Pastoral Supervision and Refugee Care: Maintaining Complexity in a Causal-Reductive Environment

David Alexander

From the midst of a camp for displaced persons in a small Central American village recently devastated by a mudslide, a young girl emerged near the food line wearing a bright, beautiful pink dress. Someone who loved her had brushed her hair carefully, and now she walked through the camp, smiling and showing off what was clearly a prized possession that had been recovered, cleaned in some way, and dried. As she walked, people seemed to come to life around her. Along with my small group of fellow workers, I stopped what I was doing, transfixed for a moment by this picture of brightness and joy and love in a sea of gray and loss.

In this desperately impoverished and war-torn settlement in Southern Sudan, where half-uniformed soldiers with bloodshot and dazed-looking eyes patrolled with rifles carelessly slung and where families often have no consistent plan for their next meal, an old bicycle leans against a thatched structure—now devoid of pedals and handgrips. The bicycle still has a seat, and although the casual Western observer may miss it, blending in as it does with the overwhelming landscape of human need, at a closer glance it can

David Alexander is a Diplomate with the American Association of Pastoral Counselors and serves as the Director of the Master of Arts in Pastoral Counseling program at the Antiochian House of Studies in Ligonier, PA. He conducted his PhD research and field placement under Renos Papadopoulos at the Tavistock Clinic in London and at the Centre for Trauma, Asylum and Refugees at the University of Essex. Email: david.w.a.alexander@gmail.com.

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be seen that someone has torn small strips of bright cloth and fastened them to the seat. The bicycle has streamers![1]

Displaced persons from the disputed Abkhazia region, claimed by both Russia and the Central Asian nation of Georgia for many years now, note the existence of a single Eastern Orthodox church located near the checkpoints, served from time to time by a Romanian Orthodox priest active with a relief organization who is able to offer Abkhazians worship free from political alignment. The stories are stunning—people who have been locked in a long struggle come together to give gifts to each other and to the church from tiny family treasuries of personal goods that have been dwindling for a decade.[2]

Everyone involved in crisis care knows of such stories, and, in fact, most cultures in the world have a saying that states an almost universal belief in the tenacious power of human life: "Whatever does not kill you, strengthens you." This saying transcends rather than illustrates the concept of resiliency. Renos Papadopoulos, one of the world's leading experts on refugee care and the director of the Centre for Trauma, Asylum and Refugees at the Tavistock Institute in London, defines resiliency as the phenomenon by which persons retain their positive qualities after and during exposure to adversity.[3] However, the phenomenon by which persons actually develop new positive qualities in response to adversity, which is a phenomenon often invisible to humanitarian assistance professionals due to the overwhelming systemic focus on what has been lost, is perhaps one of the world's greatest miracles. It is my contention that this should be a primary aspect of the ministry of professional chaplains and pastoral caregivers active in crisis work and that the understanding of this phenomenon, which Papadopoulos calls "adversity-activated development," can offer pastoral caregivers a primary role in understanding and caring for adversity survivors in a way that does not reduce them to what they have suffered.[4]

My work in pastoral supervision specializes in the preparation of professional chaplains, counselors, parochial clergy, and lay leaders in local faith communities to respond to humanitarian crises. Recently, I asked one of my cohorts to watch a TED talk with me that featured a Nigerian American woman named C. N. Adichie speaking about her idea of the "danger of a single story."[5] We were each moved by Adichie's warning about the negative impact of possessing a single narrative perspective on one's own experience of the world or on someone else's experience.[6] During a subsequent brainstorming session, we listed a number of potential trajectories for this danger, each of which raised some questions for us about the care we offer:

1. Do our current self-narratives as caregivers allow us to see ourselves at a level of complexity adequate to address our own experiences in life and to shoulder both the reality and our responsibilities?
2. How do simplistic narratives about the experiences of others and ourselves affect our caregiving relationships in terms of projective identification, isomorphism, and countertransference? How might they be working right now, in our cohort? How do they limit our ability to see others who may exist in a state of far greater complexity than we allow for our own self-examination?
3. How does our own stress or anxiety in caregiving increase the danger of developing overly simplistic narratives about the meaning of a person's pain (and our own)?

Such questions, in my opinion, are absolutely essential in the work of pastoral care in humanitarian crises, and they are equally essential in the work of my specialized field of supervision. In humanitarian care, the pain, chaos, and extreme distress of the displaced population can overwhelm a caregiver, and it is easy for the caregiver to adopt a simplistic narrative about his or her own place or identity in the work and about the place of the other to whom he or she is offering care. In neo-Jungian terms, this might be considered a caregiver's movement to unipolar self-identification under distress, activated by a pressurized impulse toward emergency boundary formation—a concept refined at Tavistock in the mid-2000s.[7] In such a case, a caregiver who is quickly becoming overwhelmed may adopt a simplistic view of what he or she senses to be the source of distress, which will likely tend toward one archetypal pole of the narrative meanings available to him or her. For instance, a pastoral counselor or chaplain may begin work in a refugee camp or disaster shelter and after seeing and hearing about so much devastation—or perhaps after being initially exposed to dead bodies at a collection point—may begin to develop a "single story" about the camp or shelter experience. Perhaps this story might contain the idea that "a refugee's lot is hellish, and desperate, and the worst thing imaginable." The caregiver would then almost inevitably position himself or herself in an equally polar relation to this narrative and either become apathetic to the suffering of the refugee (i.e., "Who can ever really help people in such a situation?") or else adopt the stance of a savior and begin on the road to both personal burnout and the awakening of a victim stance on the part of the refugee.

In our cohorts, we stress the necessity for understanding this process and for training ourselves to add complexity as much and as often as possible to our views of ourselves, others, and our situations in crisis care—which often includes being on the lookout for adversity-activated development in the midst of extreme devastation. This might take the form of reflecting on our narrative understandings of the work we have done at the end of each day, looking for experiences along "the other pole" that might be just out of sight or mind. And it is wonderful to do such reflection in a group! In a group, the related experiences of one worker can deeply impact another. And, if in the group we sense that some of us are becoming overwhelmed with the devastation around us, we may encourage ourselves to spend a small part of the next day looking for the signs of beauty, sacrifice, and love that are present in the camp or shelter. We may even give ourselves some rolling time off, consisting of a few hours to walk and observe with hearts and minds as open as we can make them, perhaps reciting a simple prayer as we walk.

In terms of preparatory work with a cohort, I find that it is helpful in supervision to enter into some exercises that can aid us in simultaneously finding the polarities of both suffering and development in the midst of adversity. Ronald Jay Werner-Wilson suggests some forms of role-playing in supervision that can expand one-sided narratives of the experiences of others.[8] In one form, he suggests that every member of the cohort take turns playing *both* a hyper-masculine male with an exaggerated traditional gender outlook *and* his wife, who is struggling to keep up with her non-traditional college studies and the work of "the house" and motherhood.[9] Tracey Laszloffy and Julika Habekost suggest a similar exercise, assigning each of their counseling students to perform a gender role for an entire day that does not correspond with his or her own gender.[10] They relate the experience of one female student who dressed as a male for a day and had a vastly altered social experience, feeling "empowered" in a way that was unusual to her.[11]

A similar idea can be applied to preparing pastoral professionals for working with adversity survivors. In my cohort, supervisees take turns role-playing both an adversity survivor and a caregiver on a number of occasions, after which we fully debrief both roles at length, looking for as many sides of the experiences of both players as possible. At least once during our nine-month program, each supervisee must spend one weekend without changing clothes, without the use of running water, and without electricity and note the changes in their life, which—if they are watchful—will bring

simple forms of both suffering and development. In terms of the latter, students often notice that they are more innovative and inventive during this time, and (especially if they have included their families in the exercises) that their family or community life briefly became richer in some way, perhaps through a new type of mutual dependence or a quieter, more reflective way of relating to each other. Once we debrief together, everyone has some new ideas of not only the kind of suffering they can expect in their crisis work, as they connect with people who have lost much, but also some of the kinds of new development they might be watchful for.

In my work in the field of humanitarian assistance as both a psychotherapist and a pastoral care professional, I have found that the pastoral care professionals who are most attuned to the whole person of adversity survivors are the ones who are able to view the persons for whom they are caring in an adequately complex way. These caregivers are unfettered by the need for diagnosis and categorization of the "trauma" that people have suffered, which itself can lead to traumatization through pathologization, pulling survivors away from their own resources and leading to them to identify with what they have lost in a polarized manner. In the last five years, a number of humanitarian sites, including a number of those sponsored by the United Nations, have adopted a new Trauma Grid developed by the Centre for Trauma, Asylum, and Refugees.[12] This grid includes a structure for the assessment of adversity survivors that not only assesses troubling psychological and social conditions but also now asks caregivers to assess whether these reactions can be attributed to "normal responses to extreme adversity" rather than immediately attributing them to a psychiatric disorder in early development. This in itself is a movement toward an expanded narrative for many young behavioral clinicians. In addition, there is the inclusion of a category for adversity-activated development, encouraging clinicians to be watchful for opportunities to work with new positive qualities or behaviors that are actually emerging within the adversity (see Figure 1).

Perhaps we as pastoral supervisors might benefit from revisiting and expanding our understandings of "the danger of a single story" and the potential for unipolar self-identification in pastoral care and counseling so that we can aid our supervisees in new forms of self-examination, after which they in turn can aid those in their care. Only by this or a similar path can those enduring great adversity find themselves being aided by caregivers who are committed to both easing their suffering *and* cultivating their already-evident resiliency and new development and who are committed to

keeping them from entering into a closed, binary savior-victim projective lock in their care.

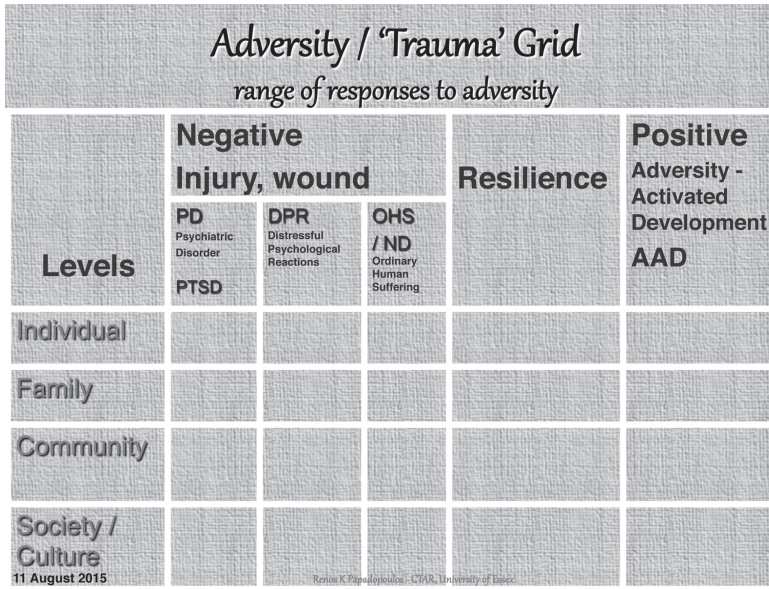

Figure 1. Adversity/'Trauma' Grid (courtesy of Renos K. Papadopoulos, University of Essex).

In my own Eastern Orthodox Christian tradition, there is a story of an old monastic elder on the rocky, desolate island of Patmos who is asked about the gardens of his youth in Athens. After some consideration, he replies that, all things considered, he would prefer the rocks of Patmos to all of the beautiful gardens of Athens because in Patmos even the ugliest bird singing or the tiniest wildflower struggling to grow stands out in sharp relief, and God's voice is heard on earth.[13] This is the very essence of adversity-activated development from a pastoral perspective. For those who are watchful, there is always some kind of beauty, strength, or nobility even in the midst of great suffering, and by noticing this as well as the suffering—by noticing a tiny flower struggling to grow out of a rock—God's voice can be heard on earth. Papadopoulos suggests that the word that St. Silouan received from God to order his spiritual life, which Elder Sophrony afterwards called St. Silouan's "fiery weapon" in the spiritual realm, provides another powerful protection against the dangers of a single-story narrative: "Keep thy mind in hell and despair not."[14]

The Eastern Orthodox Christian is called to look everywhere for the hand of God at work and to attempt to live in grateful expectation of God's appearance and God's mercy in every minute. This is a key theme found in the daily prayer of St. Philaret that many Orthodox say each morning and that I encourage our Orthodox students to say before every care encounter, as my teacher once encouraged me.[15] If we are attempting to live such a prayer in refugee care, no matter our faith tradition, we will not somehow be made blind to the suffering in front of us. Any caregiver who has worked with refugee families can testify that this is simply impossible. However, we will also not remain blind to the miracle that each survivor is, and as we look for traces of God's inevitable miracles of preservation in their lives, we will see both their resilience and the damage that has occurred in their lives simultaneously, and any condescending pity in our stance toward them will fall immediately away. Human beings do not willingly tolerate ambiguity to any great extent when left to their own devices, and this is why unipolarity is so likely on the part of both caregiver and adversity survivor, often dyadically binding them together in mutual epistemological reductivity in the caregiving relationship. However, when even one person present after a crisis can maintain a spiritual viewpoint of complexity, such as the one St. Silouan wielded in his life, in which by God's grace both hell and hope—both indescribable horror and indescribable strength to survive—are held together simultaneously with a prayer, this spiritual viewpoint of complexity can become relationally contagious.

NOTES

1. Although I was present in such a settlement in Sudan in 2004, this particular experience was related by Professor Renos Papadopoulos at a Templeton symposium on "Moral Injury" at Wivenhoe House, Essex, UK, in the spring of 2015.

2. This story was related to me by an Abkhazian man at a summit on refugee care outside of Tbilisi in October 2014.

3. Renos K. Papadopoulos, "(2007). Refugees, Trauma, and Adversity Activated Development. European Journal of Psychotherapy and Counseling, 9(3), 301-312.

4. Ibid., p. 308.

5. Chimamanda Ngozi Adichie, "The Danger of a Single Story," TED Talks, New York, NY, October 2009.

6. Thanks are due to Thorana Nelson, my American Association for Marriage and Family Therapy supervisory course instructor, for introducing me to the idea of showing a

brief online multicultural presentation once per quarter to supervisee cohorts to keep the cohort thinking about the role of multiculturalism in their work and also to give the cohort fodder for addressing the multicultural themes present within its own experience.

7. Renos K. Papadopoulos, Ethnopsychologische Annäherungen an Überlebende von Katastrophen. Prolegomena zu einer jungionischen Perspektive'. *Analytische Psychologie. Zeitschrift für Psychotherapie und Psychanalyse.* Heft 172, 44. Jg., 2/2013, 134-171. For more on this concept, readers may also consult the following: Renos K. Papadopoulos, 'The Umwelt and Networks of Archetypal Images; a Jungian approach to therapeutic encounters in humanitarian contexts'. Psychotherapy and Politics International, 2011. Vol. 9, Number 3, 212-231.

8. Ronald Jay Werner-Wilson, "Experiential Exercises in MFT Training: Gender, Power, and Diversity," *Contemporary Family Therapy* 23, no. 2 (2001): 221–29.

9. Ibid., 227.

10. Tracey Laszloffy and Julika Habekost, "Using Experiential Tasks to Enhance Cultural Sensitivity among MFT Trainees," *Journal of Marital and Family Therapy* 36, no. 3 (2010): 333–46.

11. Ibid., 342.

12. Renos Papadopoulos, "The Traumatizing Discourse of Trauma and Post-Traumatic Stress Disorder," lecture presented at the University of Essex, UK, October 2014.

13. Zacharias Zacharou, *Remember Thy First Love: The Three Stages of Spiritual Life in the Theology of Elder Sophrony* (Dalton, PA: Mount Thabor Press, 2010).

14. Archimandrite Sophrony, *St. Silouan the Athonite* (Yonkers, NY: St. Vladimir's Seminary Press, 1999), p. 143.

15. This prayer may be found, among many other places, in the Morning Prayers section of the *Orthodox Study Bible* published by Thomas Nelson Press. It may also be found online at http://www.beliefnet.com/Prayers/Eastern-Orthodox/Morning/Prayer-For-The-Beginning-Of-The-Day.aspx .