ELLIOTT THINKSHEETS
309 L.Eliz.Dr., Craigville, MA 02636
Phone 508.775.8008
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"JUSTICE" WITHOUT "JUSTIFICATION" ?

BYPASSING THE BYPASS is a book on avoiding heart bypass-surgery. This Thinksheet is on bypassing, or making an end-run around, secular psychotherapy's bypass, avoidance, of "God," "a higher power" (except in the AA-type context), "the Eternal," "the Ultimate," "the Vertical," "the Beyond that is more than we are & calls us to become more than we have been," "the Mystery that terrifies & fascinates us" (R.Otto), "the Unconditional," "the Transcendent," + other holophrases....OCCASION: Yesterday nine of us clergy had a long conversation with the administrator & a psychiatrist of an adolescent psych-care facility in Mass. (place & personnel are unimportant for my purpose here; personnel are indicated by ADM & PSY; all clergy made enriching contributions, but I report only *mine* [in italics] because I was endeavoring to bypass the bypass).

PSY: We take ages 11-18 & have them 2-6 weeks. Unfortunately, we don't get those most in need: they don't come in (& we're not a prison that can drag them in, though we are a government-supported facility). "Alienation" is the one word that covers them all; they're isolated in society, and from families without networks (only one patient since September has had any relationship with any church or synagogue). As are all human beings, they are "social animals," but "locked into themselves" & into "the moment, the here-&-now, with no past & no future, no hope." "The distress of the moment is global, that's all there is." Bored. No play, no creative imagination. "No interests, no joy, no relational abilities," & all into drugs.

NOTE: So far, two human essentials have been mentioned: OTHERS (we're "social animals") & HOPE (on which she recounted an experiment in which rats without a straw floating on the water surface drowned twice as fast as rats with)....God is the only Other in relation to whom hope need never die, & whose infinite resources can deliver from proximate & ultimate boredom, & through whom we can be related to "all things," the whole creation, alienated from none. God is available to all, but only thus known by those who, penitent toward what they have been, practice his Presence toward what God intends them to be. To such, God is their high: no yen for chemical highs...."If these things be so," should not the God option be presented to these patients? *God as a "higher power" may come up in your one-hour-per-week AA group; anywhere else in your program? You (the ADM) said "A higher-power God is presented."* ADM: Mainly in AA; but it is on the list we present when patients are admitted. (But we don't talk about it:) We can heal the heads, you (clergy) can heal the soul.

Much discussion, initiated by the other clergy, as to (in effect) how the clergy are to heal the soul if there's little facility/clergy cooperation, & the facility uses the church-&-state excuse for "leaving religion alone." Yet the ADM distinguished religion/ spirituality thus: "Religion is institution, spirituality is about God." *If spirituality is a human essential, how can God be virtually left out of the program?* ADM: It's just too difficult to handle. Besides, we have them here for such a short time.

PSY: We have "meditation" early weekday mornings. (We didn't ask whether the neutral, secular "relaxation response" of Herb. Benson, or some hinduish form. Nor did we ask why nothing religious on Sunday, or what the "candlelight group" Saturday night does.) And I use a "reflection room" to confine patients for brief periods. *Why?* So they can think about what they have been and done. I hope they will decide to change. *That's why the Quakers, inventing the modern prison, called it a "penitentiary": in hope the incarcerates would repent, become penitent, penitents, confessing their sins to God. Do you hope your patients will do that?* No, I hope they will decide to forgive themselves. I don't mess with reconciliation of self to God, you people do that. We limit our attention to self-to-self & self-to-others reconcilation. *How does your own religion help you in your work?* No connection I'm aware of. I just look at my feet & see where they're walking. (Little wonder she has a low view of clergy's religious function, though she does respect the high potential of church youthgroups for aiding the socialization of her released patients.)

ADM, after PSY left: She didn't have to answer your question about her personal religion, & maybe she didn't. That's very personal. *Personal, yes; but taboo? We are clergy; for us, the most interesting question about human beings is how they stand, consciously or unconsciously, before God. In speaking to clergy, why would she avoid their most interesting question, the question they consider central to human life?* ADM: I don't know. You'd have to ask her. *I think we know the answer. It's that the question is not important to her. It's not important to people who are alienated from God. But look, then, at what we have: an alienate (from God) trying to help alienates (from God, society, & themselves). Our diagnosis is that here we have a double sickness, an alienate at both ends of the therapeutic situation.* (At this, the ADM became flushed & shrugged her shoulders, saying nothing.)

THEO-ANALYSIS: Before the PSY left, I tried to get her to see (1) her mentor-&-God functioning & (2) the language potential for bridging from her to us (by our language: clergy have no problem bridging to psychology: the language of many of them is more psychological than theological).

What is the fulcrum for your patient's self-forgiveness? PSY: Fulcrum? *What's the point they can trust not to move when they push down to lift themselves up? Or to put it another way, whom or what are they trusting that their self-forgiveness will be received?* Me, I suppose. *That means you're functioning in loco Dei, in God's place. You accept the patient, setting aside (but not treating as nonserious) his or her dysfunctional behavior--just as God hates the sin but loves the sinner. You hope for & work toward the patient's self-to-self & self-to-others reconciliation. The process, to use the biblical words, is repentance (what you hope will happen in the "reflection room," though you don't expect it to be toward God), faith in the savior (in this case, you), forgiveness by the savior, freeing the patient for self-forgivenesss & for forgiving others & asking others' forgiveness.*

PSY, irritated by my using religious language for her functioning: Those are your words, not mine. *Our words, but they accurately describe your functioning, they inform you as to how we see your functioning (as a servant of & surrogate for God), & they offer a bridge between you & us. Our two professions are drawing closer together in the interest of holistic therapy: why should not our languages merge for our mutual enlightenment & mutual functioning?* Sorry, I just don't see myself in the role you want to put me in.

NOTE: The patient's multifaceted alienation needs <u>one language</u> to hear & speak, but the helping professions (religion, psychology, sociology, government) speak many languages: the patient faces both an inner & an outer Babel-babble. If the professions insist on their sectarian sound-systems, isn't "holistic healing" a mirage? The PSY is not responsible for having been trained to speak only psychobabble, but how come she hasn't enlarged her speech during her 30 years of practice? Well, it's partly the fault of clergy. It was clear, at two points she admitted it, I was pressing on her vital things--things clergy see as vital--she's never thought of before. The program includes "assertiveness training": why haven't clergy been more assertive, more confrontative, vis-a-vis the medical profession? Long ago the public rejected clericalism, & it's now beginning to reject medicalism. Communication should be better as the two professions share public humiliation. That's help from below: help from above is the fact that the public is yearning for what the two professions have to offer, viz spirituality & health (limited though both are in their offerings).

The savior role gives you trouble; what about the mentor role? In his PBS with Moyers ("A Gathering of Men"), Robert Bly twice says the mentor is the steppingstone between parents & God. You see yourself as a steppingstone to the world "out there" when your patient leaves here--but not between your patient & God? That's your department.

NOTE: The burden of this Thinksheet is precisely this worldly pressure to privatize religion, to segment it off from "real life," to maintain the specialization-fragmentation of our "separation-of-church-&-state" (read, "separation-of-religion-from-life") culture, which wants **justice** (including therapy) without paying the price of **justification**, which is repentance toward God, forgiveness from God, reconciliation with God. PSY described youth today as "rushed into pseudomaturity." Not just youth!