McCORMICK THEOLOGICAL SEMINARY

BECOMING A BETTER DANCE PARTNER: ADDRESSING NEW YORK CITY’S MENTAL HEALTH CRISIS THROUGH ENHANCED PARTNERSHIP WITH FAITH COMMUNITIES

A THESIS IN THE PRACTICE OF MINISTRY SUBMITTED TO THE FACULTY IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF

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by

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ABSTRACT

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Becoming a Better Dance Partner: Addressing New York City’s Mental Health Crisis Through Enhanced Partnership with Faith Communities

How can New York City’s Blanton-Peale Institute & Counseling Center become a better “dance partner” to faith communities as they seek to address mental health needs in their congregations and communities? How can those with psychological and mental health competencies best complement the work of those with religious and spiritual competencies? These are the questions this thesis seeks to address, in the midst of a city-wide mental health crisis. Inspired by the biblical vision of shalom, by the belief that partnerships enable organizations to create added value, and by an understanding that adaptive challenges require leaders to mobilize others for discovery, a “Mental Health and Spirituality Working Group” was created. It utilized the tools of Appreciative Inquiry to focus on the most positive potential and unleash energy for transformation and sustainable success. Building on five key learnings from the project, Blanton-Peale is becoming more skilled in partnering with faith communities and is better positioned to carry forward its legacy of innovation.
## TABLE OF CONTENT

Abstract ........................................................................................................................................... ii
Table of Contents .......................................................................................................................... iii
Acknowledgements ......................................................................................................................... v

**Introduction:** “So You Think You Can Dance?” ................................................................. 1

**Background:** *The Dance Floor from the Balcony* ................................................................. 3
  - A Rich History and a Changing Context
  - Today’s Mental Health Crisis
  - An Adaptive Challenge

**The Strategic Action Plan:** *Dance Class* ................................................................. 12
  - How Can We Begin the Dance Lessons?
  - A Plan to Review the Dance Tapes

*“Dance Fundamentals”*: Learnings about Supporting Mental Health in Faith Communities ................................................................. 15
  - Learning I: Develop a Theology of Mental Health as *Shalom* ........................................... 15
  - Learning II: Destigmatize Mental Illness through Community and Safe Sacred Space .................. 22
  - Learning III: Develop a “Web” of Care Led by a Well-cared for Leader) .................................. 26
  - Learning IV: Pay Attention to Context (It Matters) .............................................................. 32
  - Learning V: Develop and Deepen Partnerships with Other Healing Agencies ..................... 37

*“Returning to the Balcony”*: Preliminary Reflections on Addressing the Adaptive Challenge to Becoming a Better Dance Partner to Faith Communities ................................................................. 41

Bibliography .................................................................................................................................... 47

Appendix A: Recent Growth of the Blanton-Peale Counseling Center, 2009-2016 ....................... 53
Appendix B: Overview of the Appreciative Inquiry Process ........................................................... 54
Appendix C: Forming the Appreciative Learning Community ....................................................... 64
Appendix D: Getting Started Gathering (including Appreciative Learning Topics) ........................... 66
Appendix E: The Discovery Phase and Interview Guide ................................................................. 75
Appendix F: Dream Summit (including an imaginative reading of Ezekiel 37 and the “valley of dry bones” as it relates to mental health) ......................................................................................... 84
Appendix G: A Sermon on Shalom and Mental Health: “When is the end not the end?” ..................... 99
Appendix H: Korean Listening Circles ......................................................................................... 104
Appendix I: The Mobius Strip as an Image for the
Interconnectedness of the Inner and Outer Journeys
.................................................................................. 120
Appendix J: A Sabbatical Proposal to Learn More about Safe
Sacred Space, Rev. Kate Dunn........................................ 121
Appendix K: A Faith & Justice Fellow Project, Rev. Dr. Kim
Anderson ................................................................. 126
Appendix L: Diagrams Relating Individual and Societal
Challenges ................................................................. 127
Appendix M: A Vision for What Can Be: New York City’s
Favorite Dance Partner.............................................. 128
ACKNOWLEDGMENTS

“The glory of God is every creature fully alive.” I discovered these words of St. Irenaeus’s early in my D.Min. studies; they instantly resonated. Then, as I entertained a request to consider becoming President and CEO of Blanton-Peale Institute and Counseling Center, there they were on the Blanton-Peale website – “breadcrumbs” strewn in my path by God’s Spirit. Now, 20 months later, becoming “fully alive” is the most succinct expression possible of what this thesis – and Blanton-Peale’s work at the intersection of mental health and spirituality – is about. I’m grateful to Blanton-Peale’s Board of Trustees for the invitation to become a part of its rich history and bright future. Special thanks are due to the Rev. Dr. Jeff Japinga, then Dean of the McCormick program, for welcoming me into the D.Min. process; to Dr. Jaco Hamman, Blanton-Peale alum and Professor at Vanderbilt Divinity School, for helping me “pivot” to a focus on mental health; and to Rev. Dr. John Schmidt, for his supportive guidance as my Thesis Advisor. The creation of a Mental Health and Spirituality Working Group (MHSWG) was possible through the partnership of Dr. Anne Elliott, who co-facilitated the group; the wisdom of Rev. Dr. Laurie Ferguson who is ushering it into the next stage of its life; and members of the MHSWG who share a passion for leveraging the strengths of faith communities to address the vast unmet mental health needs of New York City. Finally, I thank my partner in life, Dr. Judy Kramer, for her support throughout this doctoral journey. You are the person with whom I am most fully alive.
INTRODUCTION: “SO YOU THINK YOU CAN DANCE?”

“Dancing is a dialogue between two people. It can bridge the gap between complete strangers who have never met before, striking up a harmony that could [otherwise] never exist… When two people dance without dancing with their partner, it looks cold and lackluster.”¹

I admit to being a fan of television’s “So You Think You Can Dance?” In each of its 13 seasons – as the show pursues its quest for “America’s favorite dancer” – I’ve had my favorite contestant. Sometimes it’s a “tapper,” often a young hip hop artist, and occasionally a contemporary dancer. But, always, I am fascinated by the dynamics between the pairs of dancers who are thrown together, their fortunes tied to each other and dependent on the partnership they create together.

Becoming a better dance partner is, it seems to me, an apt metaphor for the adaptive challenges facing New York City’s Blanton-Peale Institute & Counseling Center at this juncture in its organizational life. The time is ripe for this 79-year old nonprofit to ask, 1) How can Blanton-Peale become a better “dance partner” to faith communities as, together, we seek to address mental health needs in those communities; 2) How can those with psychological and mental health competencies best complement the work of those with religious and spiritual competencies?

Blanton-Peale Institute and Counseling Center was founded by entrepreneurial leaders who had themselves forged an innovative partnership between religion and psychology: the internationally renowned author of The Power of Positive Thinking, Dr. Norman Vincent Peale, and eminent psychiatrist, Dr. Smiley Blanton, who trained in psychoanalysis with Sigmund Freud. For much of the 20th century, Blanton-Peale led the way in utilizing psychology alongside

religion to address emotional, relational and spiritual challenges. Over the years, this has taken many forms, but always it has included both direct service to those experiencing depression, anxiety, trauma and shame, as well as training and equipping others with the combined power of psychology and religion.

Historically, Blanton-Peale has resourced congregations by training ministers as pastoral counselors. However significant shifts have occurred in the field of pastoral counseling. And, today, New York City faces a mental health crisis that is showing up in congregations in increasingly acute ways. New forms of care are needed and, as “first responders” (like firefighters or police officers), faith leaders are hungry for support. Our own Counseling Center is well-acquainted with this crisis, having grown by 91% in just five years, so that last year 57 therapists served 1,550 clients representing the full diversity of the City of New York.²

To play its part in addressing the city’s mental health challenges, Blanton-Peale must be able to “dance the right dance,” with faith communities. In a society that has become “deskilled in what it takes to produce community,”³ churches have much to offer. Churches are known for the sense of community they can create – community which can function as a sort of “antidote” or buffer against the “common colds” of mental health – depression and anxiety – and against societal ills such as racism and poverty.

Becoming a “skilled dance partner” to communities of faith will require adaptive change on Blanton-Peale’s part. Blanton-Peale will need, not only to “learn new dance steps,” but to strengthen its partnering skills. It will require new skills and strengthened relationships.

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² See Appendix A for the growth of Blanton-Peale Counseling Center from 2009 to 2016. Plans are being developed to double the space, and thus, the number of clients whose lives are positively impacted in 2017.
To develop these skills and relationships and to leverage community as embodied in faith communities, Blanton-Peale formed a “Mental Health and Spirituality Working Group” (MHSWG) of 21 religious and spiritual leaders. The group was structured as an “appreciative learning community.” Utilizing an approach known as Appreciative Inquiry (AI), the group’s purpose was to “discover,” “dream” and “design” initiatives that would enhance the emotional, relational and mental health care of congregations, by building on their existing strengths and focusing “attention on the most positive potential.”

In engaging this work, words of advice – intended for ballroom dance partners – are as relevant for Blanton-Peale as they are on the dance floor: “invest in your partner as well as you invest in yourself,”6 “do not crowd her, but get close enough,” “know the material, both yours and hers.”7

BACKGROUND: “THE DANCE FLOOR FROM THE BALCONY”

A Rich History and a Changing Context for Ministry

The story of the Blanton-Peale Institute and Counseling Center begins in 1935 when Rev. Dr. Norman Vincent Peale, internationally renowned author of The Power of Positive Thinking, was introduced to Dr. Smiley Blanton, an eminent psychiatrist trained in psychoanalysis by Sigmund Freud.8 The times were tough for most New Yorkers, who had been profoundly

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4 See Appendix B for Appreciative Inquiry’s “4-D Cycle.”
8 Note that The Power of Positive Thinking was not published until 1952, so these early developments in the organization that became known as Blanton-Peale preceded his fame and would have informed and shaped the content of his book rather than the other way around. Norman Vincent Peale, The Power of Positive Thinking (Upper Saddle River, NJ: Prentice-Hall, Inc., 1952).
impacted by the Great Depression and Dr. Peale realized that religion and faith on their own were not enough to counter the devastating material and spiritual loss of those who sought him out. He asked around and was introduced to psychiatrist Dr. Smiley Blanton. They began an informal working relationship in 1935 and, in 1937, a clinic was organized in the basement of Marble Collegiate Church. In 1953 the clinic was separately incorporated and licensed by the NY State Office of Mental Hygiene (now Office of Mental Health), becoming “interdenominational… [and] treating people without regard to race, creed, or color.”

In 1955, the first director of training was hired, and the first full-time pastoral counseling residency training program was established. In 1996, the direct service work of the clinic and the several forms of training that were then offered were brought together under the names of the founders as the Blanton-Peale Institute & Counseling Center.

In addressing the human condition through the combined power of faith and psychology, Peale was quite revolutionary. And what was the source of his innovation? It was his deep attunement to the human need he encountered, along with his openness to the contributions of a discipline not his own. Dr. Peale was attuned to the needs of those who had come to Marble Church for help – their loss of both financial stability and of hope and of the ways this was affecting them emotionally and relationally, in their families and at work – and attuned to the

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10 The Clinic was originally known as the Religio-Psychiatric Clinic. In 1951 the name was changed to The American Foundation of Religion and Psychiatry (AFRP). Along the way, the AFRP merged with the Academy of Religion and Mental Health (founded by George Anderson in collaboration with Paul Tillich, Gordon Allport and William Menninger) to become the Institutes of Religion and Health. I have relied here on the Blanton-Peale archives, an unpublished paper by Jennifer Priddy, dated December 8, 1993, and Allison Stokes, Ministry After Freud (New York, NY: The Pilgrim Press, 1985), 91-108.
11 This was my early sense after becoming President & CEO of Blanton-Peale in June, 2015. That sense was confirmed at a Board retreat, held in “Peale Parlor” at Marble Collegiate Church. With portraits of Norman Vincent Peale and Ruth Stafford Peale presiding over our conversations, we dreamt about Blanton-Peale’s future and discussed the elements that had made it particularly revolutionary at the time of its formation. Research note, Shari Brink, September 7, 2016.
economic and emotional impact of the Great Depression on society as a whole. While others were resistant to utilizing psychology, Peale forged ahead, expanding his “tool box” through an unusual partnership with the discipline of psychology in the person of Dr. Smiley Blanton.

The time is now ripe once again for Blanton-Peale to attune itself to the deep needs of individuals and of society as a whole. What are the deepest needs of people and the toughest challenges of the times? How can those with psychological and mental health competencies best complement the work of those with religious and spiritual competencies to address those needs?

Pursuing answers to these questions is of particular importance at this juncture in Blanton-Peale’s history, given the general arc of its evolution: a period of innovation and design of new programs and approaches (roughly 1935 to 1970), was followed by a period of evolution and adaptation (approximately 1970 to 1995), and then a period of struggle and pruning back (approximately 1995 to 2013). Finally, over the last three to four years, the organization has begun to sprout shoots of new growth. The moment seems ripe for a new wave of experimentation and innovation. My appointment as president in June 2015 provides the organization, as a whole, with the opportune moment for exploring the organization’s internal strengths and weaknesses, the opportunities and threats of the current environment, and the possibilities for a renewed period of innovation.

Blanton-Peale today weaves together three approaches to its work to help individuals flourish and make society more whole: 1) a clinic or counseling center, 2) training for those who would pursue dedicated work as professional psychotherapists, and 3) training for religious leaders that enhances their ability to care for congregants in a church or nonprofit setting.

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The first strand has been a part of Blanton-Peale’s life from the very beginning and earned Blanton-Peale its first national recognition.\textsuperscript{13} The Clinic continues today as a New York State licensed mental health clinic that serves a broad and diverse cross-section of the people of New York City. The Clinic is bursting at the seams, serving some 1,550 clients last year in more than 28,000 hours of therapy, provided by 57 professional therapists with a range of licensures.

Involvement in training others – the second and third strands – became a formal part of Blanton-Peale’s work in 1955 with the hiring of Fred Kuether, putting Blanton-Peale at the forefront of the “pastoral counseling movement.”\textsuperscript{14} Both strands have sometimes been referred to as training for “pastoral counseling,” but the second strand focuses on \textit{professional} service as a licensed psychoanalyst. Blanton-Peale’s psychoanalytic program is unique among the New York State’s 21 “psychoanalytic institutes”\textsuperscript{15} in that it integrates spirituality alongside depth psychology.

The third strand is the focus of this research study: \textit{enrichment} training for those who serve in religious or spiritual settings. It is the strand that has focused most directly on meeting mental health needs within faith communities, and that has most been buffeted by changes in the field. As Bonnie Miller-McLemore explains, since the 1950s, almost all theological schools offer counseling courses.\textsuperscript{16} These are where ministers now get their grounding in psychological

\textsuperscript{13} According to Allison Stokes, “In 1948 \textit{Newsweek} reported that more than 10,000 persons had come for help.” Licensure by New York State came shortly thereafter in 1953. Stokes, 103.

\textsuperscript{14} Priddy, 19. In 1963, Fred Kuether spearheaded the first international conference of pastoral counselors, a gathering that “set into motion a process that led to the establishment of the American Association of Pastoral Counselors.”

\textsuperscript{15} Psychoanalytic institutes, in the state of New York, are training entities that date back to the early days of psychoanalysis in the U.S. and that, like Blanton-Peale, though they offer a path to licensure, are non-degree-granting.

concepts and practices, making training in pastoral counseling as a follow-up to seminary education less appealing. Furthermore, Miller-McLemore points out, “The focus on care narrowly defined as counseling has shifted to a focus on care understood as part of a wide cultural, social and religious context.”

What Miller-McLemore wrote about in 1996, in the midst of these shifts, Barbara McClure summarizes in retrospect:

In the last 20 years, pastoral care has benefitted from... race and gender theory, sociology, and cultural studies. Three distinct developments represent the most significant changes as pastoral care moves in to the twenty-first century: (1) the move away from the model of care for an individual by ordained professionals toward the model of care for the community and its members by the community and its members; (2) the development of pastoral care as a public theology; and (3) strategic participation rather than personal insight as the final goal.

The shift is toward a “more contextually conscious approach,” listening carefully to those on the margins of power structures and toward “practices of care and healing [that] hold promise for transformation... both personal and social.”

Not surprisingly then, the piece of Blanton-Peale’s third strand that has survived these shifts – and not only survived, but thrived – is the piece in which it has innovated the most in these directions. Though Blanton-Peale’s Pastoral Care and Counseling Program was discontinued in English in 2013, a thriving Korean Program has 104 students, most of whom are lay people interested in learning the basics of care and counseling so they can help others within their community. The program’s clientele is predominantly first-generation Korean-American immigrants, drawn mostly from Presbyterian and Methodist churches. The significant presence

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19 Ibid., 276.
of lay people is an innovation toward “care for the community and its members by the community and its members.”

**Today’s Mental Health Crisis**

At the same time that these shifts have been taking place in the pastoral care environment, a crisis in New York City’s ability to provide mental health care has been emerging. Even from the “dance floor,” both Blanton-Peale and communities of faith are aware that they are dancing in the midst of what Mayor Bill DeBlasio has called a “quiet crisis” that has been “decades in the making.” One in five adult New Yorkers experiences a mental health disorder in any given year. 8% of public high school students report attempting suicide. At any given time, over half a million adult New Yorkers are estimated to have depression, yet less than 40% report receiving care for it. As the mayoral administration’s Thrive NYC study points out, “What is needed – and what New York City currently lacks – is a major commitment to mental health.”

Certainly, Blanton-Peale is aware of this crisis and involved in addressing it: the crisis is fueling the Clinic’s unprecedented 91% growth over the last five years.

Faith communities are also experiencing mental health issues in increasingly acute ways, and their leaders are hungry for support. They struggle with how best to create a web of care among their congregants that is responsive to heightened emotional needs during times of loss, illness or crisis. They are looking for professionals (affordable ones) to whom they can refer congregants dealing with depression, anxiety, shame, trauma or serious mental illness. They are

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20 Ibid., 275.
22 Ibid., 9.
23 Ibid.
24 Ibid.
25 Ibid., 10.
becoming increasingly aware of the ways that racism, the broadening gap between rich and poor, and urban loneliness are affecting the well-being of their congregants. When Blanton-Peale initiated this study, the preliminary sense was that faith leaders are looking for support in creating a network and culture of care suited to their context and congregational life and in which each person has an opportunity to thrive and be their best self.26

An Adaptive Challenge

Together, these two changes in the environment – a shift in how churches are resourced to address mental health needs and NYC’s mental health crisis – point toward the existence of an “adaptive challenge” that needs to be addressed.

Adaptive challenges – in contrast to “technical problems,”27 are ones that “can only be addressed through changes in people’s priorities, beliefs, habits, and loyalties… [ones that require] going beyond any authoritative expertise to mobilize discovery, shedding certain entrenched ways, tolerating losses, and generating the new capacity to thrive anew.”28

Adaptive challenges are often signaled by two noteworthy characteristics: a cycle of failure and/or persistent dependence on authority.29 The “pruning stage” in Blanton-Peale’s history (roughly 1995 to 2013, see p.5 above) was marked by both these features. A series of Presidents attempted to implement their preferred psychological approaches that they believed would be relevant and timely for the day. There was a reliance on expertise and authority, as well

26 In down-to-earth language, clergy said things like “The mental health needs are so great… it’s different than in the mid-1990s”; “the mental health crisis affects members of our congregation and we don’t have the capacity,” “we don’t know where to refer,” “we need resources,” “we need a real partner who can help us develop approaches that work today.” Research note, Shari Brink, multiple dates, Summer 2015 to Fall 2016.
27 “Technical problems may be very complex and critically important… they have known solutions that can be implemented by current knowhow. They can be resolved through the application of authoritative expertise and through the organization’s current structures, procedures, and ways of doing things.” Ronald Heifetz, Alexander Grashow, Marty Linsky, The Practice of Adaptive Leadership: Tools and Tactics for Changing Your Organization and the World (Boston: Harvard Business Press, 2009), 19.
28 Ibid., 19.
29 Ibid., 71-74.
as the cyclical pattern. This period of attempted innovation but actual pruning coincides with the shifts in the pastoral care environment that are detailed by Miller-McLemore and McClure.

Deeper change is needed that is responsive to these changes – to shifting models of care, to ever-growing racial and cultural diversity, and to the ways that societal factors impact the needs of individuals.

Recall the question that this thesis research study seeks to address: How can Blanton-Peale better provide psychological expertise to support mental health and well-being in a diverse range of faith communities? How can it be “a better dance partner”?

Blanton-Peale is seeking to answer these questions by inventing new approaches that build on the best of the past. As it does so, clues from both Blanton-Peale’s early successes and from the thriving Korean Program can point the way. Partnership – between disciplines and with faith communities – was a hallmark of Blanton-Peale’s early days. However, the impulse to partner has not been as evident in recent years. Persistent financial difficulties drove Blanton-Peale toward a rather insular approach. And, like other organizations that began as church-affiliated counseling centers, Blanton-Peale has become – to use Barbara McClure’s term – “theologically shy.”

As they professionalized and became more like other therapy providers, those who were a part of the pastoral care movement – whether individuals or organizations – have had a sort of “love-hate” relationship with the church and ambivalence about religion. Thus, the MHSWG of 21 faith leaders was designed out of the belief that, to take the best of Blanton-Peale’s history into the future, it needs to reclaim and enrich its distinctive brand that

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31 This gap between espoused values and behavior fits one of 4 archetypes of adaptive challenges. Heifetz, Grashow, Linsky, 77-87.
combines spirituality with psychology, and that genuine partnership is crucial to meeting mental health needs of faith communities.

Blanton-Peale’s thriving Korean Pastoral Care and Counseling Program – a new shoot springing forth after a time of organizational pruning\(^\text{32}\) – also offers clues as to how Blanton-Peale, as a whole, might strengthen its ability to address mental health needs through faith communities. As was the case in Blanton-Peale’s early days, today’s Korean Program has well-developed partnerships with faith communities; and, under the leadership of an astute 1.5-generation Korean-American director, is attuned to the *particularities of the Korean* culture.\(^\text{33}\)

It also incorporates a new element; the Korean Program focuses, not just on training clergy, but on a broader network. These adaptations are somewhat subtle. But, as with the evolution of plants or animals, the amount of DNA that needs to change to create a successful adaptation is quite minuscule.\(^\text{34}\) Subtle changes in churches and Blanton-Peale may be all that are needed to better address NYC’s mental health crisis.

Thus, both the Korean Program and the founders themselves provide clues as we re-envision how Blanton-Peale can best resource communities of faith today. In summary, the clues point toward 1) clarifying an authentic spirituality that can be paired with psychological competencies in today’s multifaith world, 2) being open to a range of new approaches that go beyond training clergy in pastoral care and include strengthening a network or “web” of care,” 3) attuning itself to mental health needs as experienced in the context of particular communities of faith, and 4) communicating a genuine openness to real partnership.

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\(^\text{32}\) The Korean Program’s origins are in the mid-1990s and due, in no small measure, to Ruth Stafford Peale’s encouragement that Blanton-Peale needed to tend to the increasing racial, ethnic and cultural diversity in the world. Interview with Dr. Dale Irvin, President of New York Theological Seminary and Blanton-Peale Board member, February 19, 2016. Mrs. Peale seems to have been tuned in to some of the same trends as Miller-Mcemore.

\(^\text{33}\) Rev. Dr. Angella Son, who also serves on the faculty of Drew Theological Seminary, became the director of Blanton-Peale’s Pastoral Care and Counseling Program in January, 2012.

\(^\text{34}\) Heifetz, Grashow, Linsky, 15.
THE STRATEGIC ACTION PLAN: “DANCE CLASS”

How can we begin the dance lessons?

Addressing adaptive challenges such as those facing Blanton-Peale requires more than expertise and authority. It requires more than a new president. It requires leadership – both staff and Board – that can “get on the balcony above the dance floor.” From the balcony, with distance from events on the dance floor, it becomes possible to decipher the deeper and broader changes in the environment.

Addressing adaptive challenges also requires mobilizing others to tackle tough challenges and thrive. I chose the approach of Appreciative Inquiry (AI), specifically because of the adaptive nature of the challenges Blanton-Peale faces. AI is helpful in addressing adaptive challenges in that 1) it engages groups of people in being curious about the nature of the problem being faced and, thus, “mobilizes discovery”; 2) it builds on the very best of the past and, thus, is helpful with the adaptive task of figuring out what to conserve from past practices and what to discard, and in inventing new ways that build on the best of the past.

The clues named above also point toward a need to develop additional “social capital.” The success of communities, said Robert Putnam in his classic book, Bowling Alone, is most dependent on the extent of “widespread relatedness that existed among its citizens.” Translating Putnam’s findings to an organizational context, partnerships with faith communities (and other organizations), for Blanton-Peale, represent the “social capital” that is necessary to succeed in today’s environment.

36 Ibid., 14.
37 Ibid. Emphasis added.
Appreciative Inquiry (AI) provides a process that enables organizations such as Blanton-Peale, together with faith leaders, to develop this capital. Building on the belief that “free choice liberates power” (a fundamental tenet of AI), religious and spiritual leaders were brought together voluntarily as “creators or owners of community.” By creating a community of discovery and cooperation, the group could unleash “the energy of the positive core for transformation and sustainable success.” This would establish an environment in which partnership could thrive and, thus, nurture an alternative future – one in which Blanton-Peale and communities of faith can partner together to address the mental health crisis we face.

These theoretical underpinnings led Blanton-Peale to form an “appreciative learning community” of 21 religious and spiritual leaders from a diverse set of New York City faith settings to discover, dream and design initiatives that can enhance the emotional, relational and mental health care of congregations. The group – which came to be known as the Mental Health and Spirituality Working Group (MHSWG) – would not be a “problem solving” group as much as it would build on the existing strengths of congregations. It would “appreciate” their strengths and build on them and “inquire” about what is happening when congregations are at their best in addressing mental health. Attention would be focused on identifying the most positive potential and unleashing it “for transformation and sustainable success.”

AI, then, is a process of inquiry (Appendix B provides an Overview of AI and the process that was used) engaged by people who have chosen to be in community (Appendix C provides documents related to the Forming of the Appreciative Learning Community). Together, they

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39 Whitney and Trosten-Bloom, 52. See also Block, 65.
40 Block, 61.
41 Whitney and Trosten-Bloom, 4.
42 Ibid, 6.
43 Ibid., 6.
determine the “Appreciative Learning Topics” that they believe have the most potential to advance their chosen change agenda (Appendix D provides Process Notes for the Getting Started Gathering in which the Appreciative Learning Topics were developed) and then set out to discover all they can about these topics (Appendix E includes documents related to the groups’ “Discovery”). Having “Discovered,” the group then turns toward “Dreaming” about an alternative future that would expand on the best of what churches are already doing (Appendix F includes Dream Summit Process Notes and an imaginative reading of Ezekiel 37 and the “Valley of Dry Bones” as it relates to mental health in various contexts and communities.)

**A Plan to Review the Dance Tapes**

As the group set out in these directions, a framework was needed to help think about and monitor the positive impact of the MHSWG. Just as dancers do well to review videos, tending to a variety of facets of their performances, the journey of this cohort of religious and spiritual leaders and its impact on Blanton-Peale would be reviewed on a variety of levels.

Donald Kirkpatrick’s “four levels” provides a time-tested framework for evaluating both the process and its outcomes. The MHSWG’s “dance tapes” can be reviewed on these levels:

1) “Reaction”: How well did participants like the process? How did they feel about being a part of the MHSWG and did the Appreciative Inquiry process work? The results of an evaluation form distributed at the end of the Getting Started Gathering are included in Appendix D.

2) “Learning”: What knowledge was gained and attitudes changed? What did the MHSWG learn about how congregations best support emotional, relational and mental health? What did Blanton-Peale learn about how it can best “dance with them” in this work?

3) “Behavior”: What changes in performance, capacity or motivation emerged for Blanton-Peale or faith leaders and their congregations?

4) “Results”: Is the desired impact being felt? Is Blanton-Peale able to be a better dance partner to faith communities as a consequence of this work? 

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The primary focus of this research study is on the second level, Learnings. In the pages that follow, five key learnings are enumerated. The closing section of this thesis includes preliminary reflections on the impact of this project on Behavior and Results, namely on the adaptive challenge of learning to be a better dance partner to faith communities.

“DANCE FUNDAMENTALS”: LEARNINGS ABOUT SUPPORTING MENTAL HEALTH IN FAITH COMMUNITIES

What did the MHSWG learn about how congregations best support emotional, relational and mental health? What did Blanton-Peale learn about how it can best “dance with them” in this work? Though there are a multitude of “Learnings,” as defined by Kirkpatrick, that might be included, I will discuss five: I) Develop a theology of mental health, namely, of mental health as *shalom*; II) Destigmatize mental illness through community and safe, sacred space; III) Develop a “web” of care lead by a well-cared for leader; IV) Pay attention to context (it matters); and V) Develop and deepen partnerships with other healing agencies. In discussing each learning, I begin with a brief scenario or quote that provides a window into the work of the Mental Health and Spirituality Working Group, then explore that experience from a theoretical perspective, and wrap up with implications for faith communities and for Blanton-Peale.

**LEARNING I: DEVELOP A THEOLOGY OF MENTAL HEALTH THROUGH THE LENS OF SHALOM**

“The priest is the lover of the soul, but the scientist deals with the mind. Jesus said love with heart, mind, and soul… the priest and scientist are not too far apart… The value they bring to each other is wholeness… putting things together and reconciling them. All of our inner parts belong and need to get along with each other.”

“I think that spiritual and mental well-being is all about wholeness… the connections of the physical, emotional, mental and then spiritual pieces of the puzzle.”

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45 Research note based on interviews conducted May 16, 2016 to June 17, 2016.
The vast majority of faith communities rarely discuss mental health and certainly not mental illness. Consequently, many spiritual settings do not have a well-established language or theology for talking about mental health. And faith communities have a hard time addressing what they aren’t able to put into the language of faith. Ironically – given the church’s silence – it is a concept at the center of biblical theology, that can bring mental health to center stage. That concept is shalom. The concept of shalom helps flesh out the idea of “wholeness,” which, as is evidenced in the quotes above, was the most natural vernacular language for mental well-being.

While members of the MHSWG and those whom they interviewed most often equated wholeness with heart, mind and soul (the “inner parts”), the concept of shalom extends wholeness beyond the inner life of the individual. Shalom has often been translated from the Hebrew as “peace,” but understanding shalom as peace (as Randy S. Woodley colorfully points out) is “correct only if you consider it correct to call the Grand Canyon ‘a large crack in the ground.’”46 Shalom’s root meaning is actually wholeness, but a wholeness that includes communal and societal factors – factors that are crucial to a full understanding of mental and spiritual wellbeing. Thus, shalom takes the concept of “wholeness” and, if you will, makes it even more whole by taking seriously, not just an individual’s inner reality, but influential outward factors.

My thinking about shalom was set in motion some 30+ years ago by a small book by Roger S. Greenway, Apostles to the City,47 which explored shalom in Jeremiah 29. “Seek the shalom of the city,” Jeremiah told the Israelites who were living in exile, “for in its shalom you will find your shalom” (Jeremiah 29:7). Greeenway helped me understand that shalom isn’t just

peace and it isn’t just physical well-being. It is emotional, relational and spiritual wellbeing in the context of just community and economic wellbeing. Jeremiah, Greenway pointed out, challenged the Israelites to seek this wellbeing for themselves and others, even as they lived in exile.

Much of contemporary urban life – in New York City and around the globe – feels like life in exile. Nevertheless, even in exile, there are people called to seek the shalom of the city and its inhabitants. We are charged with supporting the wholeness and health of others, whether neighbor or stranger. The shalom that the prophet challenges us to create is both positive and multifaceted.\(^{48}\) It is “greater than the sum of its parts”\(^{49}\) By way of understanding its many facets, Walter Brueggemann elaborates on three intertwined dimensions: 1) a cosmic dimension, in that it encompasses all of creation;\(^{50}\) 2) a historical, political community dimension in which its absence is “evidenced in economic inequality, judicial perversion, and political oppression and exclusivism… [in other words, in] disruption of community”\(^{51}\); and 3) a personal dimension in which well-being “is experienced by the person who lives a caring, sharing, joyous life in community.”\(^{52}\) The Bible usually assumes this personal dimension without discussing it. That dimension is, of course, the one that is most often the focus of psychological health. But individual psychological health, when understood from the frame of shalom, cannot be separated from the other facets of communal/societal and cosmic health.

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\(^{48}\) Woodley, 10.
\(^{49}\) Ibid., xv and the title of chapter 1, 1-24.
\(^{50}\) Walter Brueggemann, Peace (St. Louis, Missouri: Chalice Press, 2001), 15-16.
\(^{51}\) Ibid., 16.
\(^{52}\) Ibid., 18.
A positive formulation of these various facets can enhance the ability of faith communities to be in conversation about mental and spiritual wellbeing. Consider Woodley’s description of the “Harmony Way”:

In this new world, historic wrongs would be righted; former enemies would come back together in love; through restitution, justice would be served to those who had been wronged for years; people with physical, emotional, mental, and spiritual afflictions and anguish would be healed; people would be at peace with one another; beasts would no longer stalk humans; plants would no longer be poisonous to us; pollution would cease; climate change would be thwarted; there would be no wars; and everyone and everything would be happy with the Creator and all creation.53

**Shalom and Mental Health**

Given *shalom*’s holistic nature, many authors have utilized it to discuss the environment and creation care (Woodley, for example), gender and racial equality (Lisa Sharon Harper),54 or conflict resolution (Brueggeman, etc.), but John Swinton applies it to mental health. *Shalom*, he says, “provides the context, the motivation, and the goal of the church’s mental health care ministry.”55 Quoting Nicholas Wolterstorff, he points out that “To experience shalom is to flourish in all one’s relationships – with God, with one’s fellow human beings, with the non-human creation, with oneself.”56 Mental health, when considered through the theological lens of *shalom*, is not merely the absence of illness. It is the strength to “live as a human being,” to have

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53 Woodley, 11, emphasis added to highlight the facets more directly connected to emotional and relational health, but again, I seek a broader understanding of holistic mental, relational and societal wellbeing.


56 Nicholas Wolterstorff; quoted in Swinton, 58. Shalom, of course, ties closely with the NT life of love. In each of the synoptic gospels, Jesus put forward the “great commandment”: Mark 12:30-31, cf. Matthew 22:37-38, Luke 10:26, as well as Deuteronomy 6:5 for the origins of the “first command” in the Hebrew Testament. This core requirement – love of God and love of neighbor – points toward the importance of having one’s whole self available to dedicate toward loving God. Love of God and love of self overflows to one’s “neighbor” and to the stranger (Deut 10:19, alternatively, the parable of the Good Samaritan where the category of neighbor is broadened to include the stranger, Luke 10:25-37).
holistic relationships with God, self, and creation, and to be always evolving, in good times and in bad, toward being a clearer reflection – one’s own unique reflection – of the image of God.57

This positive and multifaceted approach avoids two widespread tendencies when talking about mental health. On the one hand, it avoids the, almost instantaneous, tendency to think about mental illness whenever the subject of mental health is raised. Early in the work of the MHSWG, I asked participants to check what thoughts and images popped into their mind when they heard the words “mental health.” There was broad consensus that the phrase evokes thoughts of mental illness rather than of mental wellbeing.58

It also challenges a widespread cultural tendency to hope that wellbeing can be quickly attained by following a handful of directives from some popular self-help book. As Stanley Hauerwas points out, there is a certain desire for perfection and a “headlong quest for cure-alls that will bring about absolute health.”59 As much as we might all want it to be otherwise, “integration [of all mental conflict] is not a final act, but a developmental process.”60

Mental health, considered from this theological viewpoint, is not merely the absence of mental illness; nor is it arrived at in a moment. Rather, mental health is a lifelong movement toward wholeness and fullness of life.61

Justice and Community as Aspects of Shalom and Mental Health

58 Research note, Shari Brink, April 25, 2016.
59 Stanley Hauerwas, quoted in Swinton, 69-70.
60 Harry Guntrip, quoted in Swinton, 70.
61 The World Health Organization’s definition of mental health is in sync with this shalom-based definition, in some respects, and not, in other respects. The WHO defines mental health as “a state of complete physical, mental and social well-being and not merely the absence of disease.” Accessed February 14, 2016, http://www.who.int/topics/mental_health/en/. On the one hand, the WHO definition avoids the trap of thinking of mental health only in terms of the absence of problems, but, on the other hand, it seems to suggest that an ideal state of mental wellbeing might be attainable in this lifetime. Note the parallels between shalom and mental health: Like shalom, mental health is a positive concept that is lived out in the tension of “the now and the not yet” of what God desires. Both are ideals pursued in partnership with God. And like shalom itself, mental health is personal, but also communal and societal; mental health is “whole-person-in-the-whole-of-their-worlds.” Swinton, 71.
In a recent sermon on shalom, I compared shalom to a plane that receives its “lift” from God, “flying with justice off its right wing and community off its left.”62 Shalom is tightly linked to both justice and community; addressing issues of mental health requires consideration of both.

By way of considering shalom’s relationship to justice, Brueggemann points out that shalom “can mean many things. But what we take it to mean is not accidental.”63 The biblical narrative itself includes two very different types of shalom – one for the “haves” and the other for the “have nots.” In the biblical narrative, shalom for the “have nots” – the slave people of Egypt and the Exodus – was shaped by the precariousness of life. Faith was expressed in a cycle in which the people cried out for God for help and a God who heard and delivered.”64 In contrast, faith and shalom for the “haves” was concerned with questions of “proper management and joyous celebration.”65 One group craved upheaval, discontinuity, rescue, while the other celebrated the continuity of the social order that had been good to them.66

This certainly has implications for Blanton-Peale as it seeks to partner with communities of faith in a diverse set of contexts. A historically Black Church in an economically challenged neighborhood in Harlem and an Upper East Side church in Manhattan – while each longs for wholeness, justice, and community – may have quite different conceptions of these and, in turn, of shalom and mental health. See Learning IV below for more on this idea. Partnering with communities with a higher proportion of “have-nots” is crucial to Blanton-Peale’s pursuit of shalom and mental health, because for shalom to be true shalom, it must be “tested on the margins and revealed by how the poor, oppressed, disempowered, and needy are treated.”67

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62 See Appendix G for this sermon titled “When is the end not the end?” preached on February 7, 2016 at Old Dutch Reformed Church, Kingston, NY.
63 Brueggeman, Peace, 25.
64 See, for example, Exod 2:23-25; 3:7-8a, 6:5-6; Judg 2:18b, 10:12b,14. Ibid., 26-27.
65 Ibid., 28-29. See, for example, Gen 1:31, 8:22, 50:20; 2 Sam 7:9,15-16; 2 Sam 12:24; 1 Kgs 4:20; Deut 33:27.
66 Ibid., 29.
67 Woodley, 15.
While justice is a necessary condition for shalom, community is synonymous with shalom. Of course, the kind of community that that can be equated with shalom is not “my” community as distinct from “your” community. Rather, it is so inclusive that its members readily recognize that the well-being of each of us is tied to the well-being of all of us. “Inclusive, caring community” – shalom-ic community – can be leveraged to help nurture mental health.

Woodley offers a particular word on community and justice from a Native American perspective: “Individualistic societies cause people to feel lonely and alienated, but shalom will bring authentic relationships and restore a sense of community. Greed and injustice marginalize and destroy people and the earth, but shalom restores dignity to everyone and everything.” Mental health cannot be separated from any of these facets of shalom. Mental health happens best within a just context, within an environment in which community is alive and well. In other words, mental health occurs within a context of shalom. As Swinton says, shalom is the context for mental health and it is the goal of the mental health ministries of faith communities.

As Blanton-Peale seeks to infuse its work with a renewed sense of spirituality, a shalom-ic understanding of wholeness can be helpful and reflects today’s best thinking in pastoral care. Just as members of the MHSWG, had naturally used the language of wholeness, so have members of the Board of Trustees. Further discussion by Blanton-Peale’s Board of wholeness as shalom can help create a richer shared understanding. Shalom (and its correlates in other sacred texts and worldviews) encompasses wholeness of mind, body and spirit, within a context of community and connectedness, rooted in justice. It is both individual and societal – a

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68 Brueggemann, Peace, 22.
70 Research note, Shari Brink, September 7, 2016, Blanton-Peale Board Retreat, at which Rev. Erik Kolbell, LCSW, commented that “the goal of therapy is to move toward wholeness, toward ‘pieces’ of ourselves not being at odds with each other.” Similarly, at an October 25, 2016 Board meeting in which Rev. Dr. James Wisecup, pointed toward wholeness as a way to understand the spiritual/psychological goal. Neither was present for the other’s comment, so each was independent of the other.
wholeness is so pervasive that it offers each person the opportunity to thrive, to be the person God created them to be, and to give back to societal well-being.

**LEARNING II: DESTIGMATIZE MENTAL ILLNESS THROUGH COMMUNITY & SAFE SACRED SPACE**

One Sunday, Nathan (not his name), a mentally ill adult who had become a part of the Old Dutch Church in Kingston, NY, came late to the worship service. The sermon was already being preached as Nathan entered, along with a few of his friends from the group home where he lives. It was a communion Sunday and Nathan was eager to introduce his friends – newcomers to the church community – to the idea of the Lord’s Supper. He headed down the center aisle directly to the Table and urged his friends to gather around. With the worship service going on around them, Nathan coached his friends along: “See, this is the bread that shows you that God loves you. Take a piece. It’s for you.” Together, Nathan and his friends “took and ate.” Since that Sunday, Nathan has been overheard inviting his friends to church, saying “Come to church with me. They’ll love you there.”

71 Research note, Shari Brink, June 28, 2016.

From the very first gathering of Blanton-Peale’s Mental Health and Spirituality Working Group (MHSWG), powerful stories like this one about Nathan were told - compelling stories of “safe space.” During the Getting Started Gathering, it was clear that those who are leading the healing work of the Church in the area of mental health have had their own profound experiences of safe space – space in which they could share emotional and spiritual pain, histories of families in turmoil, of trauma and healing – space in which they could journey with others toward wholeness. And similar descriptions of nonjudgmental, safe space were told as the leaders interviewed others in the Discovery Phase. It was clear very early on that creating safe space for mental health challenges to surface must be a part of the ministry of faith communities.

The MHSWG came to understand safe space as an antidote to stigma and isolation. Whether that safe space forms in a liturgical setting, a Bible study, or even beyond the church walls, the group came to refer to it as Safe Sacred Space, space within which “people can be
their unmasked authentic whole selves and share both their brokenness and giftedness”72 Nathan had found such space at Old Dutch Church – space in which he can be true to himself, bearing witness to the ways that he doesn’t readily follow societal norms, but also to his gifts of leadership and hospitality.

In Nathan’s case, the entire church has become safe space. Old Dutch is pastored by Rev. Dr. Renee House and is in the Hudson Valley, two hours north of NY City in Kingston, NY where there is a significant presence of deinstitutionalized mentally ill adults.

More often, safe space develops in a small intimate group. At Fifth Avenue Presbyterian Church, Rev. Kate Dunn has created a monthly “Circle of Caregiving” that, though it is open to all, draws a nucleus of regulars. The approach was developed when an interest in caregiving as it relates to mental health challenges emerged from a congregation-wide Pastoral Care Task Force. The monthly sessions of the Circle of Caregiving are sometimes led by “experts” who elucidate subjects such as depression, spiritual companioning, or the 12 Steps and spirituality. But in an especially powerful session, three members of the congregation – who had previously talked only with the pastor – shared their stories of living with chronic and persistent mental illness. One of the women, Laura Fissinger, made the importance of Safe Space clear: “I’ve had some phenomenal professionals. But I would not be here without this church… they helped save my life.”73 Having shared their stories in the Circle of Caregiving, an article was written for the FAPC website. A small group’s sacred space became salt or leaven for the broader community.

72 This description is from the work of the MHSWG at the Getting Started Gathering on April 25, 2016. It is the language the group developed for one of three “Appreciative Learning Topics” that they decided they wanted to know more about because it “had the most potential to help our faith communities become the strongest, most supportive, most caring they can be of emotional, relational and mental health.” See Appendix D.

As these productive conversations about safe space continued in the MHSWG at the Dream Summit, the group described Safe Sacred Space as “like the Table” where there is room for everyone – as there was for Nathan and his friends. Another metaphor emerged drawing on an interview with a second-generation Korean-American pastor serving a multicultural church: Safe Space is like “a Korean bath. As you move from one pool to the next, you gradually become your naked, vulnerable, authentic and transparent self.” Safe space in which people listen on many levels, and listen without judgment can, over time, transform pain and anger and give permission to speak one’s deepest truths. Safe space is space in which God’s Spirit is palpably present. It is indeed Safe Sacred Space.74

The intensity of discussions of Safe Space was elevated by the explicit recognition that, even in 2016, stigma is still a significant barrier for faith communities that want to support emotional, relational and mental health. Many still think that spiritual resources should be all that a person should need who suffers from depression, anxiety, or trauma. Many leaders of both Historically Black and Korean immigrant churches reported a “just pray about it” culture. And leaders of white-becoming-multicultural churches reported the significant pressure for members to “have it all together.” Either way, stigma silences and isolates those who are suffering.

It is in this context, that faith communities offer their greatest gift – the gift of community. Community is not a “cure-all,” but more of a “booster.” We all need people and, ideally, a community of them on whom we know we can depend. From our earliest days, according to Attachment Theory and from a psychoanalytic perspective, physical contact and

74 Research Note, Shari Brink, June 28, 2016.
emotional connection is a critical piece in building a person’s sense of self.\textsuperscript{75} And Positive Psychology tells us that relationships are a key factor in flourishing and overall well-being.\textsuperscript{76}

People look to congregations as a place of belonging, so much so that, as individuals seek out a faith community today, the question of “is this a place I can belong?” precedes the question of beliefs.\textsuperscript{77} And because congregations have a “bird’s-eye view of human suffering,” they have a role to play in “mending our social nest.”\textsuperscript{78}

Community and Safe Space – rooted in the concept of \textit{shalom} – is the crucial leveraging point as congregations seek to enhance mental and spiritual well-being. And it is essential for both individual \textit{and} societal well-being. As Brueggemann, Block, and McKnight say, “Community is the reconstruction of individual well-being through the well-being of the whole. This is very different from beginning with individual self-interest and believing that the invisible hand of the market will create communal well-being.”\textsuperscript{79}

As a means for creating community and well-being, the MHSWG’s exploration of Safe Space has had an impact both on participating faith leaders and on Blanton-Peale. The creation of Safe Space is one of the areas in which group members have, of their own accord, as Appreciative Inquiry is designed to do, begun developing independent responses to the Dream Summit.\textsuperscript{80} Rev. Kate Dunn has written a proposal for a sabbatical in the summer of 2017 to

\textsuperscript{79} Block, Brueggemann, McKnight, 15.
\textsuperscript{80} One of the principles of AI is that “free choice liberates power, by stimulating organizational excellence and positive change:” Whitney and Trosten-Bloom., 51-75, summary table, 52. See also Appendix B.
pursue this topic further. She will be learning from ministry contexts that are different from her own: a predominantly African American congregation, a new immigrant fellowship and a congregation dedicated to prison ministry. (See Appendix I) At Blanton-Peale, as we design and develop various “pop-up” programs (i.e. programs done in partnership with other organizations around the city), we are paying particular attention to the creation of Safe Space alongside the delivery of high-quality content that integrates mental health and spirituality.⁸¹

**LEARNING III: DEVELOP A “WEB” OF CARE LED BY A WELL-CARED FOR LEADER**

“Everybody is called to do something on this earth.”

“Leaders can introduce congregants to the liberative power of ‘singing the blues.’”

“I felt like the prophet Elijah sitting alone under a broom tree, but by being a part of the [MHSWG] group, an angel whispered in my ear, ‘You are not alone. There are others who care about mental health.’”⁸²

These three quotes, all from members of the MHSWG, point to the complexity of being a leader in a congregation that is striving to address issues of emotional, relational and mental health. Unlike in the 1950s when Blanton-Peale was developing its Pastoral Care & Counseling Training Program, it is no longer enough to equip an ordained clergy person to do the care-providing for an entire congregation. Each person has a part to play in a “web” that provides “care for the community and its members by the community and its members.”⁸³ But, while each person has a part to play, an ordained leader who is willing to speak out about mental health is the clearest way to destigmatize mental health and communicate its importance to an entire faith

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⁸¹ In Spring 2016, Blanton-Peale offered a 10-part program focused on supporting mental wellbeing for LGBTQ people. The 2017 version will include a “process group” for leaders who would like space within which to process issues that come up for themselves during the course of the seminar.

⁸² Research note, Shari Brink, June 28, 2016.

community – the clearest way to “introduce congregants to the liberative power of ‘singing the blues.’” This unique leadership role can be a heavy burden to bear, a burden that can leave leaders “sitting alone under a broom tree” wondering from where the help will come.

This complexity – that a web of care is needed, even as ordained leadership must play a unique role that requires special support – emerged over the course of the MHSWG. Initially, the need for a web of care took front and center stage; the MHSWG identified “training and empowering congregants to fulfill their ministry of caring” as one of three Appreciative Learning Topics that are most important for enhancing mental health in congregations.84 But at the very end of the Dream Summit, the need to support ordained leaders themselves became crystal clear, demanding center stage. These are two sides of a coin: equipping congregations and supporting leaders.

So, first, we ask what kind of equipping and empowering do congregants most need? What skills are most important? As the group explored this question through appreciative interviews that helped discover the positive core, here’s some of what they said:

“When faith communities are at their best in caring for others, chief among the skills that are used is “real listening” in non-judging, non-demonizing ways.”

“Listeners need an acceptance of their limitations and a patient understanding that healing does not generally come via a quick fix, an ability to acknowledge pain without agitating it and to probe without prying.”

“We want people to be as prepared as they can be, but also to be open to Spirit.”85

Listening as chief among helping skills was reinforced in the parallel process developed for Blanton-Peale’s Korean constituency. Students mentioned it more often than any other as transformational in their developmental process.86 They talked about listening as different than

84 See Appendix D.
85 Research Note, Shari Brink, June 28, 2016.
86 See Appendix H.
hearing and connected it with empathy. They elaborated that the focus of listening is in understanding and accepting rather than on fixing or on obedience. Deep listening helps overcome prejudice and helps the listener be more self-reflective.

What about the other side of the coin? What do faith leaders, the ordained clergy of faith communities, need by way of support to strengthen mental health? Their unique role begins with equipping others. To do so, faith leaders need to find a balance between boundaries and being real. They need to find appropriate ways to model vulnerability and brokenness; this helps destigmatize mental health issues. As the group put it, “people won’t learn from us about how to guide a healing process or heal in our presence if we aren’t real.”

Speaking out for mental health and balancing boundaries with appropriate vulnerability: these are facets of the “positive core” that leaders bring to the work of equipping others.

But at the end of the Dream Summit, another crucial aspect of the leadership role emerged. As the MHSWG turned toward helping each leader create a “dream” for their church and community, we read together from Ezekiel 37, in which the prophet Ezekiel is shown a valley of “very many” bones that were “very dry.” Reflecting on the passage from the perspective of what God’s Spirit might be doing about mental and spiritual wellbeing, we noted that bringing new life to dead bones requires a divine-human partnership; and that though healing and wholeness had been promised by the Spirit from the beginning, it came in stages over time. Then participants were given an opportunity to select one of a set of photographs of different valleys in Zion National Park – some sweeping, some dry, some verdant, some cold and

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87 Research Note, Shari Brink, June 28, 2016.
88 As in Jeremiah 29, the context for Ezekiel 37 is Israel’s exile in Babylon. A valley of dead bones is a powerful image for the complete absence of shalom but the promise of the return of holistic wellbeing (Ezek 36:4-14).
snowy – to use for a time of individual reflection on what God might be doing in their “valley.”

See Appendix F for dream questions, photos, etc.

As each participant shared a dream for his or her “valley,” the direction of the group took an unexpected turn. Leaders weren’t dreaming about the Safe Space they would create in their congregations or about how they would equip lay leaders (the Appreciative Learning Topics on which our work together had focused.) Rather, they seemed to be baring their souls about the challenges of leading a faith community in pursuit of mental health:

“What does it mean for us to be a haven for wellness when the church itself is masked?”

“I see how important it is to have an inner life before the waters starts surging.”

“I can’t do all this myself. I see the rainbow. I need help to get there.”

Intuitively, at this point, I made one of the most significant interventions in our time together as a group. I shared about a conference I’d attended a few years earlier that purported to be about helping leaders do the inner work that supports social justice work. While the advertised subject matter sounded interesting, when the conference was over, I realized it hadn’t achieved its goals. When I shared this recollection with the MHSWG, one member of the group instantly responded with “Shari, I’d do that conference with you in a second!” Another immediately reacted in a similar way, and the room came alive with the idea of connecting the inner journey of leaders with the outward work of supporting mental health.

The group was saying, “we need to connect the inner and the outer.” They commented that being a part of this group – the MHSWG – that was not denominationally focused, was inherently less political and competitive and, thus, safer. It was meeting an unmet need.

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89 Research note, Shari Brink, June 28, 2016.
90 Research note, Shari Brink, June 28, 2016. Note the correlation to the AI principle of “wholeness,” that bringing together a diverse group of stakeholders builds capacity. Whitney and Trosten-Bloom, 51-75, summary table 42. See also Appendix B.
While unexpected, a review of Research Notes indicates that this need for support of the inner journey was prefigured in earlier conversations. Rev. Adriene Thorne, then of Middle Collegiate Church, had pointed out earlier that leaders need to do their own healing work or, if not, it “bleeds through” like an old painting on a canvas that has since been covered over.91 It was also prefigured in my dreaming. While the participants were reflecting on their own dreams and contexts, as I held a photo of many valleys flowing into one, I wrote

“Faith communities and leaders have been going it on their own with mental health issues, separated off from others by high mountain ranges (or the bridges, rivers and tunnels of NYC). There are opportunities in empowering and equipping congregants, but leaders need safe space to do their own healing work. Learning how to partner with churches is first about learning to partner with and come alongside faith leaders.”92

We ended our Dream Summit day with the agreement that we would reconvene to explore further the inward journey that leads outward. The work of Parker Palmer provides a theoretical framework for this next phase. Palmer’s image for the inner journey that leads outward is that of a Mobius strip, a shape in which there “is no ‘inside’ and ‘outside’… the two apparent sides keep cocreating each other.”93 “Accept it or not,” Palmer says, “we all live on the Mobius strip all the time” so that “whatever is inside us continually flows outward to help, or deform, the world – and whatever is outside us continually flows inward to help form, or deform, our lives… ultimately, there is only one reality.”94 As adults, he says, we seek “wholeness”95 or “integration by reordering our onstage lives around our backstage values and beliefs.”96

91 Research note, Shari Brink, June 28, 2016.
92 See Appendix F for my own Dream Photo and Notes. Note the AI principle of “images inspire action” at work. The desolate yet hopeful valley of Ezekiel 37 is serving as a powerful impetus for action. Whitney & Trosten-Bloom, 51-75, summary table, 52. Appendix B.
94 Ibid.
95 Note the relationship to shalom’s basic meaning of wholeness.
96 Ibid, 45.
Engaging in a “circle of trust” – built on the “paradox of ‘being alone together,’” is a way to pursue this yearning:

We have much to learn from within, but it is easy to get lost in the labyrinth of the inner life. We have much to learn from others, but it is easy to get lost in the confusion of the crowd. So we need solitude and community simultaneously: what we learn in one mode can check and balance what we learn in the other. Together, they make us whole, like breathing in and breathing out.

It seems that this – creating a circle of trust that can support leaders living on a Mobius strip – is the next developmental step in Blanton-Peale’s partnership with faith communities and their leaders. It likely will not be the last or only step. A conference that connects the inward and the outward may also emerge and, in fact, Rev. Dr. Kim Anderson, pastor of Metropolitan AME Church of Harlem, has begun envisioning what this might look like as part of her work as a Social Justice Fellow with the Federation of Protestant Welfare Agencies. See Appendix J.

Dropping back, we see that it is not an “either/or” choice – to equip and empower laypeople or to support ordained leaders. Rather it is a both/and – a classic “polarity” to be managed. In a polarity, though there is a temptation to think that one alternative or the other is “right,” neither side by itself is complete. Pastoral counseling training programs may have gone out of vogue for good reason, namely, that there was a need to empower a “web” of people in each community of faith to do the caring work of the church. Because each of the poles has both an “up side” and a “down side,” after a period of over-focusing on one side, the natural response is to shift toward the other pole – from equipping ministers for pastoral care and counseling (as Blanton-Peale did in the 1950s to 1990s) toward the alternate pole of equipping lay leaders.

97 Ibid, 54.
98 Ibid, 55.
However, the wisdom of polarity management – and of the MHSWG – is that the two need to be held in balance, not allowing the pendulum to swing too far in either direction, but rather maximizing the upside of each pole.¹⁰⁰

Two scriptural images – each offered by Rev. Dr. Kim Anderson – can help hold the importance and power of each pole. Kim applies the image of the Pool of Siloam to talk about mental health– that without a team of people to help others into the healing waters, too many are left at the side. Kim is also the leader who, like the prophet Elijah, felt “alone under the broom tree,” but the MHSWG helped her know that she is not alone. Addressing mental health in faith communities requires a “web of care,” and it requires well-cared for leaders.

LEARNING IV: PAY ATTENTION TO CONTEXT (IT MATTERS)

“Mental health is a huge need in our congregation and neighborhood. Trauma is the biggest need.”¹⁰¹

“When our [Korean-American] students talk about their anger, underneath that anger is ‘han.’”¹⁰²

“When you first talked with me about trauma in poor neighborhoods, it was a new idea for me. But now I understand and see that we have it too.”¹⁰³

Each of these three quotes represents the perspective of a different faith leader on the issue of trauma. The first is from a conversation with Rev. Dr. Emma Jordan-Simpson and Rev. Samuel Phillips, both of Concord Baptist Church of Christ in Bedford-Stuyvesant Brooklyn

¹⁰⁰ Oswald and Johnson, 5-20. The polarity discussed here is most similar to Oswald and Johnson’s polarity titled “Strong Clergy Leadership AND Strong Lay Leadership,” 89-112. The need for leaders to tend to both the inward journey and the outward focus on helping others address mental health can also be approached as a polarity. It bears a resemblance to the “Inreach AND Outreach” polarity, p.113-142.


¹⁰² Research note, Shari Brink, June 7, 2016. Conversation with Rev. Dr. Angella Son, Director, Korean Pastoral Care and Counseling Program, Blanton-Peale Institute & Counseling Center.

¹⁰³ Research note, Shari Brink, August 1, 2016. Conversation with Rev. Kate Dunn, Associate Pastor, Fifth Avenue Presbyterian Church, Manhattan.
about mental health needs in their church and community. As I listened to Emma and Sam, I was struck by their use of the language of trauma. It was, for them, an important concept in addressing domestic and sexual violence, but also for understanding the everyday experience of racism and its intergenerational effects, and the dynamics of addiction and incarceration in poor communities. I hadn’t thought much about trauma before, so started listening for it in conversations with other clergy people. I was struck by the fact for ministers in predominantly white settings, it was a “minor sub-point in the outline” of how they talked about mental health, but for those who minister in historically Black churches, it came up in the first two sentences.¹⁰⁴

A few months later, I happened to ask Rev. Dr. Angella Son about anger, which had come up frequently in two “Listening Circles” with students in Blanton-Peale’s Korean Pastoral Care & Counseling Program. She introduced me to the Korean concept of han, “a deep feeling of suffering, despair, ‘everlasting woe,’ and ‘being trapped’ and ‘victimized’ in the face of enduring injustice and oppression that are far beyond their resistance and control.”¹⁰⁵ Han is, in essence, a response to intergenerational trauma. In a conversation about han with David Harris, a Blanton-Peale board member, he mused about the ways that what Blanton-Peale is learning in a Korean context might help him, as a Black man, process anger and intergenerational oppression.

¹⁰⁴ I noted it in conversations with Rev. Dr. Anne Elliott (multiple dates), including her comments on the work of Rev. Dr. Anthony Bennett and Rev. Nancy Kingwood at Mount Aery Baptist Church, Bridgeport, CT. Mount Aery Baptist has worked to create a “trauma-informed” congregation in which leaders (both paid and volunteer) have been trained to identify trauma, deescalate any situation they may observe, and make a warm and effective referral to additional care. Most recently, I noted it in an article about First Corinthian Baptist Church of Harlem: “When it comes to addressing mental health issues, this Harlem church does more than just pray about it,” accessed December 21, 2016, http://blavity.com/when-it-comes-to-addressing-mental-health-issues-this-harlem-church-does-more-than-just-pray-about-it?utm_content=buffer9eb0&utm_medium=social&utm_source=twitter.com&utm_campaign=buffer.

Then, in a Summer 2016 conversation with Rev. Kate Dunn of Fifth Avenue Presbyterian Church (FAPC) in Manhattan, she thanked me for sharing with her the differences I was encountering around the subject of trauma. She noted that, over time, the concept of trauma was reshaping both how she thinks about racism and how she frames some of the challenges faced by members of her congregation, regardless of racial/ethnic background. Her experience mirrors my own. Kate asked if Blanton-Peale might lead a workshop on trauma for her congregation.

These varying perspectives on trauma make it an obvious example of the importance of paying attention to context. Trauma is experienced and discussed in distinctive ways in various settings. Context matters. Because *shalom* is so closely related to both justice and community, it is by nature contextual. So is mental health. While some aspects of *shalom* and mental health are universal to what it means to be human, there is much that is particular and driven by contextual and societal factors. Though pastoral care, as it has been formulated and practiced, has not done very well at attending to cultural and systemic factors, an understanding of the societal undercurrents to mental health is crucial as Blanton-Peale engages diverse settings.  

An “interculturality” approach provides a simple and elegant framework that is useful when discerning what is universal and what is contextual. While engaging diverse individuals, Emmanuel Lartey encourages holding each of three statements in balance: “Every human person is in certain respects 1) Like all others [the universal sphere], 2) like some others [the cultural

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106 Larry Kent Graham, an early author in the attempt to connect individual approaches to broader systemic factors, developed an approach that he calls “psychosystemic caregiving,” which includes a “psychosystemic map” capturing the interconnections between five spheres: persons, families, society, culture, and nature. *Care of Persons, Care of Worlds: A Psychosystems Approach to Pastoral Care and Counseling* (Nashville, TN: Abingdon Press, 1992), 52-66.
sphere], 3) like no other [the individual sphere].”\textsuperscript{107} The danger is in overemphasizing or ignoring any one sphere.\textsuperscript{108}

Out of a belief that bringing diverse stakeholders together can stimulate creativity,\textsuperscript{109} the MHSWG was intentionally created as a diverse group.\textsuperscript{110} Tending to interculturality, both in the group’s dynamics and in the initiatives it would help design, was essential; “one size fits all” would not do. The hope was that an environment could be created in which, for example, it would be safe for those who experience racism to talk about its traumatic effects and in which others could hear this and have their perspectives broadened and changed.

Dr. Anne Elliott’s partnership was key to success. To fully engage pastors of Historically Black Churches, an African-American co-facilitator and mental health professional was essential. Anne, an ordained African Methodist Episcopal Church minister and alumna of Blanton-Peale’s psychoanalytic program in private practice, was a perfect choice. Either Anne or I had conversations with each prospective participant and those conversations, along with a 1-pager describing the MHSWG, made clear that societal issues were on our radar. The response was overwhelmingly positive. Initially, the goal had been to have 8 to 12 participants, but 21 of the 28 who were invited responded positively. They represented 18 faith communities.

\textsuperscript{107} Emmanuel Y. Lartey, \textit{In Living Color: An Intercultural Approach to Pastoral Care and Counseling} (London: Jessica Kinsley Publishers, 2003), 34.
\textsuperscript{108} Ibid., 35-37.
\textsuperscript{110} Ultimately, Blanton-Peale would hope to have effective partnerships with faith communities representing the full racial, ethnic and religious diversity of the City of New York. This time, those who came together represented a “slice” of that diversity but not “the whole pie.” Invitations focused on faith leaders from three cultural groups: pastors of historically Black Churches, of white-becoming-multicultural churches, and of Korean immigrant churches. As Korean participants were invited, logistical and language challenges emerged for Korean participants. As a result, we created a parallel “Listening Circles” approach utilizing Korean to English translation so that I could participate. A separate 15-page paper is available describing that process and sharing its findings. See Appendix H
This laid a foundation to move “beyond simple, mono-cultural, and individualistic notions of care” to thinking of “a living human web,” an image from Bonnie Miller-McLemore. The image captures a growing understanding that we must pay attention not just to the intrapsychic aspects of the individual, but also to the societal and systemic, and that “we must hear the voices of the marginalized from within their contexts.” “Web thinking” helps move beyond the glaring limitations of an individualistic approach that inadequately addresses the social sources of suffering, especially as experienced by those outside privileged demographics. Furthermore, regardless of race or class, an individualistic approach that expects each of us to forge our own way in the world, adds to a sense of powerlessness, isolation, and anxiety. “Individualism’s demands often become the cause of the dis-ease, not its remedy.” We must think, then, not just about the individual, but also about the ways they are “held secure or let loose by public and ecclesial policies and the beliefs of the culture in.”

This expanded framework, that tends both to the individual and the societal and that discerns the universal and the particular, is valuable to Blanton-Peale as it seeks to partner with a broad range of faith communities in addressing today’s mental health crisis. Blanton-Peale has, for some time, said that it is helping create a “healthier world,” but tending to interculturality, as

111 Lartey, 11.
112 McClure, Moving Beyond Individualism in Pastoral Care and Counseling: Reflections on Theory, Theology, and Practice, 184, commenting on Miller-McLemore’s image that “has gained significant purchase.” Pamela Cooper-White has offered a variation on the web image that, perhaps, helps ensure that the individual is not lost when focusing on the societal: “‘humanity’ cannot be known as a whole, but only in its local particulars, like the drops of dew on a spider’s web.” McClure, 185.
113 Ibid., 16-18.
114 Ibid., 22.
115 McClure, 3.
116 Ibid., 4.
117 Ibid., 5.
well as to the societal alongside the individual, can flesh out what that might require of Blanton-Peale as a dance partner to faith communities.

Since the three conversations reported at the beginning of this section, trauma has continued to “bubble” as an important focus. Leaders of one congregation’s ministry inside Sing Sing Prison reached out, asking whether Blanton-Peale might facilitate a discussion of the role of trauma in the lives of incarcerated individuals. And in a McCormick D.Min. course on pastoral care in times of crisis, Rev. Dr. Sharon Ellis-Davis noted the preponderance of stories of trauma on the Facebook pages of black women. She summed up, saying, “Approaching Black life from the lens of trauma helps us see things differently… until we address racism from the viewpoint of trauma, we won’t get anywhere.” Trauma is also in the foreground in the work of Blanton-Peale’s Counseling Center, where it is one of the fastest growing diagnoses. 8 Blanton-Peale therapists are currently pursuing specialized training in EMDR (Eye Movement Desensitization Reprocessing) so that 15 of our 57 therapists will be trained in evidence-based approaches to addressing trauma. Meanwhile, I have come to understand trauma as an important frame that helps understand the ways that many challenges faced by individuals are a reflection of some of today’s most pressing social problems. I created the diagrams in Appendix K to aid discussions of the relationship between mental health and societal challenges.

LEARNING V: DEVELOP PARTNERSHIPS WITH OTHER HEALING AGENCIES

“Develop and deepen partnerships with other healing agencies to share knowledge and wisdom and provide coordinated holistic care for people.”

This was one of three “Appreciative Learning Topics” identified by the 18 members of the MHSWG as having the most potential to help faith communities become the strongest, most

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119 Rev. Dr. Sharon Ellis-Davis, Class notes, “Pastoral Care in Times of Crisis”, October 19, 2016.
120 Research note, Shari Brink, April 25, 2016. See Appendix D for more on the Getting Started Gathering and the determination of Appreciative Learning Topics.
caring, most supportive they can be of emotional, relational and mental health. Faith leaders identified this topic of their own accord, out of their needs and experiences, and not simply because Blanton-Peale was interested in “becoming a better dance partner.” In other words, faith communities see the need to partner with nonprofits in order to address the mental health crisis going on around them. There are two eager dance partners.

As members of the MHSWG interviewed others about successful partnerships, they began to flesh out what partnership looks like at its best. Various images emerged, each with a similar point: partners are “different trees or vines that can bear different kinds of fruit”; they are “in a yin and yang relationship” with each other, potentially seeming at odds with each other but complementary and interconnected; they “hold hands,” joined in common purpose; they reach out and “share their hearts.” These images point to two primary aspects of partnership: first, the fact that partners come at the work from different perspectives, which brings the additional potential and, second, the relational aspect that is required to bind partners together.

At their best, partnerships are built on a deep relational base of mutuality, collegiality, respect and care for the other person. As one participant, David Harris, Esq. put it,

“There has to be ‘something juicy’ binding the partners together. That can be an intractable problem – such as child poverty or a societal crisis around mental health – but, ideally, there is something more that can bind the partners together during tough times. Often it requires taking time to stop working and share life stories; it requires, plain and simple, liking each other.”

Trust is an essential component of partnership relationships, especially trust that a partner is well equipped. Trust, as the MHSWG described it, includes recognizing and respecting that “each organization has its own protocols, culture, and accountabilities.” It also requires

121 Research note, Shari Brink, 6/28/16.
122 Research note, Shari Brink, June 6, 2016. David Harris is a member of the Blanton-Peale board of Trustees and participated in the Dream Summit. As a litigator, he has successfully partnered with a coalition of nonprofits to address statewide change in New Jersey on behalf of children with disabilities.
understanding that secular agencies cannot “institutionalize” religion or spirituality, even as there are those within them “who are open to and deeply motivated by spirituality.” Trust is acted out in behavior, such as “sticking up for each other publicly” and modeling through actions the value that each places on the other’s skills.  

Blanton-Peale’s capacity to create partnerships of this caliber is essential for success in today’s complex environment; partnerships can add to the “social capital” Blanton-Peale needs to get things done and thrive in the current environment. Partnerships (variously called alliances, collaborations and remixes) enable organizations to create new value together through collaboration – more so than a mere exchange in which each organization gets something back for what it puts in. The term “remix” speaks to this and is borrowed from music and art to describe “the mixing of resources, assets, and capabilities of one organization with those of another to create value.” Remixes help an organization reach beyond the tactical and deal with “dramatic changes in the competitive environment.” In other words, they are an essential strategy for dealing with adaptive challenges.

An astuteness is needed about managing the value that is created through partnership. Entrepreneurs are particularly adept at using new combinations – combining ideas and skills from unique and distinct sources – to create added value.

This, of course, is reminiscent of the “remix” created by Blanton-Peale’s entrepreneurial founders, Smiley Blanton and Norman Vincent Peale. As Blanton-Peale again focuses on entrepreneurial remixes to address the shifting context and today’s mental health crisis, it needs

123 Research note, Shari Brink, June 28, 2016.
126 Ibid., 10-11.
127 Ibid., 9.
to pay attention to “three laws” of organizational partnering: “First law: The value created by the combination should exceed the total value that would be generated by the players acting alone; Second law: The combination must be designed and managed to realize this joint value; Third law: Each participant must earn a return sufficient to justify the investment.”

Of course, for nonprofits and faith communities, the “value” is often less measurable, but its creation and the way it is shared must be tended to nonetheless. In designing the 21-person Mental Health and Spirituality Working Group, the thought was that by combining Blanton-Peale’s psychological and mental health expertise with faith communities’ ability to leverage the power of community and their “up close” understanding of mental health needs in their settings, additional value could be created (the first law.) The work together had to be designed (second law) to realize (third law) the hoped for “return,” namely that faith leaders would experience a growing sense of hope, vision, and support and that Blanton-Peale would learn more about mental health needs as experienced in congregations.

The sense is that a significant return has indeed been realized both by the faith leaders who participated, as well as by Blanton-Peale. In addition to the experience of support for leaders doing mental health work (which we hope to build on in the next phase, see Learning III above), the faith leaders who participated have a clearer sense of the kinds of partners they need. Often these are “local partners” in the neighborhood in which their faith community is situated, and/or (in addition to a place like Blanton-Peale) is with a nonprofit focused on more specific aspects of mental wellbeing, such as a safe house for survivors of domestic violence or a substance abuse treatment center, or an organization working with the formerly incarcerated.

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128 Ibid., 7, 14-21.
129 See the 1-pager created for prospective participants in Appendix C for the articulation of this.
Having conducted an appreciative interview with a leader of a nonprofit, one participant reported that “the interview was already a move toward local partnership; asking the question begins the change.”\textsuperscript{130} This was her recognition of the AI principle that “inquiry creates change.”\textsuperscript{131} Since the interviews elicited deeply personal sharing, these partnerships have a good start on the necessary relational base.

The same could be said of Blanton-Peale’s relationship with each of the leaders and faith communities represented in the MHSWG. Each is in deeper relationship and partnership with Blanton-Peale and with each other. And faith leaders are reaching out to Blanton-Peale in new partnering ways: one church has asked Blanton-Peale to lead a workshop on trauma, another on parenting in a digital age, and another has reached out to introduce us to the leadership of a major teachers’ labor union.

\textbf{“RETURNING TO THE BALCONY”: PRELIMINARY REFLECTIONS ON ADDRESSING THE ADAPTIVE CHALLENGE TO BECOME A BETTER DANCE PARTNER TO FAITH COMMUNITIES}

We return now to the “balcony,” the place from which the larger arc of change can be observed, and reflection can take place. From the balcony, we were able to see a change over the last few decades in the context within which pastoral care takes place, as well as NY City’s mental health crisis. We return again to the balcony to reflect on initial results as a result of the formation of Blanton-Peale’s MHSWG.

While the previous section focused on five key “learnings” (as defined by Kirkpatrick) about how faith communities can best support emotional, relational and mental health, in this closing section we turn to preliminary reflections on the impact of the MHSWG on “Behavior” and “Results” – namely on learning to be a better dance partner to faith communities in

\textsuperscript{130} Research note, Shari Brink, June 28, 2016.
\textsuperscript{131} Whitney and Trosten-Bloom., 51-75, summary table, 52. See also Appendix B.
addressing NY City’s mental health crisis. Because the challenge is, for Blanton-Peale, an adaptive one, the full effect of the MHSWG and the events it has set in motion will only be known over time. Recall that Appreciative Inquiry (AI) was chosen as the process to undergird the work of the MHSWG because it is well suited to addressing adaptive challenges: 1) it helps mobilize others (beyond an authoritative expert) to tackle tough challenges, and 2) it helps build on the best of the past, helping to discern what to conserve and renew from the past, what to discard, and what new elements might be invented.

Returning to the balcony, then, we reflect on these two aspects, asking first how the MHSWG has helped mobilize others. Are Blanton-Peale and faith communities dancing together in new ways to address today’s mental health crisis? This project has modeled a different way of doing the work – a way in which (potential) partners engage each other to determine together what faith communities most need and can best do to address mental health challenges. Partnership – a genuine and authentic sense of being in it together with each party offering their unique gifts and skills – has been the building block for this mobilizing approach. Partnership was both means and end, impetus and goal, and was woven throughout all stages: from the very beginning, leaders responded enthusiastically to the idea that Blanton-Peale wanted to learn from their experiences. And partnership was crucial to the project’s implementation: a partnership between co-facilitators was essential and a collaboration with the Federation of Protestant Welfare Agencies assured appropriate space for the group to convene and helped garner the attention of the Thrive Mental Health Initiative of NYC Mayor DeBlasio. A relationship to the city-wide initiative could, in turn, pave the way for further partnerships that can help mobilize a broader multifaith movement to address mental health
Partnership in one stage, it seems, stimulates and generates deeper and more far-reaching partnerships for the future. And partnership in one particular area of Blanton-Peale’s work – that of resourcing faith communities in fostering mental wellbeing – has fueled a subtle shift across Blanton-Peale’s programmatic areas toward an assumption of partnership. “Who will we partner with as we set out to develop this new initiative?” is now a question that gets asked.¹³²

Through the MHSWG, Blanton-Peale has acted “as if” we are partners with others in the NY City landscape. It has sought to “Be the change it seeks in the world.” And acting “as if,” as AI points out, is self-fulfilling.¹³³ Of course, there are, undoubtedly, many more dance classes ahead. As Rosabeth Moss Kanter puts it, to succeed beyond “love at first sight,” partnerships require “a dense web of interpersonal connections and internal infrastructures that enhance learning.”¹³⁴ Nonetheless, while the MHSWG represents only the beginnings of that “dense web,” it has helped mobilize a group of people to work together on the entrenched challenge of creating mental wellbeing in the City of New York.

From the balcony, we also ask how the creation of the MHSWG is helping Blanton-Peale build on the best of the past – conserving and renewing some elements, discarding others, and inventing still others. How is Blanton-Peale now positioned to utilize psychological expertise to support mental well-being in and through faith communities? In what ways will its dancing look like that of its founders and in what ways do we anticipate it evolving and changing?

An examination of Blanton-Peale’s early decades of success and the newly flourishing Korean Program had pointed toward 4 “clues” about how we might take the best of Blanton-

¹³² Research note, Shari Brink, July 5, 2016, as Blanton-Peale therapists met to work on a new 10-part series on LGBTQ people and mental health. Other questions that now get asked include “How could we partner with a healthcare agency,” “Is there a nonprofit with experience in the criminal justice system that might enhance our ability to address trauma,” “Are there other seminaries, either in the tristate area or across the country that we should be partnering with?”
¹³³ Whitney and Trosten-Bloom, 51-75, summary table, 52. See also Appendix B.
¹³⁴ Kanter, 97.
Peale’s history into the future (p.11-12 above). A review of the four clues in light of the five learnings from the MHSWG indicates a striking correlation and can help sum up what might be conserved and renewed, what discarded, and what new elements created.

**Clue 1:** “Clarify an authentic spirituality that can be paired with psychological competencies in today’s multifaith world.” Recent conversations with the Blanton-Peale Board of Trustees have suggested the possibility of utilizing the language of “wholeness” as the goal of the psycho-spiritual journey. This same language emerged as “natural” among the MHSWG and those it interviewed. *The theological concept of shalom fleshes out the idea of wholeness. To take the best of Blanton-Peale’s history into the future, it needs to reclaim and enrich its distinctive brand that combines spirituality with psychology, thinking in terms of a multifaceted wholeness that connects individual wellbeing to societal wellbeing.*

**Clue 2:** “Be open to a range of approaches that go beyond training clergy in pastoral care and include strengthening a network or ‘web’ of care.” Two of the MHSWG’s emphases reinforced this direction – namely by encouraging the creation of Safe Space “within which people can be their unmasked, authentic selves” and by “training and empowering congregants to fulfill their ministry of caring.” But later, in the group’s work, the needs of leaders for a place of support took center stage. In short, while we must create a “web of care” in which care is provided by the community and its members, we must not do so to the neglect of supporting leaders. *BP’s historical emphasis on well-equipped leaders continues to be essential today. The “baby must not be thrown out with the bathwater,” but it must be joined by a new emphasis on equipping other caring people.*

**Clue 3:** “Attune itself to mental health needs as experienced in the context of particular communities of faith.” The MHSWG’s experience around differing understandings of trauma is
an obvious example of the fact that “context matters.” As NY City’s population (and the American population in general) has become increasingly diverse, there is less and less “one size fits all” and more of a need to tend to diverse groups and niche contexts. **An intercultural approach that distinguishes the universal from the cultural and the cultural from the individual is required, along with attention to societal factors that impact personal well-being.**

The Blanton-Peale Korean Program provides one model of a contextually-based approach upon which to build. **Addressing trauma is a fruitful area for further development.**

**Clue 4:** “Communicate a genuine openness to real partnership.” The importance of partnership has already been discussed. Blanton-Peale can do its best work by making mental health a joint effort. It is essential to involve those who are “up close” in discerning the most pressing needs and the best ways to meet those needs. **The importance of being responsive to one’s partner(s) is crucial. One can never assume one “knows how to do this step,” because each partner will bring something new to the dance.** As Richard Powers, an authority on historical and social dance at Stanford University writes:

> As we dance, we constantly discover new opportunities, which open doors to possibilities, as opposed to rules and restrictions that close doors. We generously adjust our own dancing to be compatible with our various dance partners, rather than insisting that they conform to us. We enjoy the individuality of our dance partners.\(^{135}\)

From the balcony, it is clear that the approaches that can be conserved and renewed from Blanton-Peale’s rich history are considerable. The element that is, perhaps, most important to discard is an incipient fear that Blanton-Peale’s best days are behind it. New initiatives that will continue to emerge and resonate with the needs of today’s faith communities can significantly

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impact mental and spiritual wellbeing in neighborhoods across New York City. Undoubtedly, other cities and towns across the United States and around the world are struggling with their own “mental health crisis.” Perhaps Blanton-Peale might again ignite a movement – as it did in the 1950s when it catalyzed the pastoral counseling movement – a new multifaith movement for mental and spiritual health.

136 These visions – for a future of partnership and innovation, of renewed spirituality, of equipping clergy and lay leaders to provide contextually conscious care – are summed up in Appendix L: “A Vision for What Can Be – New York City’s Favorite Dance Partner.”
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Shalom from *New International Dictionary of OT Theology and Exegesis*


APPENDIX A: Recent Growth of Blanton-Peale Counseling Center, 2009-2016

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Sessions</th>
<th>% Growth Over Previous Year</th>
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<tr>
<td>2009</td>
<td>13,295</td>
<td></td>
</tr>
<tr>
<td>2010</td>
<td>15,634</td>
<td>19.1%</td>
</tr>
<tr>
<td>2011</td>
<td>15,020</td>
<td>-5.1%</td>
</tr>
<tr>
<td>2012</td>
<td>18,135</td>
<td>20.7%</td>
</tr>
<tr>
<td>2013</td>
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<td>2014</td>
<td>21,224</td>
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<tr>
<td>2015</td>
<td>25,452</td>
<td>19.9%</td>
</tr>
<tr>
<td>2016</td>
<td>28,725</td>
<td>12.8%</td>
</tr>
</tbody>
</table>

116.0% over last 7 years  
81.4% over last 6 years  
91.2% over last 5 years

Number of Sessions Per Year

![Number of Sessions Per Year Graph](image-url)
APPENDIX B: Overview of the Appreciative Inquiry Process

Appreciative Inquiry 4-D Diagram

Appreciative Inquiry 8 Principles

Overview of the Process for the Mental Health and Spirituality Working Group
Appreciative Inquiry
The 4-D Cycle
Based on Diana Whitney and Amanda Trosten-Bloom,
The Power of Appreciative Inquiry: A Practical Guide to Positive Change, p.6
## Appreciative Inquiry

### The Eight Principles of Appreciative Inquiry


<table>
<thead>
<tr>
<th>Principle</th>
<th>Definition</th>
</tr>
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</table>
| **1. The Constructionist Principle** | *Words Create Worlds*  
Reality as we know it is a subjective rather than an objective state.  
It is socially created through language and conversations. |
| **2. The Simultaneity Principle** | *Inquiry Creates Change*  
Inquiry is intervention.  
The moment we ask a question, we begin to create a change. |
| **3. The Poetic Principle** | *We Can Choose What We Study*  
Organizations, like open books, are endless sources of study and learning.  
What we choose to study makes a difference. It describes – even creates – the world as we know it. |
| **4. The Anticipatory Principle** | *Images Inspire Action*  
Human systems move in the direction of their images of the future.  
The more positive and hopeful the images of the future are, the more positive the present-day action will be. |
| **5. The Positive Principle** | *Positive Questions Lead to Positive Change*  
Momentum for large-scale change requires large amounts of positive affect and social bonding.  
This momentum is best generated through positive questions that amplify the positive core. |
| **6. The Wholeness Principle** | *Wholeness Brings Out the Best*  
Wholeness brings out the best in people and organizations. |
<table>
<thead>
<tr>
<th></th>
<th>Bringing all stakeholders together in large group forums stimulates creativity and builds collective capacity.</th>
</tr>
</thead>
</table>
| 7. **The Enactment Principle** | **Acting “As If” Is Self-Fulfilling**  
To really make a change we must “be the change we want to see.”  
Positive change occurs when the process used to create the change is a living model of the idea future. |
| 8. **The Free-Choice Principle** | **Free Choice Liberates Power**  
People perform better and are more committed when they have freedom to choose how and what they contribute.  
Free choice stimulates organizational excellence and positive change. |
Overview of the Process for the Mental Health and Spirituality Working Group

Blanton-Peale’s desire to deepen partnerships with faith communities in ways that could help address New York City’s mental health crisis led us to develop and convene an “appreciative learning community” of spiritual and religious leaders from a diverse set of New York City faith communities. Appreciative Inquiry (AI) was chosen because it is designed to build on the existing strengths – in this case, of both Blanton-Peale and congregations – and “[focus] attention on the most positive potential,” unleashing this positive potential “for transformation and sustainable success.” The purpose of the appreciative learning community – which came to be known as The Mental Health and Spirituality Working Group (MHSWG) – was to discover, dream and design initiatives that can enhance the emotional, relational and mental health care of congregations. Using an AI approach, the process was designed to enable Blanton-Peale to become a better “dance partner” to communities of faith in addressing New York City’s mental health crisis.

Forming the Appreciative Learning Community

Early on, a commitment was made to draw together a group of religious and spiritual leaders serving in a wide range of diverse contexts and settings. Nonetheless, it seemed wise to include a “slice” of the diversity that is NYC without trying to “eat the whole pie.” While “wholeness brings out the best,” “too much” diversity could cloud the outcomes. It could become difficult to distinguish what is common across faith communities from what is unique to a particular setting. Hence, we decided to focus our invitations to faith leaders on three cultural

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137 Whitney and Trosten-Bloom, 6.
138 Whitney and Trosten-Bloom, 52, and Block, 23.
groups: pastors of historically Black Churches, of white-becoming-multicultural churches, and of Korean immigrant churches.\textsuperscript{139}

Each prospective participant was invited personally by me or by another member of the Leadership Team that included Rev. Dr. Anne Elliott and Rev. Dr. Angella Son. As Dr. Son began inviting Korean participants, she and I realized that their participation was not practical logistically (prospective participants are spread around the Tri-State region), nor from a language perspective (most would be alumni of our program offered in Korean and would not be sufficiently fluent in English.) So, we created a parallel track for Blanton-Peale’s Korean constituency. While similar questions were pursued, it was condensed into two 90-minute “Listening Circles,” held in Korean but utilizing translation so that I could participate. A separate 15-page paper is available describing that process and sharing its findings. See Appendix H.

As we reached out to invite faith leaders to participate in the Mental Health & Spirituality Working Group, in order to assure ownership and voluntary involvement, we offered “radical invitations,” as described by Peter Block.\textsuperscript{140} We named the possibility about which we were convening, namely that we were looking to create a future in which communities of faith have the support they need to address NYC’s mental health crisis. The 1-pager we shared with each invitee made clear what would be required of each person, should they choose to participate, and, in response to Gomes-Casseres’s second law for remixes,\textsuperscript{141} it gave a sense of what was in it for faith communities and for Blanton-Peale. The 1-pager and our conversations with prospective

\textsuperscript{139} Ultimately, I would hope to guide Blanton-Peale toward effective partnerships with communities of faith representing the full racial, ethnic and religious diversity of the City of New York.

\textsuperscript{140} Block, 180, 113-122

\textsuperscript{141} Gomes-Casseres, 7, 14-21.
participants made clear that we were open to discussing societal issues such as racism. The 1-pager is included in Appendix C, as is the initial email welcoming the group.

The response was overwhelming. Initially, our goal had been to have 8 to 12 participants but 21 of the 28 we invited responded positively. They represented 18 faith communities. The strong response meant the group couldn’t be held at Blanton-Peale and forced us into partnership mode. I reached out to the Federation of Protestant Welfare Agencies to host us. This opened doors later to conversations with the staff of the NYC Mayor’s Mental Health Initiative, known as Thrive NYC.

The Getting Started Gathering

A Getting Started Gathering, held on April 25, 2016, served as the “on ramp” (my term) to the 4-D Appreciative Inquiry Process, a process that includes: 1) Discovery of “the best of what is and what has been,”\(^\text{142}\) 2) Dreaming about “what might be”\(^\text{143}\); 3) Design of “what should be”,\(^\text{144}\) and 4) pursuing Destiny or “what will be,” i.e. “a series of inspired actions that support ongoing learning and innovation.”\(^\text{145}\) In addition to introducing the 4-D cycle, we also introduced Lartey’s interculturality framework, indicating that as themes, core factors, and initiatives emerged, we would be attentive to which spheres are at play, i.e. whether the idea being put forth applies across cultures and for a range of settings, or whether it applies only in certain cultures, or perhaps might only be applicable in that particular faith community (see Appendix D for specifics of the Getting Started Gathering Process, handouts, and evaluation we

\(^{142}\)Ibid., 7.
\(^{143}\) Ibid., 8.
\(^{144}\) Ibid., 8-9.
\(^{145}\) Ibid., 9. Note that the initial three phases were part of the thesis project, while the final Destiny phase follows the conclusion of the D.Min. project.
used.) We got to know each other through appreciative interviews, which then also formed the basis for determining Appreciative Learning Topics to guide our work forward.146

The goal for the Getting Started Gathering was to come to a shared sense of the topics that the group believes have the most potential to help our communities of faith become the strongest, most caring, most supportive they can be of emotional, relational and mental health. Three topics emerged as the clear consensus that we would want to learn more about and “work into our repertoire”:

1. Destigmatize Mental Illness and Create Safe Sacred Space where people can be their unmasked authentic whole selves and share their brokenness and giftedness.
2. Train and Empower Congregants to fulfill their ministry of caring with skills such as listening; valuing, tolerating and owning feelings; and understanding trauma.
3. Develop and Deepen Partnerships with other healing agencies to share knowledge and wisdom and provide coordinated, holistic care for people.

The Discovery Phase

The Discovery Phase, May and June 2016, was designed to discover “the best of what is,” with respect to the three topics above. In this phase, each member of the MHSWG was asked to conduct three interviews. Dr. Elliott and I used the topic list to create positive questions and an interview guide. A conference call was held on May 16 to test and refine the Interview Guide with the group and to further orient members to the interview process. Process notes for the Conference Call are included in Appendix E, as is the Interview Guide.

Participants were asked to complete three interviews by June 10, which was ultimately extended to June 17. This timeline posed the biggest challenge of the entire project for busy leaders. While a handful were able to complete three interviews, we encouraged each participant to do at least one. Ministers are generally very determined to “complete their homework,” and the fact that some were simply not able to, contributed to a smaller turnout at the Dream Summit.

146 Whitney and Trosten-Bloom, 126-141.
If the timeline had not needed to conform to that of a D.Min. project, I would have felt greater freedom to adjust to suit the group’s needs. An additional challenge emerged when some participants attempted to interview academics who are more familiar with quantitative research projects than with change processes like Appreciative Inquiry. In the end, two potential interviewees declined to participate.

The Dream Summit and Design Phase

Due to the compressed timeline of this AI process, the final steps of the Discovery phase were combined into the beginning of the Dream Summit, held June 28, 2016. So we began our day by making meaning from poignant stories and quotes in an exercise we called “Digging for Treasure,” that included drawing a picture of “gems” for each topic area. This created a visual representation of the “positive core,” i.e. the unique set of strengths, resources, and skills that congregations use – when they are at their best – to care for mental and spiritual needs. A representative of the Mayor’s Thrive NYC mental health initiative joined us for several hours of the Dream Summit. See Appendix F for Process Notes for the Dream Summit and related handouts, photos, etc.)

We then turned toward dreaming together about “what could be” by amplifying “the good that already is,” i.e. the positive core. The goal was to: 1) support each leader in creating a “dream” for their church and community on mental and spiritual well-being; and 2) develop an initial sense of how we might support each other or work together in pursuit of those dreams. To get into a dreaming mode, we read Ezekiel 37, in which the prophet Ezekiel is shown a valley full of “very many” bones that were “very dry.” Reflecting on the passage from the perspective of what God’s Spirit might be doing relative to mental and spiritual wellbeing, we noted the power of questions, both for us in our work together and for Ezekiel; that bringing new life to
dead bones requires a divine-human partnership; and that though healing and wholeness had been promised by the Spirit from the beginning, it came in stages over time.

Then participants were given an opportunity to select one of a set of photographs of valleys in Zion National Park – some sweeping, some dry, some verdant, some cold and snowy to use for a time of individual reflection on what God might be doing in the particular “valley” of their church. They were then invited to share their dreams with the group. See Appendix F for dream questions for reflection, photos, etc.

In the midst of a time of sharing, the group naturally moved into Design mode. An idea emerged for which there was a shared sense of “rightness.” Conversations over the summer and into the early fall have furthered the design, creating a sense of next steps.
APPENDIX C: Forming the Appreciative Learning Community

Email Inviting and Confirming Participation

One-page introduction to the Appreciative Learning Community

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From: Shari Brink
Sent: Friday, April 08, 2016 2:32 PM
Subject: Invitation to the Mental Health and Spirituality Working Group

Dear friends (old and new!),

The Rev. Dr. Anne Elliott and I have been looking forward to this moment for weeks now – the moment in which we officially say “OK, let us begin!” For several months now we have felt the Spirit’s promptings to bring together a group of religious and spiritual leaders like those on this email – leaders who bring a passion for addressing emotional and mental health needs in their ministry settings and who have a wealth of experience from which to draw. Each of you comes highly recommended by someone we trust. Our sense of the “rightness” of this group has only grown as we’ve talked with some of you! You are people who know the challenges we face in these areas, that as Mayor DeBlasio and First Lady McCray have said, we face a “quiet crisis” in mental health that has been decades in the making.

Thank you to those of you who have already agreed to be a part of this Pilot Learning Community focused on leveraging the power of communities of faith to create greater mental and spiritual well-being. And we hope those of you who we haven’t yet had a chance to talk to will join us as well. Either Anne or I will connect with you soon. Our hope is that – in coming together – each of us will experience a greater sense of vision and support in our work. And we’ll dream about and design new initiatives (or expand existing ones) that respond to mental health needs, as we know them in our communities. Further information about how we envision this group is available in the attached 1-pager. Many of you have already seen this, but even if you have, please take a peek. It’s evolved just a bit during the course of our conversations.

Our “Getting Started Gathering” is Monday, April 25, noon to 5 pm. We are grateful to The Federation of Protestant Welfare Agencies for hosting our gatherings. A special thank you to Rev. Joel Gibson and Rev. Brady Funn of FPWA who will be a part of our group. Their offices are at 40 Broad Street, New York, NY 10004, convenient to LOTS of subway lines. See a map here: http://fpwa.org/contact/

If we’ve already talked with you, please reply with a quick confirmation to let us know you’ve received this email and that you will be with us on April 25! And if we haven’t yet spoken, let’s do so soon!

Looking forward to being together with you on April 25,
Shari and Anne

Rev. Shari K. Brink
President & CEO
Blanton-Peale Institute and Counseling Center
212-725-7850, Ext. 110
7 W 30th Street, 9th Floor
New York, NY 10001-4597

Attachments area
A Pilot Appreciative Learning Community of Spiritual and Religious Leaders
Focused on Leveraging Community for Mental and Spiritual Well-being

A Project of Blanton-Peale Institute & Counseling Center
Hosted by The Federation of Protestant Welfare Agencies

The Challenge and Need: We are living in the midst of what NYC Mayor Bill DeBlasio and First Lady Chirlane McCray have called a “quiet crisis” in mental health that has been “decades in the making.” One in five adult New Yorkers experiences a mental health disorder in any given year. 8% of public high school students report attempting suicide. At any given time, over half a million adult New Yorkers are estimated to have depression, yet less than 40% report receiving care for it.

And this crisis is showing up in congregations in progressively more acute ways. Communities of faith are hungry for support and are increasingly aware of the ways that racism, the broadening gap between rich and poor, and urban loneliness is affecting the well-being of their congregants. Blanton-Peale is convening an Appreciative Learning Community of Diverse Religious and Spiritual Leaders in an effort to become a better “dance partner” to communities of faith as together we seek to address these mental health needs.

Purpose of the Appreciative Learning Community: To build on the long-standing strengths of communities of faith in spiritual and physical care by enhancing emotional and mental health care to create “mental health supportive” communities.

Partnership: Blanton-Peale brings psychological and mental health expertise, and communities of faith bring religious and spiritual expertise, along with an “up close” understanding of the power of community and the emotional, relational, and mental health needs in their settings. By partnering together with communities of faith, Blanton-Peale believes that we can create value together that can’t be created working alone. Through an Appreciative Inquiry process, we believe that:

- The religious leaders who participate will experience a growing sense of hope, vision, and support for strengthening emotional and relational well-being in their ministry settings.
- Blanton-Peale will learn more about mental health needs, as experienced in congregations, as well as how it can be most helpful in meeting those need.

The Outcome: Together, the Appreciative Learning Community will explore the strengths their congregations already have and how we might build on them. We’ll dream about and design new initiatives that respond to mental health challenges and strengthen community.

- We assume that some approaches will have broad appeal, but that unique approaches will be required for different setting – no “one size fits all.”
- We assume that in some (but not necessarily all) of the proposed initiatives designed by the group, Blanton-Peale will become a key partner, bringing our expertise in weaving together psychology and spirituality.

How religious and spiritual leaders are being asked to engage: The Learning Community of 15 to 20 religious and spiritual leaders will become a “core group” in an Appreciative Inquiry engagement. Those who accept the invitation to participate in the “core group” will:

- Join an afternoon-long “Getting Started Gathering” on April 25.
- Conduct appreciative interviews in May of people in their own and/or other communities of faith. We’ll design the interview guide together, based on our exploration of themes and topics we decide we’d like to build on.
- Attend a day-long Dream Summit in June to imagine together “what could be”
APPENDIX D: Getting Started Gathering

Getting Started Gathering Process Notes

Mini-Interview Questions

The Three Topics that Emerged from Our Getting Started Gathering

Evaluation of the Getting Started Gathering: What We Heard
Getting Started Gathering
April 25, 2016
PROCESS NOTES

1. LUNCH & WELCOME – 30 minutes, Noon to 12:30 pm
   - WELCOME – Shari
   - INVOCATION – Anne
   - HOW DID WE GET HERE – Shari
     - Spirit’s leading in this direction – Anne/Shari’s history (known each other for
       16 years)→ hadn’t seen each other for several years, a friend reminded me
       she’s a BP alum → got together and found some amazing synchronicity in the
       things each of us was thinking about and pursuing
       - A “theology of breadcrumbs.”
       - Emma and Concord a part of that along the way, Mt. Aerie, FAPC → in
         fact, all of you as you responded enthusiastically to the idea of
         bringing together a group of religious/spiritual leaders who have seen
         the need in MH and are passionate about doing something about it
       - A sense that we are all looking for approaches that work TODAY
       - “MH crisis in NYC” (per Mayor DeBlasio) – 2 copies on back counter if
         you haven’t had a chance to take a look and Communities of
         Faith/MH weekend May 20-22
     - BP History – Peale and Blanton – attuned to the needs of the day (both
       individual and societal) and to new tools/partnership
       - Clinic and Training – 1948 Times article, initiated and led the PC
         movement
       - What we are about here: “asking the founders’ questions today” and
         doing so in partnership with all of you
         - Taking into account 3 shifts in “care”:
           - From training 1 individual to a network/culture of care
           - Tending to the “particularities” – Korean program →
             not 1-size-fits-all
           - Individual AND societal (racism/trauma or
             isolation/loneliness in a supposedly more
             interconnected world)

2. INTRODUCTIONS (that take us into the topic) – in 2s/4s – Anne – 30 minutes, 12:30 to 1:00 pm

3. Introduce APPRECIATIVE INQUIRY – 30 minutes, 1:00 to 1:30 pm
   - Definition – Shari – an organizational expression of Positive Psychology – not just
     “what does it look like to be mentally ILL,” but “what does it look like to be mentally,
     emotionally and relationally WELL
APPENDIX D: Getting Started Gathering

- AI “based on the notion that human systems, individuals, teams, organizations, and communities grow and change in the direction of what they study... works by focusing the attention... on its most positive potential – its positive core – and unleashing the energy of the positive core for transformation and sustainable success.” → finding and expanding “the essential nature of the organization at its best” →
- in our case, finding the essential nature of communities of faith at their best → being the strongest, most caring, most supportive they can be of MH needs

  o Why this approach – Shari
    - It’s “positive” – Anne will say more about that in a minute but focuses on church’s track record of success
    - Importance of “community” and especially “communities of faith.”
    - It’s based on the idea of a “community” taking responsibility, not just a “leader” or two – that could be your “community of faith” and it can be this “community” of people who have come together
    - It strengthens the bonds between people because of the way we work together
    - It values hearing a diversity of voices – in our case, we decided to focus (or Spirit did) on African-American contexts/churches, historically white becoming multicultural, and Korean (separate track)

  o My D.Min. Project → Consent Form
  o 4D cycle – Shari – see notes on handout
  o What do we mean by positive? Anne (p.65)
  o 8 principles – Anne

4. DETERMINE “AFFIRMATIVE TOPIC CHOICE” (p.126-141, esp. p.133), i.e. what we want to learn more about – we’ll begin identifying where the fertile ground is – the “positive core” – that we can nurture, grow, build upon – there will be time for challenges and problem-solving later in the process (we’ll come at those via the back door) –
- Shari overview: getting to know/learning from each other → ID themes → turn themes into topics → decide on the ones with the most potential

  A. Conduct mini-interviews in pairs – i.e. the 4 questions edited to context from page 136 – Anne move into 1-on-1 interviews – 60 minutes for Introduction and 2 interviews, so 1:30 to 2:30 pm – WRITE NOTES LEGIBLY IF YOU CAN → RUN COPIES DURING BREAK
  B. BREAK!!! 15 minutes, 2:30 to 2:45 → Check in on Consent Forms, Make copies of interview forms
  C. ID themes in 3 groups of 6 (30 min, 2:45 to 3:15) (p.136) – Shari
    o Introduce your partner to the other 4, using HIGHLIGHTS from interviews → focus on GREAT STORIES and INSPIRING BEST PRACTICES → look for ROOT CAUSES OF SUCCESS
themes don’t need to be universal and, in fact, we’re assuming they won’t be – recall the 3 shifts

Emmanuel Lartey’s questions – ways that our congregations and the individuals in them are
1) like all others (universal, the more personal →, the more universal)
2) like some others (the cultural)
3) like no other (the individual or congregational distinctiveness)

CAN PUT ON FLIPCHART IF THERE ARE ENOUGH

D. Share themes and stories (p.137) – small groups report to large group 1 or 2 GREAT STORIES that represent the ESSENCE – Shari –15 minutes, 3:15 to 3:30 → capture on newsprint

E. Discuss criteria for affirmative topics and explain how the affirmative topic will be used, including initial exploration of the interview plan (15 minutes, 3:30 to 3:45) – Shari

Goal: 3 Affirmative Topics
- British Airways example
  - Not – we have a problem with lost baggage [MH stigma]
  - Not – we recover and return lost baggage within 24 hours [people go to therapy]
  - But How do we create “an exceptional arrival experience” [people are invested in each other’s MH as much as they are in spiritual health]
  - Remember “topic choice matters,” “words create worlds,” “positive questions lead to positive change.”

Characteristics of Good Topics (p.133)
1) Topics are positive – Stated in the affirmative [not turnover, but retention; not customer dissatisfaction but customer satisfaction]
2) Topic are desirable – CoF’s want to grow, develop, and enhance them
3) Topics stimulate learning – CoF/their leaders are genuinely curious about them and want to become more knowledgeable and proficient in them
4) Topics stimulate conversations about desired futures – they take CoF where we want to go. They link to the change agenda
5) “Problems” – how to choose topics that address them (p.137)

What do we want more of?
- The interview plan – discuss and answer questions

F. ID potential topics in groups of 6 – What are the 3 topics that have the greatest potential to make our communities of faith the strongest, most caring, most supportive they can be of MH needs? (parallels p.141) – Shari - 30 minutes, 3:45 to 4:15 pm – PUT ON FLIPCHARTS

G. Share potential topics with large group, explaining the logic, and cluster potential topics, hanging on to the inspirational power of the original topics – Shari – 15 minutes, 4:15 to 4:30

H. Select topic clusters with a sticker vote – Shari – 15 minutes, 4:30 to 4:45
I. Finalize topics in self-organized groups by selecting a topic name that best carries the spirit, essence, and intent of the original interviews and stories – Shari (15 minutes, 4:45 to 5:00)

5. LOOKING AHEAD (put this on a flipchart ahead of time)

   A. Hand out “evaluation” of the meeting:
   B. Invite a small number of people to join in designing the interview guide
   C. Conference call – Monday afternoon, May 16 – TIME???
   D. Interviews completed by June 3
   E. Summit – a weekday between June 13 and 30 (doodle)

Handouts needed:
   • Nametags from Joel
   • ThriveNYC – 2 copies out, if you want to browse
   • 1-pager
   • 4-D/8 principles (handout)
   • Consent Form
   • Interview Forms
   • Evaluation Form

Newsprint:
   • 4-D cycle [do ahead]
   • 8 principles [if Anne wants]
   • ID Themes – tips and Larrey [do ahead]
   • Capture themes on newsprint
   • Characteristics of Good Topics [do ahead]
   • Capture topics on newsprint
   • CLUSTERED TOPICS
Getting Started Gathering
April 25, 2016
MINI-INTERVIEW QUESTIONS

1) Tell me about a peak experience or high point in your community of faith, a time when you felt most alive, most engaged, and really proud of yourself and your church/synagogue/mosque/community.

2) Without modesty, what do you value most about
   ▪ Yourself and the way you do your work of caring? What unique skills and gifts do you bring to your congregation for caring?
   ▪ Your congregation’s ministry of care?

3) When your congregation is at its best in caring for each other – physically, spiritually, emotionally, mentally – what does it look like? What are the core factors that give it life?

4) What resources and supports for spiritual and mental health care do you value the most?

5) If you had a magic wand and could have any three wishes granted to heighten the mental health and well-being of your congregation, what would they be?
THE THREE APPRECIATIVE LEARNING TOPICS
THAT EMERGED FROM OUR
“GETTING STARTED GATHERING”

These are the topics that emerged from our “Getting Started Gathering” as the ones we believe have the most potential to help our communities of faith become the strongest, most caring, most supportive they can be of emotional, relational and mental health.

4. Create safe, sacred space where people can be their unmasked whole selves and share their brokenness and giftedness.

5. Train and empower congregations to fulfill their ministry of caring, including
   • Listening skills
   • Valuing, tolerating and owning feelings
   • Trauma training

6. Develop and deepen partnerships with other healing agencies to share knowledge and wisdom and provide coordinated, holistic care for persons.

These might be wordsmithed a bit, but they are intended to be “appreciative topics,” i.e.

B. Topics that are positive – they are not “problems” but are stated in the affirmative and tell us “what we want more of”

C. Topics that are desirable – what we want to grow, develop, and enhance in our communities of faith

D. Topics that stimulate learning – things we are genuinely curious about them and want to become more knowledgeable and proficient in

E. Topics that stimulate our conversations about desired futures – they take us where we want to go
Getting Started Gathering  
April 25, 2016  

EVALUATION OF GETTING STARTED GATHERING  
What We Heard

1. How was this meeting for you? What adjectives come to mind to describe it?
   - Very enjoyable
   - thought-provoking
   - informative
   - appreciated the process
   - hopeful
   - energizing
   - vital
   - good
   - engaging
   - lively
   - fun
   - solidarity-making
   - I found my own mental/spiritual health increasing because we were all concerned together
   - loving
   - intelligent
   - inspiring
   - thoughtful
   - clear
   - inviting
   - collaborative
   - super-great
   - life-giving
   - helpful
   - important
   - passionate
   - stimulating
   - awesome
   - blessed by the community
   - -empowered to search deeper for what I am called to do in dealing with the issue of mental/spiritual health

2. What did you find energizing and hopeful?
   - communion of mind and hearts
   - great to have conversations with other pastors engaged in congregational care
   - loved getting to know colleagues/particularly within an ecumenical group re: mental health
   - small group discussions
   - narrowing ideas down to 3
   - colleagues in the room were incredibly gifted and intelligent
   - made me hopeful about the church and congregational care
   - enjoyed getting know new colleagues
   - seeing and hearing from colleagues was wonderful
   - appreciated the wisdom of the community/we created wonderful themes
   - I had an expanded experience of understanding and thinking about care
   - -really good learning and sharing
   - the experience around the room and the multiple perspectives were energizing
   - the common thread of creating safe space gives me hope that mental illness is being adequately addressed
   - great ideas
   - story-telling
   - the people in the room!
3. What do you find yourself wondering about or concerned about as we move forward?
   • will process allow enough time to go as deep as these complex issues need us to go
   • hopefully, we will avoid spiritual bypass and surface theological thinking
   • actually implementing these ideas
   • the small size of the group makes me wonder about the value of the findings
   • the time commitment
   • will I have time to do the interviews?
   • wondering how to translate this to my faith community
   • wonder if social structures such as racism, sexism, economics will undermine group work down the road
   • next steps: how will we do what we know needs to get done
APPENDIX E: The Discovery Phase and Interview Guide

The Final Interview Guide

Process Notes for Conference Call
Mental Health and Spirituality Working Group
Leveraging the Strengths of Communities of Faith for Mental and Spiritual Well-being

A Project of Blanton-Peale Institute & Counseling Center
Hosted by The Federation of Protestant Welfare Agencies

FOR THE INTERVIEWER

Introduction: These are ideas for you to share in your own words with the Interviewee, either when you schedule the interview and/or when you begin the interview.

- The Mental Health and Spirituality Working Group was formed to address the mental health crisis facing New York City. It is a group of 21 religious and spiritual leaders that is seeking to build on and enhance the capacities of communities of faith to strengthen emotional, relational and mental health within their congregations and communities.
- We are seeking to build on the strengths of churches, the ways they are already addressing spiritual and mental well-being and their “up close and personal” understanding of the mental health needs and challenges in their communities.
- We hope you’ll share stories, names, details and texture, so that others can learn from your experience and expertise. Because of this, there is no confidentiality unless you request it.
- We’ll learn from the stories and information we hear from you – along with those from 40 to 50 other people – so that together we can amplify the approaches that are bringing greater emotional, spiritual and mental well-being.

Timeline:
- Please plan to complete three interviews by Friday, June 10. Here is a way to think about choosing three people to interview:
  1. A leader within your (or another) congregation, perhaps someone with life experience related to mental health or a keen observer
  2. Someone who has experienced the church’s care
  3. Someone from another organization, either a nonprofit or another community of faith that you think is doing interesting things
- As you finish each interview, return a copy of the complete Interview Guide with your notes to sbrink@blantonpeale.org and annerelliott@verizon.net.
- We recommend that you make an additional copy of the next two pages so the interviewee can have a copy in front of them as you talk with them.
- The last two pages of this document (Summary Sheet and Quick Action Sheet) are for your use as you reflect on what you heard in the interview and identify any follow-up steps.
Community is essential to good mental health. People need good relationships to maintain spiritual and mental well-being. Congregations, with their emphasis on community, are well positioned to address the mental health needs of their constituents. When each person freely contributes their voice, their gifts, and their skills, congregations can do what individuals on their own cannot. Good mental health also requires an environment of trust and respect so that people feel safe enough to bring their authentic selves to relationships. Creating intimate, safe space is central to work in the mental health field. More and more faith communities are seeing the value of developing relationships with other healing agencies to holistically meet the needs of their constituents. At their best, organizations encourage partnerships in which everyone shares responsibility for co-creating the future.

A. Tell me about a peak experience of spiritual and mental wellbeing. Where do you see common ground between spiritual and mental health? At their best, what value do they bring to each other?

B. Tell me about an exceptional professional partnership or collaboration with someone from a different organization or discipline. What made it exceptional? What did each of you do that signaled respect for the other? How did you overcome challenges?

C. Without being humble, what do you value most about yourself and the way you do your work of caring? How were you equipped to use your strengths and what have you learned about empowering others? What gifts and skills would you like to develop to become more effective?
D. Thinking back over your life, tell me about a peak experience in which you felt the safest, to tell the truth about yourself, particularly regarding something about which you felt ashamed, guilty, angry or violated. Describe the environment and the people. How was safety established and maintained?

E. Within a faith community, give me an example of when you felt safe enough to share your brokenness or gifts. What allowed you to be vulnerable and authentic? What did you do to help others feel safe? What were the benefits to the group, to you, to the organization?

F. Dream into the future: people in your community are experiencing exceptional mental health care and an increasing sense of emotional and spiritual wellbeing.

  ○ Looking back, what steps did your community of faith take to achieve this result? Are there steps you took with others, your community, your partners?

  ○ What might your impact look like?

  ○ On what issues and challenges are you focused?

  ○ Who has been equipped to bring it about?

  ○ What part are you playing?
Summary Sheet

*Note to the Interviewer:* This page is for your use at the conclusion of the interview. Use it to capture the most important aspects of what you learned from the interview.

a. Is there anything you’d like us to know about the role this person plays or the perspective they bring (that isn’t readily evident in their comments)?

b. What stories, quotes, and ideas stood out to you, captured your imagination, or point us in the direction of best practices that we can amplify and build on?

c. What “meaning” do you make of these stories and reflection
   - For creating Sacred and Safe Space where people can be their unmasked whole selves?
   - For Empowering People and congregations for their ministry of care?
   - For Developing and Deepening Partnership with other healing agencies?
   - For other aspects of strengthening mental and spiritual health?
Quick Action Sheet

Note to the Interviewer: This sheet provides you with a place to identify relatively simple and straightforward things you may want to note to yourself or to Anne and Shari.

d. Is there anything that you, the Interviewer, want to remember to follow up on: someone in your congregation who you’d like to tell something that you learned, perhaps a joy to be celebrated, something to thank them for contributing to your congregation’s ministry of care, a “quick fix” to be followed up on, etc.?

e. Is there anything you’d like Shari and Anne to know regarding your experience in completing this interview: something you tried that worked well, something in the Interview Guide that could be adjusted, something we may want to adjust as we look to the Dream Summit and beyond?
Conference Call, May 16, 2016  
Notes for Anne and Shari

Purpose of call: to introduce people to the Interview Guide, refine the Interview Plan, and provide “best practices” for Appreciative Interviews

A. Picking up from the Getting Started Gathering [10 minutes]
   • What we experienced together
     o What we heard in the Evaluation – Anne
     o The 3 Topics [Handout, i.e. attachment sent ahead]
   • How what we’re doing in the interviews picks up on that and takes us to the next step
     o Reminder of the 4-D cycle – Shari [Handout, photo of flipchart from Getting Started Gathering]
       ▪ Discover → Dream → Design → Deliver and how it fits with our work together
     o At our Getting Started Gathering, we identified 3 topics that have the most potential to help our churches be the strongest, most supportive, most caring they can be around emotional, relational and mental health
       ▪ They name things we want “more of,” that will stimulate learning, that we’re curious about [Handout, photo of characteristics of topics]
     o What we’ll do with the 3 Topics: through interviews, we’ll go out and learn more about the topics and what people are doing around them “at their best.”
       ▪ Then we’ll come together at the Dream Summit, make meaning of what we heard in the interviews, and dream about what could be if we were able to amplify who and what we are at our best

B. Introducing the Interview Questions and Guide [25 minutes]
   • Instructions sheet - Shari
   • Walk through the questions - Anne
     o The types of questions we’ve tried to create
     o A bit about what each question is getting at
     o Questions and feedback and any further feedback in the next two days
   • Last pages for reflection and quick action - Shari
     o Reminder to send in (type reflections?) when they’re complete
     o Will be sent back out as a complete packet for review before Dream Summit

C. The Interview Plan: Thinking about who to interview [10 minutes]
   • Ask each member of the Learning Community to “set an intention” of conducting 3 interviews, with this as a general guide of who you might interview - Shari
     1. A leader within your (or another) congregation - perhaps someone with life experience related to mental health or a keen observer
     2. Someone who has experienced the church’s care
3. Someone from another organization, either a nonprofit or another community of faith that you think is doing interesting things

- Thoughts about who you might interview – Shari and Anne, playing off each other
  - Consider different perspectives
  - Consider the three topics – not everyone needs to have something to say about each topic, but hopefully a combination of interviews that – between them – will offer something on all three topics
  - Consider power dynamics
    - Could do an “exchange” with another member of this group. If so, encourage “your” congregant to speak openly
  - If you want to be ambitious, you could do a conversation with a group such as men’s ministry, women’s ministry, a small group, the youth group, the Stephen Ministers
  - Consider people who are behind the scenes and/or front-line employees such as the church secretary/pastoral care coordinator
  - Consider different generations

- Generate ideas about who to interview – Let’s do this as a brainstorm with these as some ideas we can throw into the mix:
  - A nonprofit such as CONNECT that has intentionally partnered with churches around domestic violence
  - Someone from the mayor’s office
  - Black Lives Matter participant
  - Someone doing Nonviolent Communication (i.e. a way to train and empower people in listening, while tending to one’s own needs and feelings)
  - Angella Son or someone else involved in BP’s KPCCP
  - A faith leader at a church in partnership with nonprofits, especially around working with formerly incarcerated
  - Zen Buddhist Center – creating new ways to interface with community and to address end of life care

D. Best Practices for Appreciative Interviews: Some thoughts about what makes for a good interview [5 minutes]

- Reframing negative feedback as positive – Shari and then simply refer them to the 8 items that are in the agenda email

- Some thoughts about what makes for a good interview:
  1. Prepare for the interview: Be familiar enough with the introductions and questions that you can be conversational.
  2. Prepare your partner: When you schedule, tell your partner what it will be like and help them arrive curious and open to sharing.
  3. Choose the right environment: Consider a neutral occasion and one that’s expansive and comfortable.
  4. Take time to build a connection before beginning the interview: Take the opportunity to get to know an interesting person, not just “an interview.”
5. Have a second copy of the Interview Guide so that the person can have it in front of them.

6. Give people time to take things at their own pace: If a question seems difficult, you might come back to it a little later in the conversation when the person may feel more comfortable.

7. Show your partner that you are really listening and that you really care: Encourage them in your body language, with eye contact, verbally and nonverbally.

8. Sum up what you’ve learned and share what most inspired you.

E. “Housekeeping” [5 minutes]
   - Dream Summit: Tuesday, June 28, 9 am to 5 pm
   - First Lady’s Thrive NYC “Mental Health Weekend for Faith-based Communities”: May 20-22

F. End the conference call well and inspiring participants to take the next leg of this journey together! [5 minutes]
APPENDIX F: Dream Summit

Dream Summit Agenda

Dream Summit Process Notes

“Getting Back in the Room” Questions

Ezekiel 37

Dream Questions for Reflection

Photos of Zion National Park

My Own Dream Photo and Notes
Mental Health and Spirituality Working Group
Leveraging the Strengths of Communities of Faith for Mental and Spiritual Well-being
A Project of Blanton-Peale Institute & Counseling Center
Hosted by The Federation of Protestant Welfare Agencies

THE DREAM SUMMIT
June 28, 2016, 9:00 a.m. to 5:00 p.m.

REFOCUSING ON WHY WE’RE HERE
9:00 – 9:45 AM Welcome and “Getting back in the room.”
9:45 – 10:00 AM Orienting Ourselves to the Process: Where we’ve been and where we’re going

“DIGGING FOR TREASURE”
10:00 – 11:00 AM “Mining for Gems”: Making meaning from poignant stories and quotes
11:00 – 11:15 AM Break
11:15 – 12:15 AM “Mapping the Treasure”: Sharing our learnings and capturing the stories
12:15 – 12:45 PM Lunch

CREATING A DREAM FOR “MY” CHURCH AND COMMUNITY
12:45 – 1:30 PM Individual reflection on our dreams for spiritual and mental well-being in our own churches and communities
1:30 – 2:45 PM Sharing Our Dreams
2:45 – 3:00 PM Break

EXPLORING THE POSSIBILITIES OF A COLLECTIVE DREAM
3:00 – 3:45 PM Clarifying the Collective Dream
3:45 – 4:30 PM Capturing the Collective Dream
4:30 – 5:00 PM Closing Thoughts
Mental Health and Spirituality Working Group
DREAM SUMMIT
June 28, 2016, 9:00 a.m. to 5:00 p.m.
Hosted by Federation of Protestant Welfare Agencies

REFOCUSING ON WHY WE’RE HERE

1. Welcome and “getting back in the room” – Anne - 45 minutes, 9:00 to 9:45 AM
   Anne will lead us in sharing 1-on-1 and then the 2 sharing with 2 others.
   QUESTION: What brought you back in the room? FLIPCHART OF QUESTIONS (OR HANDOUTS IF YOU LIKE)
   a. What’s happened in your world since we were together in the realm of mental and spiritual health?
   b. How was the interview process for you?
   c. What brought you back?
   d. How is the work we’re doing together related to your own experience of healing? [We’ll stay open to the possibility that the song “How I got over” might somehow be a piece of this opening segment.]

2. Orienting Ourselves to the Process: Where we’ve been and where we’re going. Shari – 15 minutes, 9:45 to 10:00 AM
   o So, to sum up, the REASON we are here is to become the strongest, most caring, most supportive we can be – as communities of faith – around emotional, relational and mental health. (At BP, we all this “asking the founders’ questions today.”)
   o And we’re taking an APPROACH that builds on churches’ track record of success (i.e. what we do when we’re at our best!) – an approach that we hope strengthens the bonds among us and that values a diversity of voices working in different kinds of contexts
   o I’m here because I’ve sensed SPIRIT’S leading (not that I’ve had no doubts along the way!) and want to follow the “bread crumbs” that have been dropped in my path
   o 4-D CYCLE and how it fits with what we’ve already done and what we will be doing FLIPCHART – Hand out TOPICS
   o The major movements of the DAY AHEAD – AGENDA
   o Comment on
     ▪ COMMON ground and HIGHER Ground – some factors we’ll find are repeated in several stories/setting while other are unique and 1-of-a-kind – both can point us toward a “gem” we’ll want to know about
     ▪ What comes out of today doesn’t need to be UNIVERSAL and, in fact, we’re assuming they won’t be – and if it included SOCIETAL factors, I would be one happy camper!
     ▪ Emmanuel LARTEY’S questions – ways that our congregations and the individuals in them are
       1) like all others (universal, the more personal ➔ the more universal)
2) like some others (the cultural) 
3) like no other (the individual or congregational distinctiveness) 
   o The OUTCOME of our day: 
     ▪ A “DREAM” for each of our respective churches and communities with respect to mental and spiritual wellbeing 
     ▪ How we might SUPPORT each other or WORK TOGETHER in pursuit of those dreams. That could be about staying in relationship or it could be about joint initiatives that will help us to be the most supportive and caring we can be as communities of faith around mental and spiritual wellbeing.

“DIGGING FOR TREASURE”

3. “Mining for Gems”: Making meaning from poignant stories and quotes - What do we make of what we’ve heard? What can we learn about root causes of success in each of the 3 topic areas? – Discussions in 3 Small Groups – FLIPCHART OF DIRECTIONS - Shari – 60 minutes, 10:00 to 11:00 AM – Hand out TOPICS 
   a. Safe Space 
      ▪ Share and discuss poignant stories/quotes from our interviews (see p.163-164) 
      ▪ Identify “gems,” AKA “root causes of success” (like when we worked toward TOPICS, but now we have more stories to build upon and refine) 
      ▪ Create table on flip chart like Figure 11 on p.164 
   b. Empowering and Equipping People 
      ▪ Repeat pattern 
   c. Partnering with other Healing Organizations 
      ▪ Repeat pattern 

4. Break – Groups can take a break when they’re finished with the 3 topics, so say 11:00 to 11:15 AM. 

5. “Mapping the Treasure”: Sharing our learnings and capturing the stories (in Al, the “positive core): The 3 groups will share their learnings “world café style” to bring it together into a “treasure map” Anne – 60 minutes, 11:15 to 12:15 PM 
   a. Each group will draw a picture (visual representation, image, diagram) that captures the “gems” they’ve identified in one of the topic areas, the factors that are most valuable to helping their churches become as caring and supportive of mental and spiritual health as they can be: Group 1 will draw the gems they’ve found relative to Safe Space, Group 2 about Equipping and Empowering, Group 3 about Partnering with other healing organizations 
      ▪ Each group will designate one of its members to “stay behind” and explain the meaning of what they’ve drawn to each of the other groups. They will be encouraged to tell the stories behind what they’ve drawn to the other groups as they rotate through. They are the “keeper of the stories.”
b. Each group will rotate to another topic (Group 2 to Sacred Space, Group 3 to Equipping and Empowering, Group 1 to Partnering). It will first listen to the “Keeper of the Stories” who stayed behind from the previous group, then talk about their own stories, and add to the picture as they see fit.

c. Each group will rotate to the final topic that they’ve not yet visited (with the original “Keeper of the Stories” continuing to stay behind), adding their stories to those of the two previous groups and adding to the picture as they see fit.

d. The “Keeper of the Stories” will report out on the final drawing and some of the most poignant stories that generated it, with others joining in to further flesh it out. These “Treasure Maps” represent the “positive core” in each of the three topic areas – what churches are and can be at their best – the things that give us the greatest hope for the future of churches and mental health!

CHRIS YARRELL ARRIVES! STAYS TILL ABOUT 3 PM.

6. Lunch – 12:15 to 12:45 PM – Shari will place photos of different valley scenes from Zion National Park, either in the center of each table or on a long table along the side. There will be several different options and enough for each person to pick one.

CREATING A DREAM FOR “MY” CHURCH AND COMMUNITY

7. Individual reflection on our dreams for spiritual and mental well-being in our own churches and communities. (This is what the book calls, Reflect on a Focal Question, p.186.)

   a. Shari (10 minutes) will invite people back from lunch and offer a brief INTRODUCTION that this will be a time for INDIVIDUAL REFLECTION on our churches and communities. She’ll read selected verses from EZEKIEL 37, the prophet’s vision of the Valley of Dry Bones, which by Spirit’s breathe comes to new life. She’ll provide just a few comments to lead into the exercise and these questions (Handout):

   QUESTION: What does the body look like that Spirit wants to breathe into being in your church and community? How do you envision spiritual and mental wellbeing in your church and community, in your “valley”?

   • What’s in my valley, the church, and community in which I minister? [This lets people think about the people, their needs, the resources, etc.]
   • Looking back at this morning’s “gems,” where are the possibilities for newness of life? How does Spirit want to breathe life into my valley? What bold opportunities for innovation do you see?

They will be invited to select one of the photos of Zion National Park that inspires them (some are sweeping, some are dry, some verdant), and to write, draw, journal, meditate, think, pray.
b. Anne will then lead us in singing “There’s a Sweet, Sweet Spirit in This Place” (or some other song that invites God’s Spirit. 5 minutes. That will lead into 30 minutes to reflect, so 12:45 to 1:30.

8. Sharing Our Dreams (Engage in Dream Dialogue, per p.187)
   a. In Small Groups - Each person will share their photo and dream (however they’ve captured it, drawing and/or writing) in a NEW small group. They will share the dream for their valley, and the others will reflect with them on what they’ve created. [This is a little different than the book, given that we are here focusing on separate dreams.] – Anne, 30 minutes, 1:30 to 2:00 PM.
   b. In the Large Group - each person will be invited to post their dream (all at the same time) on a mural that has some rough valleys and mountains sketched in. They can post their photo along with a few phrases that capture the salient points of their dream. Shari, 15 minutes, 2:00 to 2:15
   c. Each person will be invited to share their dream with the whole group, and we may do a little bit of basic reflection on similarities. We’ll let them know that when we come back, we’ll be exploring whether there may be a “collective dream” that brings together the dreams from each of our “valleys.” – Shari, but as we move into more freeform reflection, I think we can work together, 30 minutes, 2:15 to 2:45

9. Break – 2:45 to 3:00. Anne and Shari will confer about next steps during the break.

EXPLORING THE POSSIBILITIES OF A COLLECTIVE DREAM

   a. In small group, we’ll reflect on our mural and what it might mean for the possibilities of a collective dream, using the following questions. Anne, 30 minutes. ANN, I EDITED THE QUESTIONS HERE A BIT TO BE MORE APPRECIATIVE – SEE WHAT YOU THINK – WE CAN REVERT IF YOU LIKE... AND WE MAY END UP EDITING ON THE FLY SINCE WE DON’T KNOW EXACTLY WHERE THIS WILL GO!

   QUESTION FOR EACH GROUP: Where do you feel most hopeful about what churches can offer in mental, emotional and relational health? Based on what we’ve heard, do we HAVE a collective dream? Can you articulate its “vivid details” (p.187)?
   • Are there ways we would want to support each other in the pursuit of our dreams? What could bring the most energy to our work? [Note: these are the relational and “being” aspects.]
   • What are the boldest opportunities for innovation? Are there areas of similarity where we might band together in common initiatives, perhaps in some/all of the 3 topic areas we identified?
- Safe Space
- Equipping and Empowering
- Partnering with other healing organizations

b. Report out to large group, **15 minutes, 3:30 to 3:45 PM**

11. **Capturing the Collective Dream - 3:45 to 4:30**
   a. What are the common themes and opportunities we see embedded in our small group responses?
      - A sticker vote on the “being” aspects, what could bring the most energy to our work? A sticker means “I’d join in on that.”
      - A sticker vote on the “doing” aspects, with a sticker meaning “I’d help develop that and/or I’d use that in my church or community.”

b. Possibly self-formed groups to further flesh out the ideas that get the most votes. Self-formed groups mean we can see where the energy is.

12. **Closing Thoughts – 4:30 to 5:00 PM**
   a. Clarifying any “next steps” that may seem to be emerging

b. Evaluation – see document
Welcome and “getting back in the room”

What brought you back in the room?

a. What’s happened in your world since we were together in the realm of mental and spiritual health?

b. How was the interview process for you?

c. What brought you back?

d. How is the work we’re doing together related to your own experience of healing?
Ezekiel 37

37 The hand of the L ORD came upon me, and he brought me out by the spirit of the L ORD and set me down in the middle of a valley; it was full of bones. 2 He led me all around them; there were very many lying in the valley, and they were very dry. 3 He said to me, “Mortal, can these bones live?” I answered, “O Lord G OD, you know.”

4 Then he said to me, “Prophesy to these bones, and say to them: O dry bones, hear the word of the L ORD. 5 Thus says the Lord G OD to these bones: I will cause breath to enter you, and you shall live. 6 I will lay sinews on you, and will cause flesh to come upon you, and cover you with skin, and put breath in you, and you shall live; and you shall know that I am the L ORD.”

7 So I prophesied as I had been commanded; and as I prophesied, suddenly there was a noise, a rattling, and the bones came together, bone to its bone. 8 I looked, and there were sinews on them, and flesh had come upon them, and skin had covered them; but there was no breath in them.

9 Then he said to me, “Prophesy to the breath, prophesy, mortal, and say to the breath: Thus says the Lord G OD: Come from the four winds, O breath, and breathe upon these slain, that they may live.”

10 I prophesied as he commanded me, and the breath came into them, and they lived, and stood on their feet, a vast multitude.
Creating a Dream for “My” Church and Community

What does the “body” look like that Spirit wants to breathe into being in my church and community? How do I envision spiritual and mental wellbeing in my church and community, in my “valley”?

What’s in my valley, the church, and community in which I minister?

Looking back at the “gems” we identified, where are the possibilities for newness of life? How does Spirit want to breathe life into my valley? What bold opportunities for innovation do I see?
Churches/others cof's
"in it together"

"Midwifing" with Spirit a
multifaith movement for MH

Connecting the individual +
Societal

E + E = relationship (as much
as training)

A SS for leaders to do their
own healing work

Learning to partner w/churches/
is first about coming alongside lds.
APPENDIX G: A Sermon on Shalom and Mental Health

“When is the end not the end?”

February 7, 2016

Rev. Shari K. Brink

Jeremiah 29: 1, 4-14: These are the words of the letter that the prophet Jeremiah sent from Jerusalem to the remaining elders among the exiles, and to the priests, the prophets, and all the people, whom Nebuchadnezzar had taken into exile from Jerusalem to Babylon... 

Thus says the LORD of hosts, the God of Israel, to all the exiles whom I have sent into exile from Jerusalem to Babylon: 5 Build houses and live in them; plant gardens and eat what they produce. 6 Take wives and have sons and daughters; take wives for your sons, and give your daughters in marriage, that they may bear sons and daughters; multiply there, and do not decrease.

But seek the welfare [the shalom] of the city where I have sent you into exile, and pray to the LORD on its behalf, for in its welfare [its shalom] you will find your welfare [your shalom].

For thus says the LORD of hosts, the God of Israel: Do not let the prophets and the diviners who are among you deceive you, and do not listen to the dreams that they dream, for it is a lie that they are prophesying to you in my name [when they say you will be in exile only 2 years]; I did not send them, says the LORD.

For thus says the LORD: Only when Babylon’s seventy years are completed will I visit you, and I will fulfill to you my promise and bring you back to the place [your beloved city, Jerusalem].

For surely [and see if this sounds like a non sequitur to you] I know the plans I have for you, says the LORD, plans for your welfare [plans for shalom] and not for harm, to give you a future with hope. 12 Then when you call upon me and come and pray to me, I will hear you. 13 When you search for me, you will find me; if you seek me with all your heart,

I will let you find me, says the LORD, and I will restore your fortunes and gather you from all the nations and all the places where I have driven you, says the LORD, and I will bring you back to the place from which I sent you into exile. This is the Word of God for the people of God.

Pray: God, in these words, may we find your words for us – words of comfort, words of challenge, words of hope. Amen.

Let me start with a personal story. Though every word of it is true (cross my heart), I mean it as a metaphor – a metaphor for this fairly complex scripture passage I’ve just read to you. I mean it as a metaphor that begins to answer the question I’ve posed in today’s sermon title: When is the end not the end.

So, a TRUE story: The year was 1987 – almost 20 years ago – and I was in the most remote mountains of Irian Jaya, Indonesia. For a couple of years I’d been teaching high school math in the wilds of Papua New Guinea, and I’d flown over to Irian Jaya to spend the Christmas holidays with an Australian family whose children were in my classes. Their parents were missionaries working on the top of a mountain in the most remote place imaginable. It was several days walk – not to the nearest town – but to the nearest ROAD. And so we’d flown in – the 2 kids and me on our school break – and landed on this grassy landing strip. There are several sub-stories I could tell you about my two weeks there, but those will have to wait for coffee hour. What I want to tell you about is the return trip. After a really wonderful visit, we said our
goodbyes and put our 12-pound (no more!) suitcases into the back cargo area of a little 4-passenger twin engine plane. The pilot helped us strap ourselves into our seats – not just a seat belt, but very secure belts coming down either side and holding us tight against the seat. And once we were strapped in, only then did the pilot explain that the grassy landing strip – while long enough for landings – wasn’t really long enough for take-offs... at least not by most folks standards.

You see, **the top of the mountain was shaped like this**: a gradual slope downward on the grassy knoll that then dropped off quickly and gave way to a precipitous plunge into the valley below. He explained that when our plane came to the end of the grassy knoll and the earth dropped away beneath us; we wouldn’t yet have enough sped to take off. Our plane would lose elevation, while the plane’s engines continued to gather enough speed to lift us into the air and an upward trajectory. **A sort of “FREE FALL,” as we catapulted toward the valley floor, a SHEER ROCK FACE in front of us.**

**So what was one to do?** Say, no I’ll just live here the rest of my life in this remote valley? We were strapped in, with no other alternative. The pilot started the engines, thank God there were two. It was all old news to the kids, but my hands were clenched around that belt, and I don’t think I breathed for the next several minutes. The plane pulled out and began its trip down the grassy runway [bumpy], picking up speed, but sure enough, we got to the end of the runway, and the EARTH FELL AWAY beneath the wheels. Our plane began its free fall toward the valley floor – are we flying or are we crashing? Falling, falling, falling... FLYING! Sure enough, the principles of gravity and aerodynamics worked just as the pilot had explained. **The plane’s HARD WORKING ENGINES along with the LIFT OF ITS WINGS took us soaring above the valley floor**, clearing the cliff in front of us by, oh, a good hundred yards. 😊

**So why this story, besides that it’s fun to tell?** It’s a **metaphor for life** – for life as I experience it, perhaps you too – and for how the people of Israel were – I think – experiencing it. **The “EARTH HAD FALLEN AWAY” for them.** You picked up from the scripture that they’re in exile? They had been hauled away into captivity – torn away from their beloved Jerusalem, Zion, the city of David. And there in exile, in Babylon, their captors taunted them. When they washed their clothes by the river – in a place that was “NOT” their home – their captors taunted them, saying “Sing us one of the songs of Zion now.”

And if we’re honest, **don’t we feel the “earth falling away” ourselves?** There’s a feeling of “EXILE” in modern life, even if no one has forcibly changed our geography. There’s a LONELINESS and an ALIENATION that comes with all our technology, walking around looking at our screens. A DISORIENTATION that can be almost too much – my health insurance coverage changed 3 times this year, and I can never figure out my coverage... but then I’m one of the lucky ones who has coverage. The increasing gap between rich and poor, a disappearing middle class, and racial horrors we’d wanted to think was a thing of the past. And internationally, there is a flood of refugees, and the whole Middle East just might blow up.

Down, down, down we go, all the while, the rock face coming closer.
For the Israelites, they’d been in free fall for quite some time, and the question at this point in the story was “how long will it last?” Will the engines pick up enough speed to get them out of the valley? Or will their identity as God’s chosen people be lost forever?

Dozens of times throughout the chapters leading up to the one we read — starting back in Jerusalem, during the siege — Jeremiah had prophesied: “THE END” for the people of Israel. The end, the end, Israel would be consumed, the end, the end, devoured, the end, the end, laid waste.

The end, the end... but finally here in chapter 29 → Jeremiah proclaims that God has “PLANS” for them — for a “FUTURE.” A “future” — that means “NOT the end”! “I know the plans I have for you, says the Lord, plans for a future with hope.”

That verse is the theological pivot point in the book of Jeremiah — an inflection point, the moment when “FREE FALL” stops, the ENGINES overcome the pull of gravity, and the plane’s WINGS lift it soaring. Now, don’t get me wrong, Jeremiah says they’ll be in exile for 70 years, so it’s not over yet, but however dark the days might be, they have God’s assurance that things will be better. Hope is hanging on to the assurance in the “in between time.”

Did you catch the Hebrew word I inserted back into the scripture reading? “I know the plans I have for you, says the Lord, plans for your SHALOM and not for harm, to give you a future with hope.”

What is this thing called shalom? I’ll bet many of you know its basic meaning. That’s right, peace. But shalom is so much more than what we think of when we think of peace. It’s not just the absence of war or conflict. It’s a FULLNESS of life, life the way GOD would have it to be.

I first fell in love with the word shalom in 1979 when I learned that shalom in the biblical sense is multifaceted and layered. The NRSV translation that I was reading from translates it “welfare,” but welfare connotes “just enough to get by.” Whereas I think of shalom as a really rich and full “well-being.” God wants a well-being for us that is manifested in every kind of good: spiritual health, physical health, mental health.

Pastor Renee mentioned that I’m the president of the Blanton-Peale Institute and Counseling Center where we knit together psychology and spirituality to help people thrive and create a more just and wholeworld. A week or two ago, I was talking with Sister Patience, a nun who came from Ghana to train with us as a psychotherapist. I asked her what brought her halfway around the world. She said, “You know, I was always asking my superiors why some people were so mean or sad or couldn’t get along with others. We’d prayed for them... and they’d prayed. Well my superiors got tired of me asking questions, so they sent me to the U.S. One day I heard someone talking about ‘MENTAL HEALTH.’ I said ‘mental health? What is this thing called mental health?’ I never knew there was such a thing. I knew about spiritual health,
and I knew about physical health, but I didn’t know about mental health and that there were things one could DO to become healthier mentally.”

Sister Patience has fallen in love with helping people find emotional healing – whether it’s depression or an overwhelming sense of anxiety or recovering from the trauma of violence. She’s taken up God’s love for shalom. That’s how I think about what we do in our Counseling Center: we help manifest shalom in the world by helping our clients grow in their mental, emotional, and relational health. We help them become WHOLE PEOPLE. That’s shalom’s underlying meaning - WHOLENESS. God desires nothing more than for us to be whole. After all, if we are to love God with our whole selves – with HEART, SOUL, MIND AND STRENGTH – as Richard preached last week – we need a “whole” self with which to do it.

But that’s not all. There’s another layer of what shalom is. It’s also about OUR PLACE IN THE WORLD. I said that I fell in love with the word shalom in 1979. Looking back, it’s because I learned that shalom is about ECONOMIC WELL-BEING, about ABUNDANCE. No, it’s not about being “CONSUMERS,” buying all sorts of things in some empty attempt to be happy. But in a world of shalom, everyone would have enough. And the world would be open to EVERY PERSON’S UNIQUE GIFTS. Some wouldn’t be treated as “LESS THAN” because of their RACE or SEXUAL ORIENTATION or GENDER IDENTITY. By 1979, I’d been introduced to POVERTY AND RACISM, and it made me angry... but I’d had God “boxed off” in the “spiritual realm.” It had never occurred to me that God would care about economics or about everyone having the opportunity to BECOME and to GIVE of their best selves. Shalom gave me a word to hang on to, as I realized that I had a “fire in the belly” to make the world a better place.

Shalom binds us together. In O.T. terms – and Jesus used it too – the community had a responsibility to care for the widow, the orphan and the stranger. Each of these people was, for a slightly different reason, without the safety and protection of a family or community. Shalom is not shalom if it FAILS TO “SEE” those who are pushed to the margins. It’s easy to PRETEND not to notice the homeless person in the subway station – or to become so numb that, indeed, one does NOT notice – but shalom has no IVORY PALACES for one type of person and “GHETTOES” for another. The shalom of the WELL-CARED-FOR and WELL-TO-DO is bound up with the shalom of the widow and orphan and stranger.

Perhaps this is some piece of what Jeremiah had in mind when he said to the people of Israel – living in exile in Babylon – “Seek the shalom of the city where I have sent you into exile, for in ITS shalom you will find YOUR shalom.” Can you imagine? Jeremiah challenged them to care about the very place of their exile. He said that their shalom was tied together with THE HATED METROPOLIS.

He told them (at the risk of sounding trite) to “bloom where they were planted,” that their exile wasn’t over, so they should do the things that nurture community. And he gave them very PRACTICAL advice: PLANT GARDENS, he said, and eat what they produce; find a PARTNER and have kids and grandkids. He told them to build a HOUSE and move out of that tent. He was saying they’d be there a while – that their exile wasn’t over – but it was more than that. He
was telling them to **DO the things that lead to shalom** – to build relationships and create community.

I can’t help but wonder if some of them – realizing how long they were going to be there, got **involved at city hall** and advocated for change in unjust policies. That too is seeking the shalom of the city. Seek the shalom of the city he said... **which means nurturing shalom’s “partners,” JUSTICE and COMMUNITY.**

What about us? **Shalom calls US to action too.** It calls us to deepen our commitment to the place where we are – to the city and people of Kingston, to this church, to the “hated metropolis” that is modern urban life in a globalized world. It could mean planting a garden. It could mean investing more deeply in relationships. It could mean **good old-fashioned “NEIGHBORLY” behavior** like bringing a casserole to someone who’s hurting or getting to know the name of the checkout person at the grocery store. It could mean **advocating for JUSTICE where you see it is missing.**

**Shalom mean strapping ourselves in** – or better yet, helping each other strap in – **and turning on the engine, knowing that an invisible power will lift our wings.**

Hold onto this many-faceted, multi-layered word **shalom** – greater than the sum of its parts.

- Shalom is a word to hold onto when you feel yourself going down. Remember, God longs for your shalom.
- Hold onto this word shalom and let it stoke the “fire in your belly” for joining God in making the world a better place.
- Let shalom lift your vision higher... so that we work together, not just to eliminate the negative, but to lift up to the positive.

Amen.

Benediction: May God bless you and keep you; may God’s face shine upon you, and be gracious to you. May God lift her countenance upon you and give you SHALOM.
APPENDIX H: Korean Listening Circles as an Offshoot of the Appreciative Learning Community

Interview Form for the Korean “Listening Circle”

Paper on Learnings from the Korean “Listening Circles”
A “Listening Circle” to Learn from the Strengths of Blanton-Peale’s Korean Pastoral Care and Counseling Program (BPKPCCP)
블랜튼-필 목회 돌봄과 상담 과정의 장점에 대해서 듣고자 합니다.

Questions for Conversation 대화를 위한 질문:

1. How has BPKPCCP changed the way you relate to and care for others? 블랜튼-필 목회 돌봄과 상담 과정을 통해 여러분이 다른 이와 관계 맺어 돌보는 방법은 어떻게 변했습니까?

2. How have you been able to use what you have learned in your church, family or workplace? 여러분은 이곳에서 배운 걸 가족과 교회 혹은 일터에서 어떻게 사용하셨습니까?

3. What else would be helpful to you and your community to strengthen spiritual and mental health? 여러분과 여러분이 속한 공동체의 영성과 정신 건강 함양을 위해서 도움이 될 만한 게 있다면 무엇입니까?
McCORMICK THEOLOGICAL SEMINARY

AN EXPLORATION OF KEY CULTURAL FACTORS IN KOREAN-AMERICAN SPIRITUAL CARE, INCLUDING ITS CONFUCIAN UNDERPINNINGS

DOCTOR OF MINISTRY COURSE
MSP 641: INTERFAITH SPIRITUAL CARE

by
REV. SHARI K. BRINK

CHICAGO, ILLINOIS
AUGUST 1, 2016
TWO LISTENING CIRCLES WITH KOREAN-AMERICAN STUDENTS

In spring 2016, while still in my first year as President & CEO of Blanton-Peale Institute & Counseling Center, I set out to learn more about Blanton-Peale’s Korean Pastoral Care and Counseling Program. Over the last few years, the program has become hugely successful, doubling in size to 118 students under the direction, since 2012, of Rev. Dr. Angella Son, and clearly transforming lives. KPCCP is actually two programs: both a 2-year basic program and a 3-year advanced program, each of which meet one day per week and are offered both on Mondays and on Saturdays. The programs – offered in the Korean language to predominantly first generation Korean immigrants – empower ministers and lay leaders alike to provide care in church and nonprofit settings.

The program is important, both for its impact in the Korean community and for what Blanton-Peale can learn from it for other cultures and communities. It has been effective in responding to key shifts in the way that pastoral care is engaged today. Barbara McClure, writing in 2014, summarized these trends:

In the last 20 years, pastoral care has benefitted from various fields of analysis, including race and gender theory, sociology, and cultural studies. Three distinct developments represent the most significant changes as pastoral care moves into the twenty-first century: (1) the move away from the model of care for an individual by ordained professionals toward the model of care for the community and its members by the community and its members; (2) the development of pastoral care as a public theology; and (3) strategic participation rather than personal insight as the final goal.\(^\text{147}\)

McClure goes on to describe the second shift as a shift toward a “more contextually conscious approach” drawing on feminist and underrepresented perspectives, listening carefully to those on the margins of power structures. In describing the third shift, she says that “in

\(^{147}\text{Barbara McClure, “Pastoral Care” in The Wiley Blackwell Companion to Practical Theology, ed. Bonnie J. Miller-McLemore (Chichester, West Sussex: John Wiley & Sons, Ltd., 2014), 275-277.}
today’s world, practices of care and healing at their best hold promises for transformation and for liberation, both personal and social.”¹⁴⁸

With this in mind, I set out to understand more deeply the ways that BPKPCCP is addressing the particularities of its Korean cultural context. I arranged for two “listening circles,” one with students from the Saturday group, held May 7, 2016, and the other with students from the Monday group, held May 9, 2016. Because I do not speak Korean and most participants in the program are not fluent in English, the “listening” would require a translator. Dr. Son and two faculty members served in this way. We focused on drawing out the students’ thoughts and experience on three questions:

4. How has BPKPCCP changed the way you relate to and care for others?
5. How have you been able to use what you have learned in your church, family or workplace?
6. What else would be helpful to you and your community to strengthen spiritual and mental health?

After a brief introduction about the purpose of our time together, students paired up and interviewed each other, making notes on the interview form about what they heard from their partner. Then we returned to the large group (about 18 students each day) and I “interviewed” the group and interacted with them via a translator.

I was struck by three emerging themes and knew I needed to learn more about them. I reached out to Angella to understand more about each of these themes:

**Listening:** “Listening skills” were the most frequently named new skill. Students used “listening” as an umbrella term under which they talked about empathy, about moving from expecting children (for example) to “just work harder” to a style of greater understanding and encouragement. One man described listening as a skill that helps move from upholding a high

¹⁴⁸ Ibid., 277
standard to giving the benefit of the doubt (while still upholding God’s standard). As the group talked about listening, there was a sincerity and humility about the difference it has made in their lives.

As students talked about what listening is, they talked about it being different than hearing and connected it with empathy. They said that they have learned to speak less and listen more, without expecting obedience. The focus of listening is on understanding and accepting rather than on fixing. Doing so helps overcome prejudice. It helps them try not to hurt the feelings of others while also sharing their own. One person said that it helps her understand and observe children in a different way. They talked about how, along with understanding the other person, listening also helps them be more self-reflective, as they listen not just to the words, but also to who the other person is personally, their background, their emotional attachments, and feelings.

Clearly, BPKPCCP is helping students to listen to each other well and empathetically. I was interested in learning more about the curriculum and how listening skills are taught, especially given that in my D.Min. thesis work with faith leaders from two other cultural groups (historically Black and white-becoming-multicultural), “listening” had been named as a key skill to be developed if faith communities are to provide “care for the community and its members by the community and its members.”

**Anger:** Several people across both groups talked about anger and rage and overcoming it. Some of those I spoke with connected anger with their experience as immigrants. One man talked about moving from stubbornness to making room for others. Another spoke in loving ways about the way that processing his anger allowed him to reconnect with his father and to have a closer relationship with his wife and children. With one exception, those who spoke
about anger were men. On Monday, a particularly interesting conversation developed when a woman spoke of the ways she had experienced the effects of being considered “less than” as a girl and now as a woman. She feels discriminated against and talked about this as a source of anger and – when not allowed to express the anger – a source of depression.

Clearly, I needed to know more about Korean cultural views of anger and how anger might be related to the immigrant experience, both for men and for women.

**Roles within society, church and families:** For the most part, dynamics related to gender and to role within the church stayed below the surface. (Both groups were divided similarly with respect to gender with slightly more students being male than female.) However, when the woman described above spoke of her anger, the dynamics of gender roles and position within the church pushed to the surface. After her words about discrimination, anger and depression were translated for me, a senior minister interjected that her experience couldn’t be generalized to that of all women. Before responding, I paused to see who would speak next, whether the woman would let the senior minister “have the last word.” She did not but spoke again, saying that she *did* think she could generalize, given other women she’d spoken to who had similar experiences. The senior minister nodded and deferred. Though he didn’t practice his active listening skills, he did seem to be acknowledging her point of view.

In each group, I asked, by a show of hands, who was a senior minister, who was an associate minister and who was a layperson. In both the Saturday and Monday groups, only a few were senior ministers, a handful were associate ministers, and the others were laypeople. During the conversations, the topic emerged of who within a congregation is best positioned to provide care. There seemed to be a consensus that, while it is vital for senior ministers to have these skills, most congregants would be hesitant to talk with senior ministers about their
problems. Associate ministers are the primary source of care, at least as that care is provided in more structured ways within the congregation. Lay people who are graduates of BPPCCP expressed significant frustration that there are few ways for them to use their newly developed skills. One might say that there is a desire to move toward the model McClure has described of “care for the community and its members by the community and its members,” the culture and structures to support that approach have not yet developed.

The subjects of gender roles and social structure within churches, society and family, as well as what these mean for how Blanton-Peale might best leverage its impact in supporting Korean communities of faith, would require exploration with Dr. Son and further reading.

These three themes stood out to me from my interactions with the two groups of students. Additionally, before Dr. Son and I met to discuss these themes, she read the interview forms that had been completed by students and which, of course, had been recorded in Korean. She summarized the themes as follows:

**Question 1: How has BPKPCCP changed the way you relate to and care for others?**

*Theme: “Healing of self” and improvement of relationships*

*Summary of ideas:*

- increase in self-understanding and understanding of others
  - better listening and conversation skills
  - more listening than talking as opposed to the other way around in the past (instead of telling people what the solutions are to their problems)
  - less conflict in relationships
  - respectful of others
  - healing of self from the understanding of parents
  - helping others to help others
  - increase in empathy for others

- two topics noted individually--better management of rage and finding more spirituality in life

**Question 2: How have you been able to use what you have learned in your church, family or workplace?**

*Theme: improvement of relationships*

*Summary of ideas:*

111
better relationships with family, wife and children, church members, co-workers, friends, etc.

**Question 3:** What else would be helpful to you and your community to strengthen spiritual and mental health?

*Theme: education and clinical setting*

*Summary of ideas: Blanton-Peale could provide*

- seminars on family, nurturing children, couple relationship, counseling for the elderly and mental health issues such as rage, depression, etc. for the Korean-American community
- formation of small groups like the peer group and “formation of counselors” group that are part of the BPKPCCP curriculum, especially for parents raising children
- nurture small group leaders
- a clinic for students to obtain clinical experiences
- a clinic where Korean-Americans could come for counseling
- enable students to practice counseling by equipping qualifications
- a shorter program in which people could enroll

*Other ideas that came up:*

- BPKPCCP needs to be more biblically based.
- Blanton-Peale should change its program to offer a coaching license.

**UNDERSTANDING THE THEMES FROM A KOREAN AND CONFUCIAN CULTURAL PERSPECTIVE**

On June 7, 2016, I met with Dr. Angella Son, Director of Blanton-Peale’s Korean Pastoral Care and Counseling Program, to discuss the themes that had emerged from the two Listening Circles, both in the group interactions and as reported by students on the interview forms. While not a complete exploration of all the themes that emerged, I report here on the three themes identified above. Dr. Son’s comments and observations in this conversation then directed me toward additional readings and insights.

**Listening:** When I asked Dr. Son how students gain such a profound and deep commitment to listening through BPKPCC, she said that in course evaluations, students talk about their experience with faculty who respect them and talk to them as equals, which is a different style than is present in many [Korean] families or institutions. So it’s not just theoretical but also experiential; they experience being listened to well. Listening is built into
the overall approach of the program and allows the creation of safe space. It is modeled through “experts/authority figures” (i.e. faculty) who, though they are authority figures, listen well. Faculty say, “there are a lot of things I need to learn about YOU. This program is not about giving solutions, but about listening well and empowering you to handle problems.” Dr. Son explained that these are ideas that are emphasized from the beginning of the program, including during orientation.

As I followed my discussion with Dr. Son with research on Korean culture, I understood how counter-cultural this approach is. Authority figures who model listening empathetically are going against Confucian culture in which “authority is respected as an important virtue.” It is important to note that, while BPKPCCP students generally identify as Christian, Confucianism undergirds Korean culture. As Andrew Sung Park explains, drawing on Marc S. Mullinax and Hwain Chang Lee, “Does Confucius Yet Live?: Answers from Korean American Churches,”

[T]he traditions of Christianity and Confucianism operate in the Korean-American Christian mind as twin gyroscopes and as dual liturgies… [Mullinax and Lee] compare the Korean Christian church to a language and Confucianism to its grammar. They conclude that “the two traditions of Christianity and Confucianism coexist within the same church and within the same believer. The Confucian impact on Korea is shown in its emphasis on filial piety.”150

As Dr. Insook Lee explains, it in 1392, with the founding of the Chosun Dynasty, that Confucianism replaced Buddhism as the “official state orthodoxy.” Confucianism’s
Bonds and Five Relationships created “social stability and harmony on the basis of ‘rank, gender, and age’”\textsuperscript{151}:

Three Bonds refers to authority (1) of the ruler over lesser governmental figures, (2) of the father over the son, and (3) of the husband over the wife… Five Relationships specifies a pattern of interaction between two groups of people. The relational pattern emphasizes (1) righteousness or mutual faithfulness between ruler and minister, (2) intimacy between father and son, (3) distinction or division of labor between husband and wife, (4) order between old and young, and (5) faith or mutual trust between friends.\textsuperscript{152}

With this social structure in mind, one can readily see why the modeling of empathetic listening by faculty authority figures would be so transformational. Additionally, understanding these social structures provides insight into the statement by a Korean-American man that he has learned to “speak less and listen more, without expecting obedience” or by a Korean-American woman about “listening” to the behaviors of children for what they might “say” about their needs, hopes, and fears. In each case, the BPKPCCP is making a counter-cultural statement.

\textbf{Roles within society, church, and families}

Understanding Confucian role differentiation is also helpful for understanding gender dynamics. As Dr. Insook Lee further explains the underpinnings of Confucianism in Korean culture, the politicized implementation of its principles has continuously operated as being exploitive of Korean women. The strict authoritarianism based on power and domination has become an increasingly oppressive system that undermines the value of women both at home and in society… [women] are systematically alienated from possessing authority and power. A woman’s dependence on her father [in childhood], husband [in adulthood], and son [in old age] for the sake of communal harmony and well-being is regarded as one of the highest feminine virtues.\textsuperscript{153}

Immigration from Korea to the U.S. – from a country in which the culture is communal and authoritarian to a country that is “post-communal” and individualistic – effects gender roles

\textsuperscript{151} Lee, Insook, 163. Throughout this section, Lee relies on W. Slote and G. Devos, \textit{Confucianism and the Family} (Albany: State University of New York Press, 1998), 75, 123

\textsuperscript{152} Ibid., 163

\textsuperscript{153} Ibid., 163
in a variety of ways. As Dr. Angella Son explains, “One of the most drastic changes in the lives of Korean American women is their direct economic participation in their families” through work outside the home.\textsuperscript{154} As new contributors to the financial resources of the family, “more and more household decisions are shared between” husband and wife.\textsuperscript{155} In turn, “The increase in Korean American woman’s power within family, generally causes acute tension to arise within the traditionally defined dominant husband/submissive wife relationship.”\textsuperscript{156}

I believe I may have observed a variation on the shifting power dynamics between women and men when visiting the Saturday KPCCP. A casual conversation developed before the beginning of the Listening Circle and the arrival of the translator who would assist me. As students arrived, I struck up a conversation with four or five of them, with a young woman who seemed to have the best English functioning as the informal voice of the group. However, once the session officially began, she did not speak up. After the session, I spoke with her one-on-one and asked for her thoughts. She referenced her role with children in the church. Reflecting on the stages of my encounter with her, it seemed to me that she had accrued additional power via her growing English skills, but in the more formalized setting, she settled back into a more traditional Confucian expression of her role as a woman. I wondered what tension it would have created for her and in her relationships with the men in the group if she had spoken up more freely in the formal group setting.

In conversation with Dr. Son, she explained something of how the program deals with these shifting roles and the dynamics for immigrants who must fluidly shift between cultures.

\textsuperscript{154} Angella Son, “Pastoral Care of Korean American Women: The Degeneration of Mothering into the management of an Inadequate Sense of Self,” in \textit{Women Out of Order: Risking Change and Creating Care in a Multicultural World}, eds. Jeanne Stevenson-Moessner and Teresa Snorton (Minneapolis: Fortress Press, 2010), 63
\textsuperscript{155} Ibid., 64
\textsuperscript{156} Ibid., 65
Using the example of setting boundaries, she explained the constant tension for Korean-Americans, given that the definition of boundaries is different in Korean and American cultures. (It seems to me that this difference is related to the differences between a communal and individualistic culture.) The approach of BPKPCCP is to respect Korean cultural boundaries but to make a bit of a shift toward Western boundaries by supporting individuals in setting limits and establishing mutuality. (Dr. Son noted that in her teaching with Western students, she helps them move a bit toward a Korean sense, i.e. a little less individualistic and more group-oriented.) She shared an example from the program of helping female [Korean] students to talk with men about any touch that might feel uncomfortable and equipping women to speak out in class, even though that may create some conflict within self or in their relationships. Recall the earlier example in this paper (p.4) of the female student who successfully talked about her anger and frustration as a woman and, even when pressed by a male authority figure, maintained her perspective that, not only has this been her experience, it is widely experienced by women.

**Anger:** Understanding roles as defined in Korean culture and the filial bond, for example, between father and son, husband and wife, and parents and children, one can more deeply understand how deeply meaningful it would have been to the man who shared that he had been able to process his anger and restore relationship with his father, wife, and children. As I spoke with Dr. Son about anger and especially its relationship to the experience of immigration, she explained that Korean-Americans feel more freedom to own their anger here in the U.S., that she doesn’t think anger is any more predominant among Koreans than other cultural groups, but that they are newly dealing with it. Her observation is that owning anger helps people become more “level,” though not completely free of anger (which of course, isn’t the goal.) For Korean immigrants in the U.S., anger is related to the experience of low economic status, job issues
(having less respected jobs than they did in Korean), racism, and language barriers that make it hard to be as active in society. Dr. Son has created a module on anger that is part of the KPCCP curriculum and includes case studies that involve these dynamics.

Dr. Son also introduced me to the term “han” (sometimes alternately transliterated haan) which is related to anger. It is a feeling that is transmitted inter-generationally, and that is “tucked inside” (though here in the U.S. there is more permission to express it.) Andrew Sung Park offers the definition of han from minjung theologian Young-Hak Hyun:

Han is a sense of unresolved resentment against injustice suffered, a sense of helplessness because of the overwhelming odds against, a feeling of acute pain of sorrow in one’s guts and bowels making the whole body writhe and wriggle, and an obstinate urge to take “revenge” and to right the wrong all these combined.157

Insook Lee writes that it is a “traditional, culturally determined emotional state, not a disorder or disease. Haan refers to a deep feeling of suffering, despair, ‘everlasting woe,’ and ‘being trapped’ and ‘victimized’ in the face of enduring injustice and oppression that are far beyond their resistance and control.”158 Lee points out a general agreement that “the psychology of haan describes particularly well the emotional state of many Korean women.”159 And Greer Anne Wenh-in Ng points out that “Such han persisted even after many generations had struggled and succeeded in moving out of the urban ethnic ghettos of their ancestors, and even when the liberalization of immigration laws… saw better educated and socio-economically better off

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158 Lee, Insook, 169. Dr. Lee’s article also points out the way that this is sometimes somatized in hwa-byung syndrome, in which “anger becomes like a dense mass ‘pushing up’ in the chest… which is accompanied by characteristics of major depression or dysthymic disorder, a mild or low-lying chronic depression, combined with somatization disorder.” She is referencing Sung Kil Min, M.D., Ph.D., of the department of psychiatry at Yonsei University, College of Medicine in Seoul, Korea who points to “the cultural inclinations to keep the family in harmony and peace and to preserve social relationships dictate that anger must be suppressed, pent up, and accumulated.”

159 Lee, 169
Asian immigrants arriving in increasing numbers.”\textsuperscript{160} Ng references Andrew Sung Park’s 2003 article that points out “In this so-called melting-pot society, Asian Americans have been unwelcome and ‘unmeltable.’ This enduring rejection by society is han for Asian Americans.”\textsuperscript{161}

In Andrew Sung Park’s extended 1996 treatment of han, he draws out the ways that Korean history contributed to han through the annexation of Korea by Japan in 1910 and the forced use of the Japanese language, through the use of “comfort women” by the Japanese military during World War II,\textsuperscript{162} through the unjust division of Korea into north and south post-World War II (unjust in that it was Japan who had started the war and was a threat to peace), and through the devastation of the Korean War.\textsuperscript{163} White Christian racism, police discrimination, and media racism.\textsuperscript{164} This background helps us empathetically understand han:

When a person puts up with long suffering or a sharp intense pang of injustice, he or she develops a “node” of pain inside – a visceral, psychological, and pneumatic reaction to the unbearable pain… Han is the inexpressibly entangled experience of pain and bitterness imposed by the injustice of oppressors.\textsuperscript{165}

While it is crucial to understand these dynamics for Blanton-Peale’s ongoing work with Korean Americans, it is also insightful for our work with other cultural groups. Though the historical circumstances may be different, the underlying dynamics are similar to those of

\textsuperscript{160} Greer Anne Wenh-In Ng, “Pastoral Care in the Context of North American Asian Communities” in Injustice and the Care of Souls: Taking Oppression Seriously in Pastoral Care, eds. Sheryl A. Kujawa-Holbrook and Karen B. Montagno (Minneapolis: Fortress Press, 2009), 74
\textsuperscript{161} Ng, 75 referencing Andrew Sung Park, “A Theology of Tao (Way): Han, Sin and Evil” in Realizing the America of Our Hearts: Theological Voices of Asian Americans, ed. Fumitaka Matsuoka and Eleazar S. Fernandez (St Louis: Chalice, 2003), 42
\textsuperscript{162} Ibid., 14-16
\textsuperscript{163} Park, Andrew Sung, 1996, 12-14
\textsuperscript{164} Ibid., 20-25
\textsuperscript{165} Ibid., 9
African-Americans (and others) in our society. As Son points out, the dynamics for Korean-American women bear a resemblance to the “shifting” required for African-Americans:

A Korean woman’s identity depends mainly on her ability to practice what Charisse Jones and Kumea Shorter-Gooden call “shifting,” the African American practice of subterfuge for survival… “Black women are relentlessly pushed to serve and satisfy others and made to hide their true selves to placate White colleagues, Black men, and other segments of the community. They shift to accommodate differences in class as well as gender and ethnicity.” 166

The concept of “shifting” is just one gift from African-Americans to Korean Americans in understanding and addressing han. And Andrew Sung Park’s distinctive vision for racial healing offers a gift from Korean culture to our society as a whole. He shares – as the antidote to han – the cultural gifts of hahn (a vision of reverence and inclusiveness), jung (a heart of attached affection and endearment that can transcend racial and ethnic boundaries), and mut (the art of natural beauty and harmony out of divergence). 167

These specifics and the overarching dynamics of race-based intergenerational trauma168 deserve and require further attention from a place such as Blanton-Peale Institute & Counseling Center, an organization that seeks, not only to help individuals flourish, but to make society more whole.

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167 Park, 1996, see especially 107-117
168 According to http://www.psychiatritetimes.com/articles/intergenerational-transmission-trauma-introduction-clinician “Students of human nature have long grappled with questions about the replication of parents’ traits into their offspring. Nonmedical writings have alluded to the fact that “sins” may be transmitted from parents to children. However, the first extensive elaboration on the impact of parents' neuroses on their children came in the late 1800s from the emerging field of psychoanalysis. All subsequent schools of psychology examining trauma have been concerned with the handing down of neurotic traits. It was only in the post-Holocaust era that a consistent literature on the intergenerational effects of parents' traumas emerged. Soon after the description of the Holocaust syndrome by Niederland (1961), Rakoff et al. (1966) reported on the transmission of the effects of the Holocaust trauma to the "second generation." Since then, several hundred articles on intergenerational transmission--mainly limited to clinical cases and anecdotal reports--have been published.” Accessed July 31, 2016. For intergenerational trauma in African-Americans, see for example, http://www.socialworktoday.com/archive/051214p18.shtml
APPENDIX I: The Mobius Strip as an Image for the Interconnectedness of the Inner and Outer Journeys

As Parker Palmer explains, a Mobius strip results when one takes a strip of paper and, instead of connecting one end to the other to create a circle,

![Mobius Strip diagram]

Instead,

“pull the two ends slightly apart, give one end a half-twist, and then rejoin the two ends. You have just created a remarkable form called a Mobius strip.

“Holding the strip together with the fingers of one hand, use a finger on the other hand to trace what seems to be the outside surface of that strip: suddenly and seamlessly you find yourself on what seems to be the inside of the strip. Continue to trace what seems to be the inside surface of the strip: suddenly and seamlessly you find yourself on what seems to be the outside of the strip.

![Infinite Mobius Strip diagram]

“I have to keep repeating ‘what seems to be’ because there is no ‘inside’ and ‘outside’ on the Mobius strip – the two apparent sides keep cocreating each other. The mechanics of the Mobius strip are mysterious, but its message is clear: whatever is inside us continually flows outward to help form, or deform, the world – and whatever is outside us continually flows inward to help form, or deform, our lives. The Mobius strip is like life itself: here, ultimately, there is only one reality.”

169 Palmer, 46-47.
APPENDIX J: A Sabbatical Proposal by Rev. Kate Dunn

to Learn More about Safe Sacred Space

As a means of creating community and well-being, the MHSWG’s exploration of Safe Space has had an impact both on participating faith leaders and on Blanton-Peale. The creation of Safe Space is one of the areas in which group members have, of their own accord, as Appreciative Inquiry is designed to do, begun developing independent responses to the Dream Summit. Rev. Kate Dunn has written a proposal for a sabbatical in the summer of 2017 to pursue this topic further. She will be learning from ministry contexts that are different from her own: a predominantly African American congregation, a new immigrant fellowship and a congregation dedicated to prison ministry.

By Rev. Kate Dunn
A Participant in the Mental Health and Spirituality Working Group
Fifth Avenue Presbyterian Church

Core Question: How can the mainline Christian congregation become spiritually safe space for members to bring their whole selves, with both their brokenness and their gifts, to church? Many church members draw a distinction between those who serve and those being served. Most prefer to be the ones doing for others rather than receiving support and services themselves. This bias makes asking for support difficult when people find themselves in a place of need (i.e., struggling with mental health challenges, trauma, unemployment, substance abuse, bereavement, homelessness, loss of mobility and independence, need for a higher level of care, and more). Feelings of guilt, vulnerability and shame often keep people from seeking spiritual nourishment from their faith community when they need it most. At the same time, people in need often doubt their own capacity to give meaningfully to the faith community. Because of this predicament, pressing spiritual and emotional needs go unmet and valuable gifts go unshared, to the detriment of both individual members and the church as a whole.

Project Summary: This grant would allow me time and opportunity to step away from my ministry context for a sustained period of quiet reflection, journaling and prayer for my own spiritual nourishment, time for reading many of the books on congregational care that have amassed on my to-read-sometime list, as well as opportunity for visits to other congregations and conversations with church leaders also engaged in congregational care ministry. As I do some of my best reading and writing on trains and at retreat houses, my hope is to travel across country and back by train, stopping for three separate weeks of retreat (pending space availability, at Ghost Ranch PCUSA retreat center in New Mexico, Queen of Angels Benedictine Monastery in Oregon and Pendle Hill Quaker retreat center in Pennsylvania). During

170 One of the principles of AI is that “free choice liberates power, by stimulating organizational excellence and positive change:” Whitney and Trosten-Bloom., 51-75, summary table, 52. See also Appendix B.
my sabbatical time, I would also plan to worship with several churches in the NYC Presbytery that serve in ministry contexts different from FAPC, such as a predominantly African American congregation, a new immigrant fellowship and a congregation dedicated to prison ministry. I hope to engage with leaders from these congregations on the issue of guilt and shame dynamics. I also intend to address the challenges of and strategies for creating safe worship space that encourages people to bring their whole selves, vulnerabilities included, to church.

**Narrative Statement**

**Concern/ Question**

How is it that a church member who finds herself unemployed, depressed after the death of a spouse, struggling with addiction, facing eviction, accepting food stamps or other entitlements, or coping with a developmentally challenged child can share her concerns in the privacy of a pastor’s office, but will go months and even years avoiding Sunday worship because she feels too ashamed to come to church? How can our Sunday morning worship and fellowship encourage people to gather with their family of faith during the most vulnerable times of their lives, not just the times when they look their Sunday best? What gifts and possibilities for spiritual growth become available for faithful service when people living with guilt, shame, doubt, fear, and loneliness, who long to hear the message of Christ’s love, forgiveness and empathy, feel ensured that they too belong to the body of Christ? How can the mainline Christian congregation live into its calling to be a worshipping community for members to bring their whole selves, with both their brokenness and their gifts, to participate fully in the life of the church?

**Rationale**

Jesus healed people who were sick, grieving, mentally ill, shamed, vulnerable, physically disabled and outcast. He saw people as they truly were, loved them and invited them to be part of his family, so they might be nourished by his love, and share that love with others. As his followers, we seek to participate fully in the body of Christ, both by being open to Christ’s healing presence in our own lives, and by engaging in healing ministries with others.

When the church somehow communicates messages that make people feel comfortable participating when they are in a good place in their lives, but not when they are feeling vulnerable, frightened and alone, the church struggles to live into its identity as the body of Christ. People who need to be spiritually nourished keep their distance from the church at times when they need the church most. Their absence may reinforce the message to those within the church that vulnerable people are not truly valued and integral members of the family of faith. At the same time, the gifts and strengths that those vulnerable, absent people could be sharing with the church go unrecognized and unused.

As a pastor, I have spent many hours in conversation with members who stay away on Sunday morning because they’re too ashamed to let others know they’re still unemployed, or are embarrassed by their ongoing battle with substance abuse, or are afraid to reveal to church friends that they’re struggling with depression again, or don’t want others to see that physical limitations keep them from participating in service opportunities as they once could, or even that they now need hearing aids or a cane. Over and over I’ve encouraged these people to come to church, come to worship, pray, sing, hear the good news and
participate in the sacraments with their family of faith. Far too often, people’s resistance to a return to community is very strong.

Recently, members on a Pastoral Care Task Force reviewed how FAPC provides congregational care, read literature on the topic, researched other churches of similar demographics, and interviewed members and staff. Several key themes emerged through this process, among them:

- The church needs to talk about and take an active role in working to de-stigmatize mental illness.
- The church needs to recognize that every member of the community has something to offer; that we are all caregivers and care receivers, servants and those who are served; healers and those who need healing.
- The church needs to creatively seek opportunities for all members to be able to share their gifts and serve the common good.
- The line between pastoral care (of church members) and outreach (care for members outside the faith community) is gray and blurry: church members may need social service supports; homeless neighbors may just need a listening ear and a time of prayer.
- Caregiving is the responsibility of the entire church; not just the pastors.
- Caregivers of all kinds need spiritual, emotional and physical support from their faith community.

Out of the final report came a number of recommendations, which I have been in the process of implementing, such as: creating the Circle of Caregiving ministry and arranging for programming about living with mental illness and caring for caregivers; finding grant money to bring on board a part-time social worker; working with our Mission Partners to expand care services to the congregation and community (FAPC has recently become a Presbyterian Senior Service host site providing support for caregivers of people with dementia); and expanding the Deacons prayer ministry.

This study project would give me an opportunity to further explore questions, challenges, possibilities and hopes for the church that seeks to live into its calling as a caring, compassionate Christian community.

Plan

The first part of my plan involves establishing a change of context and a change of pace in order to be open to a time of reflection and study. My ministry context provides endless variety and stimulation, a plethora of opportunities for meaningful human interaction, and constant exposure to the beautiful and the heartbreaking elements of the human experience. The setting is intense, the challenges people face are omnipresent, and the pace is fast. Day after day I leave my office with only a portion of the items on my to-do list checked off, wondering how the hours, days, weeks can go by so quickly. In the midst of the busy-ness, I find little time to reflect on theological questions or spiritual concerns that arise.

We have some long-time church members who regularly travel cross-country by train, and years of listening to them speak of their experiences has filled me longing to do the same, to get out of the bubble that is Manhattan, where I have lived since arriving for seminary in 1989, and experience the wideness of the whole country, in which I have traveled very little. The opportunity for extended train travel, exposure to a wide variety of natural terrain, and time spent in places known for their scenic beauty and designed to provide a Sabbath time apart, promises me a healthy physical separation from my ministry context that will lead to emotional space and openness for creative spiritual reflection.
While on the train and on retreat I hope for quiet time for prayer, meditation and journaling. If an opportunity arises at one of the places I hope to visit for a guided or group retreat on congregational caregiving, spiritual wholeness or a related topic, I may consider participating in that as well. However, a large part of my plan for this sabbatical involves reading. Many books have piled up on my shelves and many more have been recommended to me. Some are classics, like Bonhoeffer’s *Spiritual Care*, Nouwen’s *The Wounded Healer*. Others, such as *Shameless Lives, Grace-Full Congregations* and Pinsky’s *Amazing Gifts*, particularly address issues of vulnerability in the parish setting. Others talk more nuts and bolts about becoming caring congregations. Some books, like Brene Brown’s *Daring Greatly* and James O’Connell’s *Stories from the Shadows*, reflect on vulnerability in secular settings. Some pastors like Craig Barnes and Eugene Peterson offer decades of experience in congregational ministry that I know I can benefit from. Other Christian writers, like Parker Palmer, Madeleine L’Engle and Kathleen Norris offer reflections of spiritual wholeness in work, relationships and solitude. I look forward to time to read these books and anticipate engaging with much thoughtful material that will help me in my own exploration of my core question. I expect to expand my bibliography over the coming year, as I continue to prepare for sabbatical.

The third part of my plan will take place when I am not traveling outside the city. I plan to worship with several congregations within the New York City Presbytery that serve ministry contexts different from FAPC’s. Specifically, I’m interested in experiencing worship in a predominantly African American congregation, a new immigrant fellowship, and a congregation whose ministry focuses on the incarcerated and their families. In addition to worshipping with these congregations, I hope to engage with their church leaders in conversation on the question I’m exploring.

**Dissemination**

When I return from Sabbatical, I plan to continue working with my Congregational Care and Outreach staff and lay leaders, Deacons and Circle of Caregiving group on sustaining and strengthening ongoing pastoral care programs at FAPC, while thinking prayerfully and innovatively about how we as a congregation care for each other and our community.

I also plan to continue to engage with other church leaders participating in the Mental Health and Spirituality Working Group, organized this spring by staff at Blanton-Peale Institute for Religion and Health. I’ve been participating in an Appreciative Learning Process with this cohort of pastors, on the topic of “Leveraging the Strengths of Communities of Faith for Mental and Spiritual Health.”

Finally, I hope to share honest reflections and any newly gained wisdom through sermons, essay writing, educational programming, church retreats and an article for *The Christian Century*.

**Impact**

I hope that through my study, conversations and site visits I may explore questions, ideas and practices that I can bring back to FAPC that will enhance our ability to share the good news of God’s complete knowledge and love of God’s children in all our broken humanity. Through my one-on-one pastoral meetings with members, engagement with the church and community, relationships with other church leaders and conversations with people who are not currently part of any church family, I hope to become
a more faithful participant myself in building up the body of Christ and to encourage others to live into this calling as well. In terms of what this project may catalyze for the larger church, I believe the Holy Spirit works in surprising ways. I know I’m not alone in exploring these issues and I hope participation in a larger conversation will spark communal insights into how the church can most faithfully be church at this time in our world.

**Timeline**

FAPC has granted me a 10-week sabbatical during the summer of 2017 (this includes two weeks of vacation and two weeks of study leave). I plan to schedule my weeks of retreat, train travel and site visits to other congregations during those ten weeks.
APPENDIX K: The Bethesda Project of Rev. Dr. Kim Anderson

The next developmental step in Blanton-Peale’s partnership with faith communities and their leaders will be a “Circle of Trust” to support faith leaders in the inner journey that is needed to pursue the outward journey of addressing mental health. A conference that connects the inward and the outward may also emerge and, in fact, Rev. Dr. Kim Anderson, pastor of Metropolitan AME Church of Harlem, has begun envisioning what this might look like as part of her work as a Social Justice Fellow with the Federation of Protestant Welfare Agencies.

What follows is her report on Phases I & II of “The Bethesda Project” and proposed next steps for Phase III, which will focus on this inward and outward journey.

*PLEASE CLICK ON THE ICON BELOW AND KIM’S PROJECT WILL OPEN UP AS A SEPARATE PDF.*
APPENDIX L: Diagrams Relating Individual and Societal Challenges

PLEASE CLICK ON THE DIAGRAM BELOW AND A SEPARATE 3-PAGE PDF OF DIAGRAMS WILL OPEN.
APPENDIX M: A Vision for What Can Be: “New York City’s Favorite Dance Partner”

I imagine Blanton-Peale and communities of faith “finding each other on the dance floor” and “learning new steps together.” As we become more adept at the skills of partnering, I imagine Blanton-Peale dancing the “Waltz” with some congregations, while realizing that with others, Chicago Swing is just right.

I imagine Blanton-Peale – with its redeveloped partnering skills – woven into the fabric of NYC life, leveraging the power of community through faith communities. I imagine it becoming a leading innovator and connector in New York City, knitting together psychology and spirituality in new and creative ways.

I envision Blanton-Peale being attuned, as were its founders, to New York City’s mental health needs and the challenges of being human in our complex world – both to the needs of individuals and to the societal and systemic factors that generate and exacerbate psychological pain.

Ultimately, I envision a world in which individuals are flourishing, and society is more whole – a world of shalom – a reality made possible by the support congregations provide through their partnership with Blanton-Peale.