

## **AAPC THEORY PAPER**

### **Learning to Sing in the Key: Learning to Counsel on Key**

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I have been taking voice lessons for ten years. Studying singing has been the most therapeutic and the most therapy-like activity in my life since I was last in therapy. The issues in my voice lessons and my personal therapy have been the same. Can I find my voice? If I find it, will I be willing and able to exercise it, or will shame and fear of unflattering exposure keep me silent? If I use my voice, what will result? How will others react to my voice, and how will I deal with their reactions?

My experience of taking voice lessons resembles what I expect people feel in therapy. I go to my teacher's office for an hour-long appointment. If I am early I hear his previous student singing and watch that student leave. As I enter the studio I think to myself, "Am I doing as well as that other student? Am I my teacher's favorite student? Does he really like me, or does he just put up with me because I pay him? Am I getting better? Am I progressing fast enough? Can I even get better? Does he really know how to teach singing? Then we greet each other and get down to work. In this theory paper, I will explore the parallels between learning to counsel and

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*Reflective Practice: Formation and Supervision in Ministry*

learning to sing following the integrated developmental model amplified by the relational theory of John Gottman and the theological ethics of elaborated by H. Richard Niebuhr.

#### LEARNING TO SING: LEARNING TO COUNSEL

Each of the components of vocal instruction—from practice, instruction, reflection, practice to modeling to micro-skills and feedback—has a counterpart in pastoral counseling supervision. For example, studying voice has taught me a great deal about the connection of body and voice. Pastoral counseling and supervision incarnate the Word in the voices and bodies of real human beings engaged in the dialogue of clinical work. Something of the creative power of speech that birthed the world, muted as it might be by the humanity of its speakers, enlivens learning to sing as well as counseling and supervision. This is not to imply that clinical work involves only a one-way flow of creative energy from counselors to clients or supervisors to supervisees. Creative power can flow both ways, as ideas, feelings, and gestures inspire all parties in the counseling process.

The first voice belonged and still belongs to God whose breath hovered over the face of the abyss in the beginning. The biblical story tells that God put speech sounds to the divine breath when the world was created. We might say that when God found the divine voice, creation was born. God spoke—or sang—the world into being. God's speech continues to carry generative and creative power. The flesh is again made word in counseling and song so that flesh can be unburdened. Body and voice, act and speech, are linked together from Creation.

God does more through speech than create. God makes promises of faithfulness, rescue, and support. God also commands, "insisting on holiness and justice, and thereby creating a livable order."<sup>1</sup> Each of these themes—faithfulness, rescue, support, holiness, justice and a livable order—has relevance for intimate relationships. Christian theology develops this understanding of the transformative power of God's speech, and particularly God's creative speech, by stating that the Word through whom all things came into being "became flesh and lived among us, and we have seen his glory."<sup>2</sup> The divine Word speaks most clearly to human beings when it speaks in human form.

At each lesson, my teacher listens to me sing and assesses the quality of my singing on such measures as clarity of tone, intonation, timing, freedom from vocal tension, rhythm, musical expressiveness, and the like. He then offers corrections for flaws and directions for better ways to sing. Complex skills are broken down into their component parts, which are then refined individually. For instance, he might instruct me to breathe without phonation, then sing one vowel on one pitch, then sing one vowel up and down a scale, then change vowels across a scale, then sing a tune with just the vowels, then add the consonants to sing a whole song. Learning to sing and to counsel occurs through repeated loops of practice, instruction, and reflection, leading back to more practice, which in turn reinforces patterns of thinking and acting. It is often said that practice makes permanent, not perfect, because it consolidates gains.

Sometimes my teacher demonstrates good technique. At other times he offers instruction in metaphor: "Imagine you've been to the dentist, and you've had two shots of Novocaine in your lower jaw. Sing with your jaw that relaxed." Still other interventions are designed to refine the feedback I give myself while singing. He will ask me to feel my forehead wrinkle with unnecessary tension, or to touch my larynx lightly while singing.

Reflection takes place within the lesson as well as after it. My teacher records all my lessons for me to use between sessions. Reflection can also include analyzing a new song for its setting, characters, message, dramatic arc, and technical challenges. Then I return to the piano for more practice to secure the advances I've made. While I have yet to find an appropriate time to suggest a supervisee counsel as if she had received a local anesthetic in her jaw, still the idea of focused energy without extraneous tension fits into counseling skill development. My teacher and I once had a conversation about what would be appropriate, or fitting, goals for my voice lessons, as opposed to striving for some idealized perfection of the voice, and we explicitly compared that to goal setting in pastoral counseling.

#### THE INTEGRATED DEVELOPMENTAL MODEL

One of the best-conceived theories of counselor development is that of Cal D. Stoltenberg and Ursula Delworth.<sup>3</sup> Their integrated developmental model (IDM) describes three levels of structural change plus a fourth, integrative

level that unfolds from within the third level. Stoltenberg and Delworth lay out the core of their theory this way:

The trainee is described as progressing in terms of three basic structures—self- and other-awareness, motivation, and autonomy—in a continuous manner through Levels 1 to 3. This progression is assumed to proceed in a relatively orderly fashion through various domains of functioning relevant to professional activities in counseling and psychotherapy. In each stage, a structural shift occurs across domains... .Progress through stages within each domain is assessed by monitoring changes in the three primary structures previously listed.<sup>4</sup>

Stoltenberg and Delworth hold that progress through the stages is understood to be sequential, “fairly systematic,” and “representing irreversible structural change,” although allowing for brief regressions in new, ambiguous situations.<sup>5</sup> Movement through the stages is believed to take place through integrating new data into existing mental structures until the accumulated data overwhelm the structures and force their modification or transformation. Transformation of mental structures marks the move to the next stage. The framework of the IDM includes three structures and eight domains of professional functioning (see table 1).

Overriding Structures	Specific Domains
Self- and Other-awareness Motivation Autonomy	Intervention Skills Competence Assessment Techniques Interpersonal Assessment Client Conceptualization Individual Differences Theoretical Orientation Treatment Goals and Plans Professional Ethics

**Table 1: Framework of IDM**

*Level One*

Progress of trainees through the three levels is measured by changes in the three structures: self- and other-awareness, motivation, and autonomy. In this regard counselor development parallels the development of singers. For a

student of voice, Level One is marked by a lot of questions: "What should I sing? How do I breathe for singing? Was that onset too glottal?" Likewise, counseling trainees at Level One ask many questions about technique: "What should I say? What do I say when my client asks me if I've ever been depressed? How do I tell my client she has to pay for a missed appointment when I know she'll be angry?" Beginning pastoral counselors tend to focus primarily on themselves. As newcomers in the field, they generally depend heavily on supervisors and seek advice often, demonstrating low levels in the structure of autonomy.

A first-year resident reported that she had a hard time interrupting a talkative client. She said she had explained to the client that talking without stop was not the best use of session time, and she eventually worked out a hand signal by which she could break into the client's stream of talk, but she had no clear idea how to explore the meanings of the talkativeness, and she felt guilty for interrupting a client who wanted to talk.

Her struggle with this client is fairly typical of a Level One resident trying to understand client behavior and figure out how to do a specific task. Anxiety about performance and the evaluations of clients and supervisors leads to a preoccupation with self that detracts from empathy toward clients. In the structure of motivation, Level One trainees tend to have high motivation, reflecting a strong desire to be counselors and to learn how to perform the actions associated with pastoral counseling, to "do it right."

### *Level Two*

Level Two can be a turbulent phase akin to adolescence, or perhaps even to the Eriksonian conflict between autonomy and shame and self-doubt of ages two to three.<sup>6</sup> As singers transition to Level Two their anxiety over basic performance begins to lessen, and they can start to focus more on the pieces they are singing. On a day when the voice is working well, a singer in this stage is tempted to say, "I've got it! I don't need any more lessons. Listen to me sing!" The very next day, the same singer can be thinking, "Singing is too hard. Performance scares me. Why on earth did I ever think this would be fun?"

For pastoral counseling students, the decrease in performance anxiety characteristic of Level Two allows for a shift of focus from counselor to client. Case presentations become more focused and rounded out with telling details instead of general information. Tapes of sessions show greater ability to track clients and pick out optimum moments for therapeutic intervention.

Level Two clinicians may, however, over-focus on their clients. "In extreme cases, the trainee may actually lose him- or herself while focusing on the client and become engrossed in the pain, depression, or even elation the client is experiencing. Similarly, by trying to view events from the client's perspective, the trainee may become as confused, optimistic, or pessimistic as the client."<sup>7</sup> Motivation may fluctuate as trainees come face-to-face with the difficulty of acquiring counseling skills and the limitations of therapeutic interventions to effect desired changes in clients' lives.

The dependency on supervisors in Level One usually changes into a dependency-autonomy conflict as trainees experience some success in practice, desire a greater degree of independence, then either run into challenging situations that send them back to authority figures for guidance or overstep the limits of their competence and receive correction from supervisors. At Level One, use of the self is problematic because residents are generally too anxious to notice reactions in themselves other than anxiety. Level Two trainees can usually make better use of such self-focused supervisory interventions. They can also make use of the feedback their own thoughts, feelings, and bodily sensations give them during sessions. The creative linkage of body and voice begins to function effectively at this level.

Level One and Level Two trainees both pose ethical challenges around the mandate to practice "within the reasonable boundaries of our competence."<sup>8</sup> With pastoral counselors at Level One, the primary challenge comes from the limited competence of the counselors. Providing challenging experiences to residents can create tension with protecting clients from harm. Beginners make mistakes. Supervisors try to catch those mistakes and repair any damage. At Level Two, the challenge can come from residents who become overly confident and fail to consult. One resident's most frequent response to supervisory comments or suggestions was, "Oh, I know." It was hard to get past the knowing defense to assess how much she actually knew. Informing clients that they are being seen by post-degree residents does not resolve all the challenges around competence, but it does allow clients to give informed consent to their treatment.<sup>9</sup>

### *Level Three*

Sometime in about the sixth year of my vocal studies, I noticed that a change had taken place. I approached performances with more confidence. I was coming to lessons with very specific questions about individual notes or pas-

sages rather than general questions about singing. Lessons focused on improving things I already did with some skill more than on introducing new elements of technique. My teacher and I had become collaborators on the project of improving my singing. I had found my voice.

The move to Level Three is characterized by resolution of many of the conflicts and confusions of Level Two. At this level, clinicians have become aware of the impact on them of client's behaviors and the effects on clients of their attempted interventions. They can move back and forth between awareness of their experience within a session and awareness of what clients are experiencing at the same time, fruitfully comparing those two perspectives. Body and voice work together.

As they understand themselves and their functioning as therapists better, pastoral counselors at Level Three gain a clearer picture of their professional strengths and weaknesses and of the rewards and costs associated with the field they have entered. Thus, motivation becomes more stable and less dependent on the outcome of the most recent counseling session. With increasing skill and experience come confidence in autonomous functioning and a concomitant willingness to seek consultation at specific points in therapy without surrendering primary responsibility for the conduct of the treatment. They have found their therapeutic voice.

#### *Diversity and Development*

Some issues of diversity emerge in this simplified description of counselor development theory. Stoltenberg and Delworth maintain that male trainees confused by the challenges of Level Two may be more prone to focus on cognition and to hide their lack of "self and client awareness" by assertiveness and verbal sophistication. Female trainees at Level Two may tend to over-identify with their clients. The gender pairings of supervisor and supervisee may make the most difference in the developmental turmoil of Level Two. Same-gender pairings at this level help supervisees explore the domains of individual differences and professional ethics, while cross-gender pairings may help supervisees gain new perspectives on their clients.<sup>10</sup> Differences of individual psychology, such as learning styles, sensitivity to correction and thresholds of anxiety, also influence the process through the stages.

Members of ethnic minority groups may encounter a degree of conflict between aspects of their ethnic culture and the traditionally white, middle- and upper middle-class culture of counseling in the United States, and

whites may have a degree of conflict between their culture and the social location of their ethnically diverse clients. An ability to move comfortably in both cultures defines one of the hallmarks of Level Three.<sup>11</sup> The observations by Stoltenberg and Delworth about women clearly reflect assumptions no longer presumed. Women who have progressed to Level Three in most domains, they say, may regress to the confusion and affective fluctuation that prevails in Level Two. If establishing autonomy in other parts of their lives has been problematic, they say, women may also struggle to achieve the stable autonomy characteristic of Level Three.<sup>12</sup>

It would be fair to wonder whether all clinicians do, in fact, move through the same three levels in the same order. What Stoltenberg and Delworth list as variations in the process due to ethnicity or gender may actually point to an assumption of the normative experience of white males. In particular, their choice of autonomy as one of the "structures" by which development is measured may indicate a male-normative theory of development with the solitary, independent practitioner as its apotheosis.

#### SUPERVISION IN DEVELOPMENTAL PERSPECTIVE

Supervision from a developmental perspective must be based on careful assessment of the level of functioning of trainees across all domains. The developmentally-oriented supervisor is always concerned about the welfare of trainees' clients. Attention to trainee self-report, write-ups and recordings of counseling sessions or live observations of sessions provides the essential data for assessing the counselor's level of functioning. It is hard to assess trainees' skill in the domain of assessment techniques, for instance, without forming one's own assessments of clients to compare to those of the trainees. Supervisors, however, should resist any temptation to attempt therapy by remote control and focus on enhancing the skills of trainees.

From a careful assessment of level of functioning, supervisors can craft modes of intervention appropriate to the level and personality of each trainee. Counseling trainees functioning predominantly at Level One require a substantial level of structure that provides support and positive feedback in the face of their anxiety, for instance, specific techniques for specific moments or issues in therapy and instruction in understanding clients. Guidance in problem solving and modeling of effective responses may be both helpful and necessary.<sup>13</sup> To ease their anxiety, I may add to their list of possible inter-

ventions, or help them think through the potential effects of each different intervention. The focus is on the domain of intervention skills, walking the resident through a process of selecting an appropriate intervention and setting up criteria for evaluating the effectiveness of the intervention chosen.

When singers reach Level Two, their teachers have to take seriously the reality that each emerging singer's voice differs from the voice of every other singer, including the supervisor. Solid technique still provides the foundation of the voice, but individual timbre, color, and style begin to emerge. When I was preparing one piece, my voice teacher said to me: "When Placido Domingo sings this piece, he takes a breath in this measure. Luciano Pavarotti breathes three beats later. You choose."

At Level Two, the individual pastoral counselor's signature style of therapy should begin to emerge. Supervisors can provide more challenges concerning trainees' awareness of self and others. The highly structured, didactic supervisory environment appropriate to Level One needs to be made more flexible to provide more autonomy and more focus on awareness of clients. The supervisory relationship fosters more tolerance of ambivalence and can expect challenges to authority. The tolerance of ambivalence will make it easier to view alternative conceptualizations of what is going on in sessions.<sup>14</sup>

By Level Three, voice teaching refines specific rough spots in the voice, addresses the challenges of notoriously difficult passages in the literature, and prepares students for performance. Likewise, pastoral counseling trainees at Level Three have mastered the essential technical aspects of therapy. They need supervision that is attuned to the integration of skills across domains. When Level Three clinicians get "stuck" with a particular client, they may need help exploring the impasse to reveal deficits in functioning or personal characteristics that interfere, or they may need gentle confrontation of blind spots.

Stoltenberg and Delworth present their integrated developmental perspective as applicable to virtually all practitioners and diverse approaches to counseling regardless of theoretical orientation. Their goal is to create "an independent model of supervision that is sufficiently robust to encompass diverse counseling theories and techniques."<sup>15</sup> More recently Stoltenberg has reaffirmed his understanding of the IDM as meta-theoretical, stating that it regards "the process of supervision as a distinct professional activity that is, largely, independent of overall orientation of the therapeutic models used by the supervisor and supervisee."<sup>16</sup> In order to develop a model with such wide

application, the eight domains in which they claim all counselors must function have no specific content. In order to demonstrate their claim, I will examine pastoral counseling supervision within one specific modality using one specific theory to provide the content for the domains of functioning.

#### JOHN GOTTMAN AND THE SOUND RELATIONAL HOUSE

When I supervise couple therapy, I use John Gottman's model of intimate relationships and relational counseling to provide content for the eight domains of counselor functioning. I have found his metaphor of the Sound Relational House (SRH) to be particularly helpful.<sup>17</sup> The SRH can be divided into three parts: the relational friendship, skills for regulating conflict, and the development of shared meanings. That friendship is founded on "Love Maps" that measure of the knowledge that partners have of each other and the cognitive room they give to each other. The fundamental unit of human relationship consists of a request of "bid" for connection and a response of either connection or failure to connect. These bids for connection can be as overt as a direct statement: "We need to talk," or as simple as an off-hand comment about something seen or heard. When bids are taken up and responded to with interest, a reservoir of positive sentiment is built in the relationship. Missed connections, ignoring, misinterpreting, or even criticizing bids, create distance, foster mistrust, and build resentment that exacerbate conflict.

Conflict and its regulation, the second part of the SRH, consist of three components: establishing dialogue with perpetual problems, using appropriate skills to solve solvable problems, and self-soothing in the midst of conflict. The distinction between problems that can be solved and problems that endure marks one of Gottman's singular contributions to the understanding of relationships. In his studies of couples he found that sixty-nine percent of their conflict discussions involved perpetual problems, which he defined as "problems that usually had to do with differences in personality or needs that were fundamental to their core definition of self."<sup>18</sup> Such problems cannot be resolved in the conventional sense of reaching a permanent solution. Instead they are best addressed by creating a dialogue that explores the symbolic meanings of each partner's position and ends the "gridlock" of a power struggle around them. Solvable problems, on the other hand, can be resolved through appropriate skills. Self-soothing is needed to prevent emotional flooding.

The final level of the SRH describes the creation of a shared meaning system. That involves making two individual life dreams come together, creating rituals of connection, and sharing goals, roles, myths, narratives, and metaphors. At this level, the relationship becomes its own unique miniature society, and the couple has a sense of unity.

In the Gottman Method, relational therapy begins with careful assessment, generally taking three sessions and utilizing conjoint and individual interviews as well as written questionnaires. All parts of the SRH are examined, as well as contraindications for relational therapy. Gender, ethnicity, and sexual orientation are considered throughout the assessment. "Most of the time, meta-emotion mismatches fall along gender-stereotyped lines. Women are more likely to value the expression of emotion and see this as a road to intimacy, whereas men have a philosophy of emotion that emphasizes concealment, particularly of fear and sadness."<sup>19</sup>

With regard to the expression of anger, Gottman challenges the conventional wisdom that expressing anger is destructive. What is destructive, according to Gottman's research, is expression of the colorfully named "Four Horsemen of the Apocalypse of Marriage": criticism, defensiveness, contempt, and stonewalling.<sup>20</sup>

Gottman has identified six "assumptions" underlying his approach to therapy with couples.<sup>21</sup> First, couple therapy is primarily dyadic, not therapist-centered. The objective is to give the couple the tools to change their own relationship. In the most pragmatic terms, the goal is to empower them. Secondly, following the principles of state-dependent learning, therapists should allow emotion to build in sessions, so that couples learn new skills in the emotional states in which they will need to draw on them. Third, couples should be taught to do their own emotional soothing rather than relying on the therapist. Fourth, therapeutic interventions should seem to the couple easy to do. "Scaffolding" carefully means intervening close to the couple's level of ability and gradually increasing the difficulty of the interventions. Fifth, therapy should be primarily a positive affective experience as opposed to what Gottman calls "people nailing." And finally, Gottman is pragmatic rather than idealistic, aiming for a "good-enough" relationship, not necessarily an optimum or ideal relationship.

Therapeutic intervention has four major parts: "interventions related to *changing the setting conditions (the marital friendship) that cause dysfunctional marital conflict resolution...* interventions related to *functional problem-solving*

*and the regulation of perpetual conflict...*" and interventions to "*deal with resistance*" and "*the prevention of relapse.*"<sup>22</sup> Therapy proceeds by focusing on "marital walnuts," hard places in the interaction that demonstrate problems in the relationship. Theory is a matrix in the mind of the therapist, not an agenda to impose on the couple. Gottman has developed a modular library of interventions therapists can draw from to custom fit therapy to each couple.

#### A THEOLOGICAL INTERLUDE ON RESPONSE-ABILITY

All relationships between supervisees and me, those between trainees and clients, and those between relational partners, are characterized by a theological ethic of responsibility, or what H. Richard Niebuhr calls "response-ability." As Niebuhr describes it, an ethic of response proceeds on the basis of dialogue and answers to prior action. It stresses not the ideal response nor the response required by some rules, but the fitting response. Niebuhr writes:

The idea or pattern of responsibility, then, may summarily and abstractly be defined as the idea of an agent's action as response to an action upon him in accordance with his interpretation of the latter action and with his expectation of response to his response; and all of this in a continuing community of agents.<sup>23</sup>

Niebuhr's emphasis on interpreting prior actions, choosing a fitting response, and anticipating an ongoing dialogue is instructive for pastoral supervision. The pastoral counseling student is the supervisor's primary dialogue partner, but the expanding concentric circles of contexts, including especially the clients, must also be considered in choosing a response. Interpreting past actions, choosing a fitting response, and expecting a response to their next action promote responsibility. Responsibility is a lived-out reality within human relationships, a quality of relationships that depends on a commitment to interpret and test the actions of others and then act in a way that seeks fairness. It requires self-understanding—knowing one's grounds for relating and presenting them in anticipation of an ongoing dialogue. "Responsibility," writes Niebuhr, "lies in the agent who stays with his action, who accepts the consequences in the form of reactions and looks forward in a present deed to the continued interaction."<sup>24</sup>

Several key theological themes emerge in Gottman's mode of therapy and in the supervision that derives from it. In couple relationships, the flawed nature of human life is revealed in every level of the relational house. As pastoral counselor and Gottman Institute supervisor Michael Clifford puts it:

Sin is less played out in the dramatic than it is embedded in the mundane. This view is less focused on morality than it is on the brokenness of our relationships with God and with each other. Our tendency after the fall is to turn away from or turn against rather than turn towards. To turn away is most often mindless and is a non-response.<sup>25</sup>

In Niebuhrian terms, turning away breaks the dialogue and represents a poorly-fitting response. In turning away, partners also fail to mirror the divine promises of faithfulness, rescue, and support that Brueggemann identified as key components of the speech of God. At its most extreme, turning away manifests itself in faithlessness, betrayal, and abandonment. On the other hand, the repair of failed invitations to connect (bids) displays a measure of grace and forgiveness in the fundamental interaction of the relationship and restores the dialogue. Something very similar could be said about therapy. The turning away of failed empathy reveals the brokenness of relationships, while repair of the therapeutic attunement demonstrates grace, forgiveness, and the persistence of care.

While human beings often long to be deeply known with acceptance, deep self-disclosure also brings the fear of rejection. When partners can know each other deeply and see in each other the image of God, enduring relationships of love are enhanced and the mutual acceptance so vital to establishing dialogue around perpetual problems becomes more readily available. This relational bond is strengthened when the partner is seen as God's gift. Here is how Michael Clifford interpreted Gottman theologically:

Each day we have the opportunity to see the other through the Image of God and to see ourselves through that image also. God sees through our differentness from the Divine. Our fondness and admiration for our partner sees through that differentness also.<sup>26</sup>

Gottman's pragmatism also squares well with Niebuhr's emphasis on fitting responses. Both seek the "good enough" rather than the ideal. Both promote making the next exchange better, trying to help two people connect in healthier ways, in consideration of all the wider contexts surrounding them.

Theologically, the dynamics between therapists and couples are characterized by grace, acceptance, and caring on a therapist's part even as careful assessments of the state of relationships must be made. The counseling relationship is inevitably freighted with judgment. It is therapists' responsibility to measure the strengths and weaknesses of relationships and to communicate that assessment to couples honestly and clearly. It is also the therapeutic aim to carry hope for the repair God can help bring about in the lives of

couples. Therapists need to be able to see the image of God in each partner and the possibility of something better for each couple, even when they are mired in conflict and ill will. At the same time, therapists' relationships with couples demonstrate the finitude of all human knowledge and power. Even with the best skills in all eight domains there is no guarantee that we can affect repairs in relationships.

#### THE GOTTMAN MODEL AND INTEGRATIVE DEVELOPMENT MODEL

Although John Gottman does not articulate a fully-developed theory of supervision, his approach to relational therapy fits well in a developmental model of learning to do therapy. The two approaches share commitments to empowerment and growth, to support and positive affective experiences as opposed to criticism, and to empirical validation, what Gottman terms "giving science a chance." Both base intervention on careful assessment. Gottman's idea of scaffolding interventions to build on client abilities fits well with the idea of choosing supervisory interventions to fit the level of counselor development. Of the eight domains of counselor functioning described by the IDM, Gottman provides specific content for each one.

Gottman's theory of relationships, however, is not developmental. It does not have levels nor does it posit a normal progression across time. Its goal is repair of relational interaction, not counselor development.<sup>27</sup> While it engages in assessment, it assesses different functions than counselor development theory. It targets intimate, reciprocal relational functioning in contrast to supervision's focus on professional, non-reciprocal functioning.

When a resident presents a case involving couples therapy, I use my knowledge of the Gottman Method to supply the content for the eight domains of counselor functioning. I do this even if the resident is using a different approach to couples counseling. I do this partly to form my own assessment of the case and the interventions I believe would be most helpful to the couple. I also do this so I can compare my clinical judgments with those of the resident. That helps me assess the resident's level of functioning in relational therapy.

#### *Case Example: "Just About Nothing Is Working Well"*

A resident presented the case of a couple in their thirties, married for less than two years, with a 20-month-old child and 5-month-old twins. Their

presenting problems were physical exhaustion, emotional outbursts by the husband, and a lack of sexual intimacy.

The resident stated that she had not wanted to see the couple together at first. "The problem I was having at the beginning is I didn't think they were ready to do this at all....They have so much of their individual stuff to go through...I was worried about them individually, not together." Nevertheless, when the couple insisted on being seen together the resident agreed to see them as a couple.

Despite her inclination to conceptualize this couple primarily in terms of individual pathology, the resident was able to assess couple functioning in general terms. She described how both spouses experienced with the other, dynamics painfully reminiscent of their respective families of origin. When I asked how she assessed them in relational terms she replied, "I can tell you what's not working pretty easily. Just about nothing is working well." She then listed serious flaws in the couple's communication and conflict regulation patterns: "They don't listen; they talk over each other; they bring up so much of the past." Clearly each partner had a voice, but they were using their voices to attack each other rather than to pull together. Their ability to respond to each other appropriately had been seriously compromised.

I then had her focus more specifically on crisis situations, since the couple describes their life as a nearly continuous string of crises. I asked, "When they're in crisis, what do they do that's functional for them?" Her reply: "Nothing." I asked: "And what do they do that's dysfunctional?" "Everything. They yell, they turn on each other, they attack, they scream, they shut down." The husband's rages sometimes frighten his children and his wife. The one positive note in all this is that even in conflict the couple, especially the wife, works to protect and care for the children.

As the resident presented this case, I used the SRH framework to form my own assessment of the couple. In Gottman's terms, strains were clear in many layers of the SRH. The couple had little expression of fondness and admiration between them; they consistently turned away from or even against each other rather than turning toward; the overall emotional climate in the marriage was negative; and, in conflict, they exhibited the worst of all Four Horsemen. They struggled with both solvable problems and perpetual problems based in clashing parenting styles and competing dreams for their future.

In the resident's presentation of the case, however, she was not able to apply a consistent relational approach to her work with this couple. In the domains of theoretical orientation, assessment techniques, client conceptual-

ization, treatment goals and plans, and intervention skills competence her individually-oriented approaches were not serving her well with this strongly conflicted couple. I knew from my previous supervision of this resident that she functioned consistently at Level Two with individual clients, but with this couple she was at Level One and that frustrated her. Their distress made her anxious and keenly aware of her limited experience with couples. She was highly motivated to try to do well at something new. Recognizing the challenge she was facing, she knew that she had less autonomy than she did with individual clients. She was tempted to rely on her greater skill and comfort with individual clients and separate the couple for individual therapy, but was willing to try conjoint therapy. From my assessment of the couple dynamics and of the resident's level of functioning I helped her design couple interventions she could implement. My overall aim was to shift the resident's conceptual and interventional focus from individual to interactional dynamics. I operated with a more directive and didactic approach than I took when this same resident presented individual cases, in which she operated at a higher level of development.

#### CONCLUSION

I have learned to supervise as I have learned to sing. Each supervisory session, like each voice lesson and each session of counseling, creates something new. The woes and the resources of the flesh are given voice in confidence that the creative power of the Word is active in our midst. We hope to be channels of divine grace and beauty. I trust that the residents I supervise have been finding their clinical voices as we have gone along.

#### NOTES

1. Walter Brueggemann, *Theology of the Old Testament: Testimony, Dispute, Advocacy* (Minneapolis, Minn.: Fortress, 1997), 208.

2. John 1:14 NRSV.

3. Cal D. Stoltenberg and Ursula Delworth, *Supervising Counselors and Therapists* (San Francisco, Calif.: Jossey-Bass, 1987). While I continue to find this perspective insightful and helpful, I recognize that their model was developed prior to an increased awareness of the influence of gender, ethnicity, and culture.

4. *Ibid.*, 35–36.

5. Ibid., 36.
6. Erik H. Erikson, *Identity: Youth and Crisis* (New York: Norton, 1968), 107–14.
7. Stoltenberg and Delworth, *Supervising Counselors and Therapists*, 38.
8. American Association of Pastoral Counselors, *AAPC Code of Ethics* (Fairfax, Va.: American Association of Pastoral Counselors, 1994), I.F. See also V.D.
9. Ibid., II.H.
10. Stoltenberg and Delworth, *Supervising Counselors and Therapists*, 177. I recognize that this model predates some of the more recent thinking about the role of social location in counselor training and education. I look forward to the development of a revised model that is more suitable to our current needs.
11. Ibid., 100. See also 175–179.
12. Ibid., 100.
13. Ibid., 62–69.
14. Ibid., 81–92.
15. Ibid.
16. Cal Stoltenberg, “Applying Evidence-Based Practice (EBP) Principles to the Process of Clinical Supervision,” *Report of the 2005 Presidential Task Force on Evidence-Based Practice, American Psychological Association, 2005* (meeting of the International Interdisciplinary Conference on Clinical Supervision, Buffalo, N.Y., June 13, 2008), 16, [http://www.socialwork.buffalo.edu/csconference/Documents/EBPP\\_in\\_Supervision-Stoltenberg.pdf](http://www.socialwork.buffalo.edu/csconference/Documents/EBPP_in_Supervision-Stoltenberg.pdf).
17. John Gottman, *The Marriage Clinic: A Scientifically-Based Marital Therapy* (New York: Norton, 1999), 105–110. Since the publication of the book, Gottman has begun preferring this phrase to his original formulation of the Sound Marital House.
18. Ibid.
19. Ibid., 307.
20. Ibid., 41–47.
21. Ibid., 179–85.
22. Ibid., 186. Emphasis in the original.
23. H. Richard Niebuhr, *The Responsible Self: An Essay in Christian Moral Philosophy*, introd. by James M. Gustafson (San Francisco, Calif.: Harper and Row, 1978), 65.
24. Ibid., 64.
25. Michael T. Clifford, “The Gottman Model from a Theological Perspective (Sin and Grace in the Marital Friendship),” AAPC Northwest Regional Conference (Fall 2003), Alton Collins Retreat Center, Eagle Creek, Ore.), 1.
26. Ibid.

27. On the difference between growth through therapy and growth through supervision, see, for instance, Eve Lipchik: "The former is based on the make-up, experience, and needs of a unique individual; the latter goes beyond that to include a specific body of knowledge and how to apply this for the benefit of others." Cheryl Storm, "Solution-Focused Ideas Guide Supervision: An Interview with Eve Lipchik," in *Readings in Family Therapy Supervision: Selected Articles from the AAMFT Supervision Bulletin* (Washington, D.C.: American Association for Marriage and Family Therapy, 1995), 3.

*"The presumption in the shift of language from 'pastoral care' to spiritual care' is that even if no pastor arrives to lead a person, it is possible to support their spiritual journey in a way that fosters health...it is not the end goal of a particular spiritual path that is the primary determinant of health, but rather the process of spiritual discernment...it is not the lyrics but the melody which makes the song of the spirit what it is...the spiritual caregiver plays the melody, but the care receiver provides the words."*

Pam Dridger

*"Different Lyrics but the Same Tune:  
Multi-Faith Spiritual Care in a Canadian Context"*

—From *Interfaith Spiritual Care: Understandings and Practices*