mind), impede the flow of the soul's natural energy, serve to dysregulate the nervous system, harm the body, and turn the human icon of God's image into a guilt-ridden, shabby, shattered mirror that cannot clearly reflect the image of God.[10]

Surely, one of the laws written on the human heart is motherhood. One of the pervasive themes among women who suffer post-abortively is that of a mother's loss, the deep impact on body and soul of the loss of motherhood itself even for a woman who had no religious upbringing and who may even have had a deeply troubled experience of being mothered.[11]

Two things are important to keep in mind about moral injury. First, moral injury *is injury*. Just as PTSD can be experienced by those who perpetrate as well as those who are the victims of violence, we sometimes don't see that the person themself is injured in a deep sense through violating their own moral sensitivities. Second, raising the issue of moral injury is never about condemnation or judgment but about bringing about a fullness of healing.

Healing

What, then, can be the long-term aftermath of abortion are complications to the grieving process and effects of PTSD with the added dimension of moral injury wherein guilt, shame, and secrecy impede the healing energies of confession, absolution, and mourning. With relationships, there is the potential loss of connection between oneself and one's child and through shame or blame from intimate or familial others, from one's culture, Church, and from God. The healing will need to be both psychological and spiritual.[12]

The 500-year-old Orthodox *Great Book of Needs* acknowledges the soul injury of the post-abortive woman and a path to healing. Suggestions are given for prayers for healing and forgiveness and, according to the priest's discernment, a limited period of not taking communion.

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[9] Timothy G. Patitsas, *The Ethics of Beauty* (Maysville, MO: St. Nicholas Press, 2020) 3.

[10] Sean Levine, "Moral Injury, Confession, and Story: The Resolution of Moral Guilt and the Integration of War Trauma into the Personal Post War Narrative," in *Caregivers as Confessors & Healers, Proceedings from the Annual National Conference of The Orthodox Christian Association of Medicine, Psychology and Religion,* Nov. 5-7, 2015 *(*Wichita, Kansas: Eighth Day Institute, 2016) 106.

[11] Mathewes-Green, *Real Choices,* 120.

[12] Carleton and Snodgrass, *Moral Injury,* Clinicians familiar working with moral injury speak to the necessity or spiritual resources for the moral injury. 104.

> There is an implicit and compassionate acknowledgment here of the many unhappy circumstances that lead women to abortion. This prayer thus offers a path for peace and forgiveness for a woman who has had an abortion. It is a valuable reminder to all people that Christ's Church includes a path of love and forgiveness for everyone, no matter what their deeds.[13]

This potential time-limited not taking Communion parallels a prohibition from Communion for men returning from war.[14] Rather than seeing this prohibition as a judgment or punishment, it seems to reflect compassionately facing the reality that, were the person to participate in the unitive act of communion while in their present state, it might only increase their burden. As mentioned, the priest will need prayerful discernment. Likewise, regarding moral injury, it takes enormous sensitivity for a clinician to bridge this difficult topic in therapy in order to not foreclose treatment.[15] Still, the person has the hope of returning to the state of communion. It is not the passage of time alone that mechanically or magically restores the person to communion. Nor can it be done alone. The restoration must be interpersonal,[16] and relational.

Through a truly grace-filled path, [17] I came to be doing this healing work by connecting with an Orthodox woman, Lisa Palivoda, who had both participated in and facilitated post-abortion healing work. We met weekly via Zoom for over a year going through a post-abortion Bible Study entitled *Portraits, Unveiled Freedom* by Fern Buzinski.[18] I want to underline Bible Study. The grounding in the Scriptures in regard to personhood, confession, forgiveness, healing, grieving, and life beyond death was foundational. Beginning to deal with my abortion in a deeper way was like dialing the last number on a combination lock allowing the lock to fall open.

Now I shall speak of the healing work itself, the Scriptural and interpersonal or relational work aimed at the restoration of communion. In this short paper, I shall focus on what stands out for me.

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[13] Carrie Frederick Frost, "Pastoral Care of Perinatal and Infant Loss: The Importance of Rites," in *Caregivers As Confessors & Healers, Proceedings from the Annual National Conference of The Orthodox Christian Association of Medicine, Psychology, and Religion, Nov. 5-7, 2015.* (Wichita, Kansas: Eight h Day Institute, 2016) 196.

[14] Patitsas, *The Ethics of Beauty,* 9.

[15] Personal correspondence from Steven-John M. Harris, Ph.D., of 10/9/22. Regarding the discernment of the priest, it would seem to me to be guided by what is most loving, that is to facilitate the person taking communion during the needed healing and reconciliation process or to suggest a time of not taking communion. In my own case, I think at least knowing of the possibility of not taking communion would have kindly and compassionately communicated to my dissociated self the reality of the magnitude of the need for healing. Moreover, this way the connection with the Church is maintained versus a self-banishment from communion which happens often enough either outwardly, inwardly, or both.

[16] Patitsas, *The Ethics of Beauty,* 27.

[17] Via OCAMPR 2019 video of presentation by Cindy George on Crisis Pregnancy. https://www.youtube.com/watch?v=nnJLbUArrSI&list=PLZxCUWw2kdo3a2EdPWX9leldaWBWIOBzZ&index=8&t=3s.

[18] Fern Buzinski, *Portraits, Unveiled Freedom: Hope for Healing After Abortion* (NW Canton, OH: Regency House Publishing, 1982).

Secrecy. *Secrecy must be broken*. First, a post-abortive woman's relation to herself, her state of communion with the experience of her own soul, may well be broken or unconsciously through denial or dissociation.[19] Other issues and core struggles affect the efforts to heal. Paradoxically, restoration of connection to oneself requires coming out of hiding and the presence of a witnessing, prayerful, and supportive other. This other needs likewise to be committed to the journey ahead and will not deflect, judge, or minimize. Eventually, the woman will need to communicate with God and with her child. Thinking of my choice to abort, one of the most heart-wrenching aspects is that, in addition to not seeking counsel or advice from anyone, I also did not pray. Prior to beginning the formal work with Lisa, my priest had suggested I write a letter to my child. Naming my daughter, Anna Ruth, and writing this letter were the beginning of acknowledging her personhood. *I am fully convinced that until I related to my daughter as a person, I was not able to fully relate to myself as a person.*

Confession: Two aspects of confession are important. In what could be called the therapeutic work of confession (to be done in a post-abortion healing setting, therapy, even Twelve Step) one needs to be able to discuss not only the abortion itself but also go into any feelings, especially of depression and anger. One needs to be able to talk about relationships and even about one's hopes and dreams. Second, is the sacrament of confession wherein one takes responsibility[20] for this choice without making excuses or blaming others and receives absolution. The sacramental and mystical elements are key.[21] When I think of this need to bring the confession to Christ, I believe one element is that the pain, grief, injury, and guilt are so great that only Christ can bear it, and only Christ can truly absolve, heal, and set one on the path to renewed life.

Receiving and Giving Forgiveness: Some women after receiving absolution, in whatever context, do not "feel" forgiven or struggle to forgive themselves. I shall speak personally of what has helped me, what I call the "taste of forgiveness" which speaks to how intertwined are the giving and receiving of forgiveness. It goes without saying that forgiving another person does not mean returning to a harmful situation. For too many years, I related to the hurt I had received from my parents by blaming them or making excuses for my own misdeeds. Through the healing work of intending to and working towards forgiveness of them, I received a gift. I believe all forgiveness both of ourselves and when we become able to forgive others, is a gift of grace. In acknowledging the reality of my own daughter and the abortion, I began to feel very grateful to my parents for giving me life. Moreover, I felt a true desire that they not be burdened with any guilt or shame for hurting me and also wanting to, as we say in Orthodoxy, repent for them, to take the burden of their missteps upon myself. Feelings of resentment, anger, and hurt were lifted. I believe through this gift, in small part, I am able to experience how Christ, who is the true giver of our life, relates to us, wanting to lift from us the burdens of shame and guilt and

[19] For a treatment of the spiritual implications of dissociation, Steven-John M. Harris, *To Be or Not to Be, Explorations in Madness and Faith,* (Alhambra, CA: Sebastian Press, 2020), 29.

[20] Paradigms of taking responsibility for me are King David, "I have sinned against the Lord," 2 Kg2:13, the Prodigal Son, "Father, I have sinned against heaven and before you, and am no longer worthy to be called your son," Lk 15:18-19a. and the thief on the cross, "we receive the due reward of our deeds" Lk 23:41.

[21] Levine, "Moral Injury,"126.

wanting to, if we let Him, heal the hurts and repair the harms to life both for us and through us.[22]

Grieving: Grieving may be present all through this process. Space must be made for this grief. Remnants of shame and guilt may become obstacles to grieving so the healing process[23] may be going from moments of grieving to moments of confession and forgiveness. So many women have felt that they don't deserve to grieve the loss of the earthly life of their child.[24] Important moments for me were the memorial service that was held for my daughter toward the conclusion of this work and the Akathist prayer service held in our Church in conjunction with the March for Life. The grief was finally able to flow freely.

Welcoming and Taking Up New Life: Life wants to live! Through the healing process, there has been a re-connection to life, not as though the abortion had not happened but a return to the innocent embrace of life that was given up for lost. I do anticipate ever-deepening layers of repentance and further moments of grief. But the same God who brings a person to this work will carry the person forward to an even fuller life.

Conclusion

I hope that this paper brings forward the need for clinicians to be aware of the possibility that what shows up in therapy may be linked to abortion, to assess appropriately, and to have at-hand referrals for spiritual needs. Again, due to secrecy, stigma, and the need to maintain denial, abortion is often kept secret even in therapy. [25]

For those in a more clerical role, I recommend involvement in Orthodox Christians for Life,[26] a recently revitalized organization aimed at serving the abortion-vulnerable but also at bringing abortion into the conversation of the parish in order to begin to break down the walls of stigma and secrecy. As a parish ministry affiliated with OC Life, each parish needs to be aware of resources for post-abortion healing.

Through my experience, I have come to believe that rather than being condemned, God has and is doing everything in His power to bring me and other post-abortive women into full Communion, to nurture and protect the personhood of both the mother and the child which are so inextricably bound, and to invite and support the ever-newness of life.

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[22] To expand a bit on the issue of forgiveness of self, writings on moral injury stress the hurdle of self-forgiveness and its importance to healing. See Tara C. Carleton Snodgrass, *Moral Injury,* 118. What has also helped me is rather than speaking in the language of self-forgiveness, to relate to myself with compassion and acceptance.

[23] Burke, *Forbidden Grief,* 249.

[24] Mathewes-Green, *Real Choices,* 100, Burke, *Forbidden Grief,* 49

[25] Mathewes-Green, *Real Choices,* 96 and Burke, *Forbidden Grief,* 60.

[26] <oclife.org>

The Transformative Power of Worship

Fr George Dokos

In his book, *The Science of Spiritual Medicine*, Metropolitan Hierotheos of Nafpaktos writes: "It has been said that man is not just a rational being, nor even a social being, but above all a 'liturgical' being. He was created so as to live rightly, to offer the true Liturgy."[27] In modern Greek, when someone says, for example, that a machine *leitourgei*, it means it is working, it is functioning properly. So, a human being, to function properly, must *leitourgei*: he must liturgize and be a liturgical being, as God intended him to do and be. Our life, therefore, is supposed to be one continual and unbroken Liturgy, a continuous uninterrupted spiritual communion between us and God and our fellow human beings, as it was in Paradise. This is what we were created to do, this is the paradisical state of existence to be reclaimed by us in Christ and in the Church.

Elder George Kapsanes of blessed memory, the former Abbot of Gregoriou Monastery on Mt. Athos, wrote in his work, *The Eucharistic Life*, the following:

> The first man was both king and priest. He was able to receive other people, all things, even himself, as gifts of God. And through thanksgiving man could offer them up in return to his God and Father as a sacrifice. Man lived in a theocentric manner where God was the center of his life. He received everything as gifts from God and returned them to Him as His own gifts. And so, there existed in Paradise an exchanging of gifts.[28]

Elder George continues:

> Unfortunately, however, and as we all know, man was led astray by the devil. The devil sought to overturn the Creator's plan by having man make himself the center of the world instead of God and to live anthropocentrically instead of theocentrically; not eucharistically, but autonomously and egotistically; to use the gifts of God, other human beings, and himself, without offering them to God, without giving thanks to God; to use these things in an egotistical and selfish manner.[29]

The Fathers speak of the first Church as that which existed in Paradise, before the fall. That Church was ruined by sin but restored by the work of Christ.

Having said all this, what we should focus on is that we were meant to live liturgically, and eucharistically, but we fell from that primordial and blessed ideal, and then regained it through the transfiguring sacramental and worshipping life of the Church made available to us through

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[27] Metropolitan Hierotheos of Nafpaktos, *The Science of Spiritual Medicine* (Levadia: Birth of Theotokos Monastery, 2010), 37.

[28] Archimandrite George, Abbot of the Sacred Monastery of Gregoriou, *The Eucharistic Life* (Mount Athos: Sacred Monastery of Gregoriou, 2004). 8 (in Greek).

[29] Ibid., 10.

the work of Jesus Christ. The great ecclesiastical writer and 14th-century contemporary of St Gregory Palamas, St Nicholas Cabasilas, in his book, *The Life in Christ*, puts it this way:

> Those who participate in the sacramental Mysteries, those gates of heaven, are reborn and recreated spiritually, and in a unique and exceptional way are joined and united with the Savior. This wonderful action of the Sacraments is what St. Paul had in mind when he preached at the Areopagus to the Athenians that 'in Him we live and move and have our being' (Acts 17:28). And truly Baptism gives to man his being and life in Christ. The Sacrament of Baptism receives a man who is distorted by sin and spiritually dead and it introduces him to the 'new', the spiritual, the Christ-like life. Chrismation, which follows immediately after Baptism grants to the newly baptized gifts and energies that are necessary for the life in Christ. The Holy Eucharist maintains and supports this spiritual life and health, for the 'Bread of life' gives us the power to always remain on this higher level of living. Thus, through the Holy Eucharist we live; through Chrismation we move and act, once we received our spiritual being in the beginning through Baptism.[30]

The 'new' or reclaimed spiritual existence is the liturgical mode of being, a way of living eucharistically and ecclesially. And it is the divine worship of the Church in which we actively participate that transforms us, for the liturgical life and tradition of the Church shape the ethos of her members and lead them into a transfigured manner of living.

The liturgical act is one of community, and so to live liturgically in Christ means to live in communion and fellowship with one another. "God is love," declares St. John the Evangelist and Theologian (1 John 4:8). God is a community of love between three eternal Persons who share everything. In the life of the Church, we are to reflect that same communal existence of the Triadic God and become a community of love as well, becoming one in Christ sacramentally; one in thought, one in purpose, one Body of Christ.

A famous text from the *Didache*, or *Teachings of the Apostles*, says: "As this broken bread was scattered upon the mountains and being gathered together became one, so may Your Church be gathered together from the ends of the earth into Your kingdom."[31] We are the many branches attached to One and the Same Vine,[32] so we are organically and ontologically connected one to another in Jesus Christ, and not just within the four walls of the church building, or just on Sunday, but beyond the building and outside of Sunday as well.

We must remember that the baptismal font is both a tomb and a womb,[33] a womb that is our common Mother. So, the Church is our common Mother who has given us birth, a new birth, by water and the Spirit. We are all children from the same baptismal womb of the same Mother Church, and therefore brothers and sisters in Christ.

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[30] *The Life in Christ* 1.
[31] *Didache,* 9.
[32] Cf. John 15:5.
[33] Cf. Romans 6:3–11 and John 3:3–5.

Our Church emphasizes the importance of a eucharistically centered existence, which means that Holy Communion is at the heart of our life; communion with God and with one another. We are not saved alone, but in the community. A common aphorism is: "To hell alone, to Heaven together." While atheistic existentialism will say, "Hell is other people,"[34] our Saints repeatedly say, "My brother, my sister, is my salvation."[35]

The *Great Divorce* by C.S. Lewis shows hell to be a place where its inhabitants are so far away from one another and living in such isolation that the strongest telescope barely shows the dwelling place of one's nearest neighbor. Heaven is the complete opposite; it is the anti-hell. It is the Church—all of us together and in close proximity—gathered around the enthroned Lamb in corporate worship.[36]

The Book of Acts is clear about how the people of God are to live, that is, communally, ecclesially, eucharistically, liturgically. Indeed, we are not only to attend the divine services for the benefit of our own soul but for the benefit of all the members of the Church. By our absence from the community of believers, we deprive it of our presence, our unique offering, and our prayers. St. Nikodemos of the Holy Mountain wrote the following:

> How can the Church be called a gathering of Christians at a time when you are not gathered together therein? How can the Church be called the Body of Christ at a time when you, its members, are absent from it? Or how can the Church be called the Place and Temple of God if you despise it and fail to gather together in this place in order to send up prayers and doxologies to God?[37]

Therefore, as a community of believers, as the Body of Christ, as the temple composed of living stones, we are not only responsible for one another but actually even the instrument of our brother and sister's salvation. St. Paul says:

> You are members of God's household, built on the foundation of the apostles and prophets, with Christ Jesus himself as the chief cornerstone. In him, the whole building is joined together and rises to become a holy temple in the Lord. And in him, you too are being built together to become a dwelling in which God lives by his Spirit.[38]

And St. Peter writes:

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[34] Cf. Jean Paul Sartre, *No Exit*.

[35] Cf. St Anthony the Great: "Our life and our death is with our neighbor. If we gain our brother, we have gained God, but if we scandalize our brother, we have sinned against Christ" (*Sayings of the Desert Fathers*, Alpha 9).

[36] Cf. Revelation 4 and 5.

[37] *Christian Morality* (Thessaloniki: B. Regopoulos, 1999) 301.

[38] Ephesians 2:19–22.

> As you come to Jesus Christ, the living Stone—rejected by humans but chosen by God and precious to him— you also, like living stones, are being built into a spiritual house to be a holy priesthood, offering spiritual sacrifices acceptable to God through Jesus Christ.[39]

After the fall, Cain says to God, "Am I my brother's keeper?"[40] that is, "Am I responsible for my brother, for his well-being, for his salvation?" This is after the breakdown of the first Church, and so, Cain murders his brother. He feels no responsibility towards him. This is an anti-Church, anti-liturgical, outlook on life. But we, who live in Christ and live liturgically and eucharistically, are indeed the keepers of our brothers and sisters, assisting them unto salvation.

St Irenaeus, Bishop of Lyons in the 2nd century, stated: "Our manner of thinking is conformed to the Eucharist and the Eucharist confirms our manner of thinking."[41] This means that the way we think, act, and live is to be conformed to the Liturgy. The shared communal life in the Liturgy is the shared communal life to be lived outside the Liturgy, turning our whole life into one beautiful Liturgy, one grand thanksgiving. We are then able, through Christ and in Christ, and within the life of the Church, to commit, commend, entrust, hand over, and bind, one another unto Christ our God.

When we hear the petition, "Let us commit ourselves and one another to Christ our God," we offer ourselves, and we also offer the lives of our brothers and sisters, to Christ in a special sense. St Nicholas Cabasilas, cited earlier, in his commentary on the Divine Liturgy, says: "We do not offer ourselves alone to God, but each other also; for, according to the law of love, we must seek the good of others as well as our own."[42] Elder George of Gregoriou Monastery on Mount Athos also quoted earlier, puts it this way:

> In the Church we see Christ being sacrificed, and so we, too, learn to sacrifice ourselves for our brethren. In the Divine Liturgy it is revealed that the ethos and character of Christ is not authoritarian or individualistic, securing what is only good for Him, but His is an ethos of self-offering, love, and sacrifice. This is how we learn to love, to offer ourselves, to sacrifice ourselves, to humble ourselves.[43]

And St Sophrony the Athonite of Essex, speaking about 'living the Liturgy', says:

> The priest, who celebrates the Liturgy, as well as the faithful present, learn to live at two levels, after the example of Christ Himself: In spirit, they learn to dwell in the Divine sphere, and at the same time to participate in the tragic happenings of the inhabited world… This going deeper into the Liturgy is necessary for all of us in order that the Liturgy's eternal reality may accompany us in our daily life.[44]

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[39] 1 Peter 2:4–5.
[40] Genesis 4:9.
[41] *Against Heresies* 4.18.5.
[42] *A Commentary on the Divine Liturgy* 14.
[43] *The Eucharistic Life,* 22.
[44] Archimandrite Sophrony, *We Shall See Him as He Is* (Essex: Sacred Patriarchal Stavropegic Monastery of St. John the Baptist, 1996), 364 (in Greek).

Moreover, if the Church is like a beautiful sweet-smelling garden, as St John Chrysostom describes it,[45] departing from worship, that fragrance should accompany us, and those around us should smell it and partake of it through our actions, our words, our demeanor, and even by our sharing with others what we have learned in church or what we have experienced. This point, which echoes the experience of so many of us, is made clear by Erasmus, who says:

> I think there are far too many who count up how many times they attend church and rely almost entirely upon this for their salvation. They are convinced that they owe nothing further to Christ. Leaving church they immediately return to their former habits. I certainly do not hesitate to praise them for getting to church, but I am forced to condemn them for stopping at this point.[46]

We begin the Divine Liturgy with, "In peace let us pray to the Lord," and we end it with, "Let us go forth in peace." The heavenly peace attained within our experience of the Church's worship is now to be taken with us: into the world, into our friendships and relationships, into our places of employment and schools, into our families and homes. Caught up in the Divine sphere during worship, one might think of St Peter on Mount Tabor saying to the transfigured Christ, "Lord it is good for us to be here."[47] But then Jesus takes the disciples down from the height of glory to mundane and everyday life, into the tragic happenings of the inhabited world. But they take the ecstatic and transforming experience of the Transfiguration with them into everything they do and to everyone they encounter.

In conclusion, when we go to church, as we enter God's holy temple, hopefully, we check at the doors all our earthly attitudes and thoughts and cares, everything worldly, as the Cherubic Hymn exhorts us: "Let us lay aside every earthly care of this life." But may the reverse not be true: let us not check the Liturgy or Christ or the grace we have experienced at the doors of the church as we exit to go back into the world and our homes and everyday lives. Let us take the Liturgy with us. Let us take Christ with us.

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[45] *On Repentance* 4.
[46] Erasmus, *Enchiridion*.
[47] Matthew 17:4.

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