

Bearing One Another's Burdens:
Synodal Trauma-Aware Relational Pastoral
Caregiving Ministry for Families in the
Local Church

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A dissertation

submitted to the Faculty of

the department of Religious Education and Pastoral Ministry

in partial fulfillment

of the requirements for the degree of

Doctor of Philosophy

Boston College
Morrissey College of Arts and Sciences
Graduate School

May 2023

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In the contemporary United States, trauma is a significant disruptive force in the lives of families. By its nature, however, traumatic suffering isolates and marginalizes its victims, with the result that the pastoral caregiving needs of suffering people can go unrecognized and unmet. This dissertation proposes that caring for families who struggle to cope in contexts of traumatic suffering and chronic distress is a vital work of mission for the Catholic church in the twenty-first century. It further proposes that this work can best be enacted in the local church setting when configured as a synodal, trauma-aware, relational, caregiving community of practice (a STAR caregiving CoP) ministry.

The ministerial model offered here is designed to enable parishes and dioceses to develop compassionate, competent ministerial initiatives that can meet the particular needs of families in their communities. Grounded in the theoretical discourses of theological anthropology, ecclesiology, situated learning theory, the ethic of care, and traumatology, the model also reflects insights drawn from the author's qualitative doctoral research study of two pastoral caregiving ministries that serve men and women struggling with the personal traumas that erupt in family life. The STAR caregiving CoP model offers the local church a flexible, robust framework to employ in the construction and evaluation of familial pastoral caregiving ministries.

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DEDICATION

For my family.

ACKNOWLEDGEMENTS

It is no small feat for a mother with a large family to write a dissertation but it is an enormous gift to have the possibility to do so. As I complete this project, my heart is filled with gratitude to God, for this opportunity and for the many people who have encouraged, supported, prayed for, and accompanied me during my study.

I wish particularly to thank my dissertation committee for their guidance of this project. Dr. Jane Regan, my advisor, has been my supporter and champion from the moment she phoned me to welcome me to doctoral study. She steadily encouraged my development as a scholar and religious educator and shepherded my dissertation to its completion with wisdom and generosity. Dr. Richard Lennan introduced me to the study of the church and mentored my ability to blend enthusiasm and care with scholarly rigor. Dr. Ana M. Martínez-Alemán offered me unfailing advice and support as I strove to become a competent qualitative researcher. It is due to her guidance that my work can showcase the voices of families and the caregivers who serve them.

The scholarly community I have found at Boston College is unparalleled. My tremendous thanks go to the faculty of the School of Theology and Ministry, the staff of the Theology and Ministry Library, and to my friends and colleagues from the doctoral program in the Department of Religious Education and Ministry. I am particularly

grateful to Dr. Melissa Kelley for igniting my love for the discipline of pastoral caregiving, for her unflagging belief in my ability to make a contribution in this field, and for her unstinting kindness and mentorship.

I thank the men and women of the Brighton Visitation and the Linden Day Away Ministries who shared their time, insights, and stories with me. They are the heart of the church, and I am grateful for their enthusiastic reception of my project as a contribution to the work of caring they faithfully and lovingly have embraced.

Most especially, I wish to express my gratitude to my family. My mother Carol Libbey has been my lifelong-model of love for learning, of love for God, and of loving care for those around her. She attends with boundless compassion and deep attentiveness to the needs she sees and when I envision what a discipleship of care can look like, she is the person who comes first to my mind. I am lucky to be her daughter. My children, Michael, Caroline, John, and Madeleine, have grown into adults while I worked on this project. They have supported me in endless ways, from proof-reading papers to solving computer problems to supplying tea, cookies, and good cheer to a mother who spent many hours of their youth at her desk. They made the project of combining motherhood and scholarship a delight, because they grace my life with joy.

Finally, and most of all, I wish to offer my thanks to my husband Michael Petro. He has kept steady vigil beside me as I brought this work to completion. I have relied on his optimism, assurance, generosity, support, and faith, and he has offered those gifts to me everyday, without fail. I am endlessly grateful to him, but even more, I am infinitely grateful for him.

INTRODUCTION

Traumatic Familial Suffering And A Ministerial Response: Toward A Synodal, Trauma-Aware, Relational, Pastoral Caregiving Community Of Practice

When Jesus saw his mother and the disciple whom he loved standing beside her,
he said to his mother, “Woman, here is your son.”
Then he said to the disciple, “Here is your mother.”
And from that hour the disciple took her into his own home.
John 19:26-27

As I write this introduction, it is Easter Monday. Yesterday morning, my family and I joined our brothers and sisters in Christ at mass, where we celebrated the resurrection of the Lord. Planters filled with lilies, daffodils, and hyacinths surrounded the altar, the blossoms perfuming the air with their fragrance. The cantor, the organist, and the children’s choir led the assembly in joyful songs. Worshippers filled the pews to capacity and the gathering space offered additional “standing room only” spots to accommodate the overflowing crowd. Even the sun was shining, making it seem, at least to me, as if the morning itself was exulting in the glory of Easter, as if the heavens themselves were beaming with the Good News.

Just a few years ago, in 2020, our Easter celebration was very different. The global COVID-19 pandemic had begun in earnest weeks before. Newly imposed government lockdowns meant that no in-person gatherings at mass, or anywhere else, would be possible for quite some time. As Catholics, we could rejoice in the good news of salvation, but we had to do so from our homes. We were restricted from joining together with one another at church. Our

lived reality was one of fear, uncertainty, danger, and distress, the mood of the time more akin to Holy Saturday than to Easter Sunday. The world found itself amid a collective trauma, and “going to mass” by watching a televised Easter liturgy broadcast from a nearly empty church served to underscore the severity of our strange new circumstances. The socially-distant televised mass I watched with my family attested to the somber state of our pandemic-afflicted world, even as it affirmed the truth of Jesus’s resurrection and proclaimed the good news of salvation.

These two celebrations of Easter, in 2020 and 2023, stand in stark opposition to one another. Their contrast gestures toward the context of this dissertation. Traumatic experience characterizes contemporary life.¹ Some forms, such as wars, pandemics, and natural disasters, are wide-ranging in scope and collective in nature. They affect everyone in their path and their negative effects are unmistakable to an observer, just as in the case of the pandemic Easter celebration, when it was clear to any observer that something drastic had taken place that year that restructured life for all of us.

Other forms of traumatic experience, however, are much more intimate in scope. These “everyday traumas” strike in the personal realm, affecting some individuals and their families while leaving others around them unharmed.² Private sufferings, such as the long-term care of a chronically ill spouse, the death of a child, the struggle of a family member with substance

¹ The National Center for PTSD has developed a standard measure of traumatic experience, the Life Events Checklist-5 (LEC-5), that defines traumatic events as the witnessing, learning of, experiencing or committing one or more of 16 categories of events that include serious accident, severe emotional or physical suffering, life-threatening illness or injury, natural disaster, physical assault, war, and death. Traumatic experience does not equate to traumatic suffering; however, it is a determinant factor. Traumatic suffering is the distress that persists in the wake of traumatizing experience and impairs people’s ability to function in their daily lives. See: U.S. Department of Veterans Affairs, “PTSD: National Center for PTSD Life Events Checklist for DSM-5 (LEC-5),” accessed April 10, 2023, https://www.ptsd.va.gov/professional/assessment/te-measures/life_events_checklist.asp.

² Rev. Earl E. Johnson, chaplain and co-founder of the Spiritual Care function of the American Red Cross, employs the term “everyday trauma” to distinguish the often high-profile collective traumas that afflict a community (e.g. natural disaster, a terrorist incident) from the more quotidian but no less devastating traumas that affect individuals and their loved ones. Earl Johnson, *Finding Comfort During Hard Times: A Guide To Healing After Disease, Violence, and Other Community Trauma* (London: Rowman & Littlefield, 2020), 105.

abuse, or the loss of a loved one to suicide, can upend a family and rearrange life as the family's members know it to devastating consequence. The nature and extent of the family's sufferings, however, might go unnoticed by, make little impression upon, or elicit insufficient attention from those who do not share in their struggles. Families afflicted by private traumas dwell by themselves amidst what theologian Tom Beaudoin describes as "the apocalypses of their lives."³ In our present time, these families find that the world is returning to the fullness of pre-pandemic life, as exemplified by the crowded, exuberant, song-filled, flower-bedecked Easter celebration I attended yesterday morning. They remain, however, in the painful time of Holy Saturday, out of step with those around them.

The plight of families coping with private traumatic suffering and chronic distress motivates this dissertation. In his letter to the Galatians, Saint Paul admonishes Christians to "bear one another's burdens and so fulfill the law of Christ" (Gal 6:2 *NRSV*). That enjoinder calls the contemporary disciples of Jesus to support others in their suffering. A point of tension arises here, however, when we consider the burdens of traumatic suffering borne by individual families. They may rightly hope, or anticipate, that the church heeding St. Paul's charge would minister to them in their struggles. Yet, if their traumatic experiences are ones that occur within the confines of the private familial sphere, their pain may go unrecognized and their needs unmet.

As a Catholic practical pastoral theologian whose academic training lies in the interdisciplinary space of theology and education, I find this conundrum causes me to wonder: How can pastoral caregiving ministry in the parish or diocese be configured so that these families' needs are seen and met by the local church? Who might participate in this ministry of

³ Tom Beaudoin, "Secular Catholicism and Practical Theology," *International Journal of Practical Theology* 15, no. 1 (2011): 26, <https://doi.org/10.1515/ijpt.2011.024>.

care, and how might they best construct the knowledge they need to attend capably and compassionately to suffering families in their midst?

I believe that this question holds urgency in our day. In its manifold forms, traumatic experience disrupts the lives of men, women and children with distressing regularity. The 2016 World Mental Health Survey investigated the worldwide prevalence of exposure to traumatic events, surveying 68,894 adults from twenty-four nations and six continents. Their responses revealed that more than 70 percent of those sampled had been exposed to at least one traumatic event in their lifetimes, while 30.5 percent of respondents had experienced at least four.⁴ Researchers estimate that 89.7 percent of U.S. adults have experienced exposure to one or more traumatic events in the course of their lives.⁵ Children and teens in the U.S. endure traumatizing experiences at high rates as well, with estimates ranging from 20 – 48 percent of youth suffering from its various forms.⁶ Given this ubiquity, we can be confident in the assertion that traumatic experience has threaded itself throughout the lives of many, many families around the globe.

The recognition that the disciples of Christ are called to see and attend to the needs of traumatized families today is not new. Scripture attests that in the last hours of his earthly life, as cataclysmic trauma struck his family, Jesus gave his followers one final instruction – to attend to his mother in her grief. The evangelist John writes that at the time of Jesus’s crucifixion, his mother stood near the foot of his cross (Jn 19: 25). “When Jesus saw his mother and the disciple

⁴ C. Benjet et al, “The Epidemiology of Traumatic Event Exposure Worldwide: Results from the World Mental Health Survey Consortium,” *Psychological Medicine* 46, no. 2 (2016): 327, <https://www.cambridge.org/core/journals/psychological-medicine/article/epidemiology-of-traumatic-event-exposure-worldwide-results-from-the-world-mental-health-survey-consortium/F06E14BA4DF09A29CCA81909C285ABE9>.

⁵ Dean G. Kilpatrick, et al., “National Estimates of Exposure to Traumatic Events and PTSD Prevalence Using DSM-IV and DSM-5 Criteria,” *Journal of Traumatic Stress* 26, no. 5 (Oct 2013): 537-547, <https://doi.org/10.1002/jts.21848>.

⁶ Benjamin E. Saunders and Zachary W. Adams, “Epidemiology of Traumatic Experiences in Childhood,” *Child and Adolescent Psychiatric Clinics of North America* 23 no. 2 (April 2014): 167, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3983688/>. DOI: [10.1016/j.chc.2013.12.003](https://doi.org/10.1016/j.chc.2013.12.003).

whom he loved standing beside her, he said to his mother, ‘Woman, here is your son.’ Then he said to the disciple, ‘Here is your mother.’ And from that hour, the disciple took her into his own home” (Jn 19:25-27).

Biblical scholars offer differing interpretations of this passage. New Testament scholar Pheme Perkins writes, “clearly entrusting the Beloved Disciple and his mother to each other shows that Jesus’ mission is completed in the care and provision that Jesus has made for ‘his own.’”⁷ Scripture scholar Raymond Brown identifies this verse’s significance as denoting the act by which “Jesus brings them into a mother-son relationship and thus constitutes a community of disciples who are mother and brother to him – the community that preserved this Gospel.”⁸ Concurring with Brown, scriptural scholar Francis Moloney explains, “At such a dramatic moment in this sophisticated and symbolic narrative the passage cannot simply mean that the Beloved Disciple is to look after the widowed mother of Jesus once her only son has died... The passage affirms the maternal role of the Mother of Jesus in the new family of Jesus established at the cross.”⁹ Moloney notes furthermore that the passage presents the disciple’s acceptance of Mary into his home as “an unconditioned acceptance of the word of Jesus,” a marked reversal to the narrative placed at the outset of the Johannine Gospel, in which the Word was not accepted (Jn 1:11).¹⁰ The amplitude of meanings scholars find encoded in this scriptural incident attests to the many levels at which the text functions and highlights the passage’s enduring importance in the life of the church.

As a Jesuit-educated scholar, I propose that reflecting upon this scene with the Ignatian

⁷ Pheme Perkins, “The Johannine Epistles,” in *The New Jerome Biblical Commentary*, ed. Raymond Brown, Joseph A. Fitzmeyer, and Roland E. Murphy (Upper Saddle River, NJ: Prentice Hall, 1990), 982.

⁸ Raymond E. Brown, *An Introduction to the New Testament* (New York: Doubleday, 1997), 358.

⁹ Francis J. Moloney, *The Gospel of John* (Collegeville, MN: Liturgical Press, 1998), 504.

¹⁰ Moloney, *The Gospel of John*, 503-504.

practice of composition of place can be an instructive complement to scriptural interpretation.¹¹ Imagine, for a moment, the scene that the evangelist John describes. Jesus has been flogged, his head pierced with a crown of thorns (Jn 19:1-2). He has carried his cross, the instrument of his execution, upon his back to the site where he will die (Jn 19:17). Stripped of his garments (Jn 19:23), he hangs dying upon the cross. His mother stands nearby, witness to the terrible pain, suffering, and destruction of her child, surely knowing that his death is imminent (Jn 19:26). This is a scene of immense trauma for Jesus, for his mother, and for his beloved disciple. Into this moment, Jesus speaks. He directs his mother's attention to the beloved disciple, and the disciple's attention to Mary. Whether this passage symbolizes the formation of a new community as Brown and Moloney propose, or whether it demonstrates the conclusion of Jesus's earthly mission, as Perkins argues, I argue that an additional point must not be overlooked. In the Johannine gospel account, Jesus's last instruction to his followers is a directive that they see a family in the midst of a terrible affliction, recognize their need for care, and respond to it.

Our scriptural witness attests thus that a mandate to care for suffering families stretches back to the very foundations of the church. In our own day, traumatic experience continues to contour the lives of many families, and so this directive remains imperative. Whether they are in the midst of an acute episode of crisis or enduring the hardships that characterize the phase of traumatic aftermath, these families must cope with burdens that have refashioned their lives profoundly. Pope Francis echoes Jesus when he calls the twenty-first century Catholic Church to greater engagement with suffering people, urging today's disciples to "go outside and look for

¹¹ For a discussion of composition of place and the practice of imaginative scriptural prayer described by St. Ignatius of Loyola in his sixteenth-century *Spiritual Exercises*, see Juliano Ribeiro Almeida, "'Composition of Place' and 'Application of the Sense' in Ignatian Prayer," *Downside* 137, no. 2 (2019): 48, <https://doi.org/10.1177/0012580619865441>.

people where they live, where they suffer, and where they hope.”¹² It is my contention that this direction undoubtedly includes a summons to parishes to cultivate the ability to see and to care for the families suffering from trauma in their midst.

With this dissertation, I offer a model of familial pastoral caregiving and a framework for the construction and evaluation of local Catholic pastoral caregiving ministry to families living in situations of traumatic injury and chronic distress. I propose that this ministry must simultaneously attend to several aims. First, as a ministry of the church, it necessarily must participate faithfully in the church’s one mission. It must give witness to God’s love, nearness, and invitation to relationship through its praxis. Second, the ministry must be an authentic manifestation of the Catholic Church. Its structures, practices, and way of proceeding must be in alignment with the church’s self-understanding expressed in its ecclesiological claims. Its ministerial practices must correspond to the church’s theological anthropology. The ministry, that is, cannot be a site of contradiction between ecclesial praxis and ecclesial profession. Third, the ministry must strengthen the faith and discipling identity of its participants. Fourth, it must attend competently and compassionately to the needs of the families it serves, offering pastoral care that is attuned to the particularity of traumatic injury and the factors that can inhibit or promote post-traumatic resilience and healing. Fifth, it must attend to the question of how those offering care will develop the knowledge they need to perform this ministry.

I contend that this vital work of mission for the contemporary Catholic church can best be enacted in the local church setting when configured as a synodal, trauma-aware, relational, caregiving community of practice (a STAR caregiving CoP) ministry. Each of these elements, synodality, trauma-awareness, relationality, competent caregiving praxis, and the community of

¹² Pope Francis, *The Name of God is Mercy: A Conversation with Andrea Tornielli*, trans. Oonagh Stransky (New York: Random House, 2016), 52.

practice structure, work together synergistically to allow the ministry to meet its several aims.

The ministerial model I propose is constructed upon a conceptual foundation comprised of several pillars. These pillars draw upon the theoretical discourses of theological anthropology, ecclesiology, situated learning theory, the ethic of care, and traumatology. The model is further nuanced by findings from an empirical qualitative research study I conducted with two extant trauma-focused pastoral caregiving ministries that attend to people who have endured trauma, the Brighton Visitation Ministry and the Linden Day Away Ministry.¹³

The dissertation, as a work of practical theology, proceeds as follows. In Chapter One, I present the motivating context and problem. In Chapter Six, I present the STAR caregiving CoP model and offer a framework instrument for the local church (at the parish or diocesan level) to employ in order to construct or evaluate familial pastoral caregiving initiatives that conform to the model. The intervening chapters, Chapters Two, Three, Four and Five, offer in-depth examination of the theoretical pillars and empirical research upon which I have constructed the model and framework instrument.

Chapter One establishes the problem of hidden, yet pervasive, traumatic afflictions suffered by families and the challenge this presents for pastoral caregiving. I discuss Pope Francis's summons to the Catholic Church to engage dynamically, proactively, and compassionately with suffering people, and particularly with families. I locate in that papal call a need for new forms of parochial pastoral caregiving ministry, ones able to see families marginalized and isolated by traumatic suffering. I argue that to meet families' needs adequately, a model of trauma-aware caregiving ministry is necessary.

Chapter One then elucidates the contours of the suffering to which this ministry will

¹³ In order to protect the confidentiality of research participants, the names of these two ministries have been altered. Brighton Visitation Ministry and Linden Day Away Ministry are pseudonyms. See Chapter Five of this dissertation for a discussion of my qualitative study of these two ministerial initiatives.

attend. I define traumatic suffering and demonstrate that this heuristic allows the many seemingly unrelated harms that can erupt in family life to be recognized as belonging to a unified category, one to which the trauma-aware pastoral caregiving ministry for families can respond. I introduce two conceptual models grounding contemporary trauma discourse. The biopsychosocial-spiritual model of the human person illuminates the multiple ways in which traumatic suffering inflicts harms upon the individual. The ecological model describes the interplay between the individual, the family, and the contexts in which they dwell, demonstrating the effects of context on traumatic suffering and on post-traumatic healing.

These models establish relationality as a site of traumatic wounding and identify caring relationships as a key avenue for healing. They thus share resonance with a Catholic theological anthropology that recognizes relationality as constituent to human life and flourishing. This correspondence establishes a coherence between the discourses of trauma theory and theology, offering a conceptual guarantee that trauma-awareness, when incorporated as an aspect of ministry, is in alignment with the theological commitments upon which ecclesial ministries are founded.

Chapter Two turns from context and problem to the first theological claim that undergirds the STAR caregiving CoP model. In this chapter, I argue that pastoral caregiving ministry to families must be anchored in and reflective of Catholic theologies of God, the human person, and the family. I draw upon the concept of the *imago Dei* in the works of Greek Orthodox bishop and theologian John Zizioulas, theologian Catherine Mowry LaCugna, and Dutch ethicist and scholar of theologies of disability Hans Reinders to argue that the human person, made in the image and likeness of God, resembles the triune God through relationality.¹⁴ I propose that pastoral

¹⁴ John D. Zizioulas, *Being As Communion: Studies in Personhood and the Church* (Crestwood, NY: St. Vladimir's Seminary Press, 1985); John D. Zizioulas, "The Doctrine of the Holy Trinity: The Significance of the Cappadocian

caregiving ministry to traumatized families therefore must place relationality at the center of ministerial initiatives. In this way, the ministry authentically witnesses to Catholic profession of God's relationality and attests to the central significance of loving relationships to human well-being.

Chapter Two also proposes a theological interpretation of the family as *la familia*, particularly as presented in the works of theologians Roberto Goizueta and Ada María Isasi-Díaz.¹⁵ This theological framing recognizes family as a broad set of relations. Rather than defining family according to the narrower nuclear family paradigm, *la familia* identifies family as inclusive of extended family. The theology of *la familia* proposes that family is constitutive of its members' identities, and so the relationality that characterizes the family is potent. I argue that this understanding illuminates the ways in which traumatic suffering can permeate a family, cascading from an initial injury sustained by one member into a series of harms and ongoing stressors that afflict family members. In a reciprocal fashion, I argue, pastoral caring initiatives that support any family member can offer succor to *la familia*, and thus to other members of the family. This insight allows relational pastoral caregiving ministry to families to be conceptualized as a flexible initiative with many possible configurations.

Chapter Three presents the ecclesiological pillar of the STAR caregiving CoP model.

Contribution,” in *Trinitarian Theology Today: Essays on Divine Being and Act*, ed. Christoph Schwöbel (Edinburgh: T&T Clark, 1995), 44-60; Catherine Mowry LaCugna, *God for Us: The Trinity and Christian Life* (New York: HarperOne, 1993); Catherine Mowry LaCugna, “God in Communion With Us: The Trinity,” in *Freeing Theology: The Essentials of Theology in Feminist Perspective*, ed. Catherine Mowry LaCugna (New York: HarperOne, 1993), 83-114; Hans S. Reinders, *Receiving the Gift of Friendship: Profound Disability, Theological Anthropology, and Ethics* (Grand Rapids, MI: William B. Eerdmans, 2008).

¹⁵ Robert S. Goizueta, *Caminemos Con Jesús: Toward a Hispanic/Latino Theology of Accompaniment* (Maryknoll, NY: Orbis Books, 1995); Ada María Isasi-Díaz, *Mujerista Theology: A Theology for the Twenty-First Century* (Maryknoll, NY: Orbis Books, 1996).

Here, I call for a synodal ecclesiology to shape familial pastoral caregiving ministry initiatives.¹⁶ A contemporary ecclesiology with ancient roots, synodality identifies the church as the People of God, as baptized disciples graced by the Holy Spirit with the gift of faith. Each and all share a responsibility for mission, and have been endowed by the Spirit with charisms to aid them in that shared pursuit. Synodality calls the People of God to jointly discern the present guidance of the Holy Spirit in order to determine how to enact mission in their own time and place. It emphasizes a disposition of listening, to the Spirit, to one another, and to the world. It directs the church to look outward, seek those who suffer, and minister to them with concrete practices of care.

I argue that a synodal caregiving ministry recognizes the work of “bearing one another’s burdens” (Gal 6:2) as a work of mission proper to the People of God. Synodal pastoral caregiving welcomes the collaborative participation of clergy and laity, of baptized men and women, of professional and volunteer ministers. It invites them to unite their diversity of gifts in the service of familial caregiving. In the synodal pastoral caregiving ministry, participants jointly discern the Spirit’s direction regarding whom to serve in mission and how to best care for them. This dimension of synodal ministry is of particular importance, I argue, as traumatic injury isolates and marginalizes families. The visibility of their legitimate pastoral caregiving needs is often dependent upon the standpoint of those who might care for them. To see the needs that are woven into the fabric of a faith community’s life requires that capacity theologian Ormond Rush names “the eyes of faith,”¹⁷ the vision and *sensus fidei fidelis* of the faith community’s many members. Synodal practice acts to guarantee a broadness of vision in ministry.

Chapter Three further argues that for the church to profess a synodal identity yet not

¹⁶ For a comprehensive presentation on synodality, see International Theological Commission, *Synodality in the Life and Mission of the Church* (2 March 2018), at the Holy See, https://www.vatican.va/roman_curia/congregations/cfaith/cti_documents/rc_cti_20180302_sinodalita_en.html.

¹⁷ Ormond Rush, *The Eyes of Faith: The Sense of the Faithful and the Church’s Reception of Revelation* (Washington, D. C.: The Catholic University of America Press, 2009).

embody it in its ministerial works would be to create a serious disjuncture between praxis and profession. Such misalignment between “who we claim to be” and “who we show ourselves to be” can have grave consequences for traumatized families. Hurting families look to the local church’s response to them in their need. They perceive there a care or a disregard for their needs that images God’s care for them in their suffering, or its absence. Synodal pastoral caregiving ministry works to establish this necessary alignment. Additionally, it functions as a site in which synodality can be more deeply appropriated. Participants’ lived experience of synodality in this ministry in turn can serve as a source of insight regarding synodality that the ministry can contribute to the larger discussions of synodality taking place in the contemporary Catholic church.

Chapter Four attends to the epistemological and pedagogical dimensions of the ministering community and theorizes its practice of care. First, I propose that the trauma-aware, relational, synodal caregiving ministry be conceptualized as a community of practice in which situated learning occurs. Drawing upon the work of Jean Lave, Etienne Wenger, and Jane Regan, I suggest that with this framing, the ministry can be understood as an entity whose members are engaged in a specific practice and who learn the contours of that practice through their participation.¹⁸ This theoretical perspective offers several benefits. It allows ministry participants to recognize their caregiving ministry as a single enterprise with multiple dimensions, including both the practice of care and the formation of caregivers in their identity as Christian disciples. The community of practice heuristic thus makes plain the need to develop participants’ competence in caregiving and to promote their growth in discipling identity. Furthermore, the

¹⁸ Jean Lave and Etienne Wenger, *Situated Learning: Legitimate Peripheral Participation* (Cambridge, UK: Cambridge University Press, 1991); Etienne Wenger, *Communities of Practice: Learning, Meaning, and Identity* (Cambridge, UK: Cambridge University Press, 1998); Jane Regan, *Where Two or Three Are Gathered: Transforming the Parish Through Communities of Practice* (New York: Paulist Press, 2016).

community of practice perspective affords the ministering community the category of repertoire. This category gathers together the structures, practices, material artifacts, concepts, and beliefs the ministering community requires to engage in its work. Using this organizing frame, the STAR caregiving community of practice can identify the set of seemingly unrelated and disparate elements its repertoire must include in order to offer a ministry that gives relational care, fosters caregiving competency, promotes discipling identity, and expresses synodal identity.

The practice of caregiving and the caring relationships that pertain between caregivers and care receivers are key elements of the community of practice's repertoire. In Chapter Four, I move from the more general discussion of the STAR caregiving ministry conceptualized as a community of practice to a more specific focus on these two repertoire components. Here, my purpose is to give a theoretical grounding to caregiving and caring relationship. I first offer a brief discussion of the Lukan pericope of the Good Samaritan (Lk 10:25-37) and identify several features of the care this passage depicts as normative for Christian caregiving. The embodied, relational, responsive, particular care depicted in the pericope is offered by the caregiving Samaritan to an unknown wounded man, demonstrating that caregiving is not dependent upon any prior relationship between caregiver and care receiver.

In order to theorize the caregiving relationship, I draw on the work of Nel Noddings.¹⁹ Noddings' model of ethical caregiving posits a commensurate lack of pre-existent relationship between caregivers and care receivers and insists that this is no barrier to active, engaged, particular care. Noddings proposes caring relations as dyadic and she delineates the dimensions of the caregiver and care receiver roles, noting their asymmetry. This model, I argue, can serve

¹⁹ Nel Noddings, *Caring: A Feminine Approach to Ethics & Moral Education* (Berkeley, CA: University of California Press, 1984).

as a framework for the STAR caregiving CoP to use as it articulates its own caregiving practices and the responsibilities of each person in the caregiving relation.

Finally, in Chapter Four, I turn to the work of Joan Tronto to conceptualize caregiving praxis as a unified whole that unfolds in multiple phases across time.²⁰ Tronto models the temporal arc of care and identifies four discrete, successive stages. From would-be caregivers identifying caregiving needs to actual care receivers assessing the adequacy of the care they have been offered, Tronto's framework identifies the tasks and dispositions required for care to be robust. I argue that Tronto's model can serve as a generative and evaluative metric for the STAR caregiving CoP to use as its members conceptualize the arc of their caregiving praxis.

Chapter Five offers a qualitative examination of the Brighton Visitation Ministry and the Linden Day Away Ministry. As this dissertation is a work of practical theology, I chose to study extant practice and to engage directly with caregivers and care receivers. My aim is to ensure that the STAR caregiving CoP model I offer in Chapter Six is grounded both theoretically and empirically.

For this project, I conducted a series of nine semi-structured interviews with a total of 10 participants in these ministries, observed an introductory Brighton Visitation Ministry workshop, and examined digital and print media developed by Brighton Visitation Ministry and Linden Day Away Ministry. My purpose was to investigate the dynamics of care, learning, and synodality that characterize the two initiatives. In Chapter Five, I discuss the scope and methodology of this study and present the results of my analysis. I identify nine themes regarding caregiving, learning, and synodal practice that add nuance and complexity to the STAR caregiving CoP model's theoretically derived elements.

²⁰ Joan Tronto, *Moral Boundaries: A Political Argument for an Ethic of Care* (New York: Routledge, 1993), Kindle edition.

In Chapter Six, I conclude this dissertation with a presentation of the STAR caregiving COP model and an associated constructive/evaluative framework instrument. I offer a functional depiction of the model. I explain how its five component elements of synodality, trauma-awareness, relationality, ethical caregiving, and situated learning theory create a synergy when they are brought together that enables the STAR caregiving CoP to meet its diverse theological, pedagogical, and ministerial aims.

I next discuss the STAR caregiving CoP framework. The framework is a generative/analytic questionnaire instrument for the local church to use in the development of pastoral caregiving ministry initiatives that correspond to the STAR caregiving CoP model. This instrument consists of five segments, corresponding to the model's five theoretical constituent components. Each segment contains a short description of the relevant component and a set of related questions for the local church to consider as it either constructs a new familial pastoral caregiving ministry or evaluates the adequacy of adopting an extant model (such as the Brighton Visitation Ministry or the Linden Day Away Ministry) to serve suffering families' needs. Chapter Six further discusses the suitability of the model and framework in three settings: parishes and dioceses, seminaries and theologates, and campus ministries.

Chapter Six closes with a discussion of the symbolic significance of the star as a visual icon for the STAR caregiving CoP. In this final segment, I propose that for traumatized families isolated by pain, grief, bewilderment, and sorrow, reconciling the church's joyful proclamation of the resurrection with their own distressing circumstances can be a tremendous challenge. The STAR caregiving CoP can point toward another, consoling, and essential truth. Like the star of Bethlehem that led the Magi to the newborn savior, the STAR caregiving CoP can proclaim the God who accompanies suffering people and cares for them in the midst of their anguish. In

helping families to bear their burdens, the STAR caregiving CoP witnesses to God with us, Emmanuel, who is also the risen one who has promised, “I am with you always, to the end of the age” (Mt 28:20).

CHAPTER ONE

Trouble Comes: The Church and the Family in the Context of Trauma

For my sighing comes like my bread, and my groanings are poured out like water.
Truly the thing that I fear comes upon me, and what I dread befalls me.
I am not at ease, nor am I quiet;
I have no rest; but trouble comes.
Job 3:24-26

1.1 Introduction: Familial Suffering and the Need for Trauma-Aware Ministry

Throughout his pontificate, Pope Francis has expressed an abiding pastoral concern for the hurting, the marginalized, and the excluded. From the earliest days of his tenure, he has repeatedly and insistently urged the church to construct a “culture of encounter” characterized by a dynamic outreach that seeks, embraces, and ministers to those who suffer.²¹ His appeal is for both personal and structural conversion toward deep engagement with people whom society (and often Christians) neglect, avoid, or oppress. Pope Francis calls for the culture of encounter to be expressed through an embodied, personal engagement. He vividly describes the hallmark activities of encounter as

not just seeing, but looking; not just hearing, but listening; not just passing people by, but stopping with them; not just saying “what a shame, poor people!”, but allowing yourself to be moved with compassion; “and then to draw near, to touch and to say: ‘Do not weep’ and to give at least a drop of life.”²²

²¹ Pope Francis, Address of the Holy Father Francis Vigil of Pentecost with the Ecclesial Movements (18 May 2013) at the Holy See, http://www.vatican.va/content/francesco/en/speeches/2013/may/documents/papa-francesco_20130518_veglia-pentecoste.html. Francis’ first appeal for the “culture of encounter” appears in an address to the Ecclesial Movements just weeks after his election to the papacy. He has employed this key term widely and consistently throughout his papacy, in speeches, homilies, letters, papal messages, hearings, morning meditations, apostolic constitutions and apostolic exhortations. For a complete list of usage, see vatican.va at: http://gsearch.vatican.va/search?q=culture+of+encounter&btnG=Search+on&site=default_collection&client=default_frontend&output=xml_no_dtd&proxystylesheet=default_frontend&sort=date%3AD%3AL%3Ad1&entsp=a_policy_documenti&wc=200&wc_mc=1&oe=UTF-8&ie=UTF-8&ud=1&exclude_apps=1&filter=0.

²² Pope Francis, Morning Meditation in the Chapel of the Domus Dante Marthae “For a Culture of Encounter” (13 September 2016), at the Holy See, https://w2.vatican.va/content/francesco/en/cotidie/2016/documents/papa-francesco-cotidie_20160913_for-a-culture-of-encounter.html.

Francis offers the metaphor of the field hospital to describe how encounter is operative in his ecclesial vision.²³ This image conveys the flexibility, responsiveness, and engagement that Francis entreats the church as a whole to espouse, both in its ecclesiology and its embodied praxis.

Cardinal Blase Cupich explains the tremendous reordering of ecclesial self-understanding that this metaphor implies:

When the church becomes a field hospital, it can radically change the way we view our community life. Instead of being defined as a group of people that live in the same neighborhood, have a common ethnic heritage or social status, regularly go to Mass or are the registered parishioners, we understand ourselves as those who take up the work of healing by sharing in the sufferings of others. We are a community that taps into and shares our talents to find creative ways to help meet those in need.²⁴

This is a vision of a venturing church that “goes forth” (*EG*, 24)²⁵ towards those who suffer in order to participate in the mission of evangelization. It is a church that proclaims the good news of the Gospel through deeds of compassion and care that foster healing. For Francis “realities are greater than ideas” (*EG*, 233). Thus a signal attribute of Christian discipleship is practical, outward-going action that responds to suffering by entering into and sharing in that experience through a praxis of embodied care. Attending to the real suffering of others in this way is an urgently necessary dimension of evangelization without which kerygma can become attenuated; neglecting to promote encounter and to share one another’s burdens risks relegating the promises of the Gospel to the realm of ideas.

²³ Antonio Spadaro, “A Big Heart Open to God: An Interview with Pope Francis,” *America: The Jesuit Review*, September 30, 2013, <https://www.americamagazine.org/faith/2013/09/30/big-heart-open-god-interview-pope-francis>.

²⁴ Blase J. Cupich, “Cardinal Cupich: Pope Francis’ ‘Field Hospital’ Calls Us to Radically Rethink Church Life,” *America: The Jesuit Review*, December 29, 2017, <https://www.americamagazine.org/faith/2017/12/29/cardinal-cupich-pope-francis-field-hospital-calls-us-radically-rethink-church-life>.

²⁵ Pope Francis, Apostolic Exhortation on the Proclamation of the Gospel in Today’s World *Evangelii Gaudium* (24 November 2013) §24, at the Holy See, http://w2.vatican.va/content/francesco/en/apost_exhortations/documents/papa-francesco_esortazione-ap_20131124_evangelii-gaudium.html. Hereafter, *Evangelii Gaudium* will be cited in-text with the abbreviation EG.

The church that goes forth, keenly sensitive and responsive to the suffering of the world, is a deeply needed church in the twenty-first century. In its Pastoral Constitution on the Church in the Modern World, *Gaudium et Spes* (*GS*), the Second Vatican Council expressed a new commitment to thoroughgoing accord between the church and humankind.²⁶ Acknowledging the pervasive challenges and threats to human welfare that characterized the mid-twentieth century, the council declared decisively, “The joys and the hopes, the griefs and the anxieties of the men of this age, especially those who are poor or in any way afflicted, these are the joys and hopes, the griefs and anxieties of the followers of Christ” (*GS*, 1). More than half a century later, suffering continues to permeate our world, and the need for a church-as-field hospital grows. Indeed, the “living human web,” where all humanity dwells, is shot through with strands of suffering.²⁷ The blindingly bright threads of crisis, the dark fibers of ongoing pain and despair, and the heavy cords of trauma have come to be knit prominently into the fabric of our human lives. The theologian David Tracy insists, “Paul Ricouer... was surely correct when he stated, near the end of his life, that he had come to believe that the principal philosophical and theological question of our day is no longer the question of radical evil but the question of radical suffering.”²⁸ It is in this context of widespread anguish that Pope Francis calls for the church to intensify the solidarity that *Gaudium et Spes* initiates with an increased commitment to practices of encounter and care.

Significantly, Francis draws our attention not only to the care of suffering individuals, but also to the care of hurting families. In 2014, shortly after his election to the papacy, Francis

²⁶ Vatican Council II, Pastoral Constitution on the Church in the Modern World *Gaudium et Spes* (7 December, 1965) §1, at The Holy See, http://www.vatican.va/archive/hist_councils/ii_vatican_council/documents/vat-ii_const_19651207_gaudium-et-spes_en.html.

²⁷ Bonnie Miller-McLemore, “The Living Human Web,” in *Images of Pastoral Care: Classic Readings*, ed. Robert C. Dykstra, (St. Louis, MO: Chalice Press, 2005), 41.

²⁸ David Tracy, “On Suffering, The Event of Many Forms,” in *Concilium: Suffering and God*, eds. Luiz Carlos Susin, Solange Lefebvre, Daniel Franklin Pilaro, Diego Irarrazaval (Glen Rock, NJ: SCM Press), 2016/3.

convoked the Third Extraordinary General Assembly of the Synod of Bishops and charged the convened body with the task of studying the challenges families confront.²⁹ Responding to the synod's work with the Apostolic Exhortation *Amoris Laetitia* (*AL*), Pope Francis emphasized the pivotal significance of the family to the church and, more broadly, to humankind.³⁰ "The welfare of the family is decisive for the future of the world and that of the Church" (*AL*, 31).

Consequently, Francis exhorts the church to give new and significant pastoral attention to families and the struggles they face.

Amoris Laetitia articulates a doctrine of marriage and family and offers guidance to the pastors of the church as they accompany contemporary families.^{31,32} The apostolic exhortation proclaims the gospel of the family with a presentation of the scriptural and doctrinal sources that frame Catholic understanding of the vocation to marriage and family life.³³ Counseling against fears of commitment and the destructive forces of individualism, it encourages men and women to embrace matrimony (*AL*, 131-132) and appeals to families, particularly married couples and their children, to grow in holiness by growing in love for one another (*AL*, 89-164). *Amoris Laetitia* urges bishops, pastors, and priests to cultivate a pastoral sensitivity that balances fidelity

²⁹ On October 8, 2013, the III Extraordinary General Assembly of the Synod of Bishops was convoked and directed to examine the challenges families face and to develop guidelines for the pastoral care of families, particularly to those in 'difficult pastoral situations.' See: Synod of Bishops, III Extraordinary General Assembly The Pastoral Challenges of the Family in the Context of Evangelization *Instrumentum Laboris* (26 June 2014) Introduction, at the Holy See, http://www.vatican.va/roman_curia/synod/documents/rc_synod_doc_20140626_instrumentum-laboris-familia_en.html.

³⁰ Pope Francis, Post-Synodal Apostolic Exhortation on Love in the Family *Amoris Laetitia* (19 March 2016) §31, at the Holy See, http://w2.vatican.va/content/dam/francesco/pdf/apost_exhortations/documents/papa-francesco_esortazione-ap_20160319_amoris-laetitia_en.pdf. Hereafter, *Amoris Laetitia* will be cited in-text with the abbreviation AL.

³¹ The doctrine of marriage and family is alternatively referred to as "the Gospel of the Family." See Francis, *Amoris Laetitia*, §60.

³² James Keenan, "Receiving *Amoris Laetitia*," *Theological Studies* 78, no. 1 (2017): 194-195, <http://dx.doi.org/10.1177/0040563916681995>.

³³ This presentation (*Amoris Laetitia*, § 58-198) comprises nearly a quarter of the apostolic exhortation, which is, according to theologian Gerald O'Collins, itself, "easily the longest exhortation (or encyclical) ever produced by a pope." For O'Collins' analysis of *Amoris Laetitia* and the doctrinal development it offers, see: Gerald O'Collins, "The Joy of Love (*Amoris Laetitia*): The Papal Exhortation in its Context," *Theological Studies* 77 no.4 (December 2016): 905-921, <https://doi-org.proxy.bc.edu/10.1177/0040563916666823>.

to the familial ideal with recognition of the fractured reality of contemporary family life.

Theologian Gerald O'Collins explains,

Francis makes quite clear his two central convictions. On the one hand, he insists that the church must continue to “propose the full ideal of marriage” (*AL*, 307) and “clearly express her objective teaching” (*AL*, 308). The “integrity of the Church’s moral teaching” requires nothing less than that (*AL*, 311). On the other hand, to those who press for “a more rigorous pastoral care which leaves no room for confusion” (*AL*, 308), the pope responds that if “we put so many conditions on [God’s] mercy that we empty it of its concrete meaning and real significance,” we will be indulging in “the worst way of watering down the Gospel” (*AL*, 311).³⁴

Francis places primacy on merciful reception of and sensitivity to families and the challenges that mitigate their ability to become who they are called to be.³⁵

Amoris Laetitia reviews the synod’s findings of the many external threats to the formation and maintenance of marriages and nuclear families. These include diminished social support, rampant individualism, consumerism, high rates of joblessness and a lack of affordable housing (*AL*, 32-33, 42-44). In addition to these broad social, cultural, and economic factors, the document highlights the pressures families face due to the global threats of war, terrorism and forced migration. *Amoris Laetitia* further calls attention to the hardships endemic to family life itself, such as the care of children with special needs, elder care, addiction, and domestic violence (*AL*, 46-51). The portrait *Amoris Laetitia* paints of the contemporary family is of one that lives amidst substantial challenges and trials. Thus, alongside the directive to inspire and guide families toward greater realization of the gospel of the family, Francis also recommends the Church undertake and support practical efforts toward social, economic, political and cultural

³⁴ Gerald O'Collins, “The Joy of Love (*Amoris Laetitia*): The Papal Exhortation in its Context,” *Theological Studies* 77 no.4 (December 2016): 920, <https://doi-org.proxy.bc.edu/10.1177/0040563916666823>.

³⁵ In the apostolic exhortation *Familiaris Consortio*, Pope John Paul II expresses the vocational call to families thusly, “Family, become what you are”; an entity tasked with the fourfold mission of communion, societal development, service to human life, and participating in the mission of the Church. See: John Paul II, Apostolic Exhortation on the Role of the Christian Family in the Modern World *Familiaris Consortio* (22 November 1981) §17, at the Holy See http://www.vatican.va/content/john-paul-ii/en/apost_exhortations/documents/hf_jp-ii_exh_19811122_familiaris-consortio.html.

reform that will benefit families broadly (*AL*, 201).

Amoris Laetitia insists that there is great need in the contemporary church for the pastoral care of suffering families to develop in accordance with Francis' vision of an expeditionary church that goes forth to encounter, serve, and heal. Significantly, Francis locates the parish as the main site in which care to particular families and their suffering can be offered (*AL*, 202). He emphasizes, however, that a serious obstacle to effective parochial outreach to families was identified during the synod's consultatory phase; "it became clear that ordained ministers often lack the training needed to deal with the complex problems currently facing families" (*AL*, 202). Francis thus urges more comprehensive training for seminarians, ordained ministers, and lay leaders to equip them to respond effectively in the parish setting to the suffering families who daily experience the many harms that *AL* so strikingly identifies (*AL*, 203-204).

Recognizing both (1) the need for deeper parochial engagement with the pastoral care of families and (2) the resultant necessity of greater formation in familial pastoral caregiving praxis, this dissertation proposes a model of pastoral caregiving ministry for families suffering from trauma in which the embodied work of caregiving can be learned and practiced – the synodal, trauma-aware, relational, caregiving community of practice (STAR caregiving CoP). This model recognizes that to attend to these families' needs, a pastoral caregiving ministry must first understand familial suffering's dimensions. Several questions immediately arise. What is meant by traumatic suffering? In what ways is traumatic suffering a family matter? What facets of this experience can be shared and so lightened by the intentional, collaborative, caring ministry of the church?

I propose that the quotidian pain, loss, grief, anguish, and suffering that adversely affect family life in contemporary U.S. parishes can be fruitfully examined through the multiple lenses

of trauma and theology. Contemporary trauma theorists set forth multi-layered understandings of human persons and their responses to potentially traumatizing events and circumstances such as those that *Amoris Laetitia* identifies. Theories of trauma cohere well to Catholic theological anthropological insights regarding the relational nature of the human person. Taken together, these schemas afford insights as to how the traumatic suffering of their members can impede families' abilities to flourish. Importantly, these theories also contribute to the conceptual framework that underpins the model of pastoral care this dissertation offers. They articulate the ways in which trauma-aware pastoral caregiving can be a manifestation of Francis' field hospital, a place of encounter in which familial suffering is transformed from isolating personal burden to shared challenge. In attending with care to the insights that arise at the intersection of theological anthropology and trauma theory, parishes can respond to the summons that *Amoris Laetitia* issues and foster familial healing through a praxis of supportive, relational care.

In this chapter, then, I offer three insights from trauma theory that can function as a lens for parish familial pastoral caregiving ministry. I discuss the nature of traumatic suffering, the biopsychosocial-spiritual model of the human person, and the ecological model of traumatic suffering. With these tools, it becomes possible for the local church to recognize the many specific forms of overwhelming distress that can arise in family life as manifestations of the single, broader phenomenon traumatic suffering.

1.2 Defining Trauma

Traumatic suffering is a persistent anguish that arises in the aftermath of particular experiences. Also known as psychological trauma, or simply trauma, it is distinct from the events or circumstances that can serve as its impetus. Although these initiating events and

circumstances are also often referred to conversationally as “trauma,” it is post-experience suffering, and not the inceptive injury, that is the source of lasting pain and struggle for individuals and families.

In her groundbreaking work, *Trauma and Recovery*, psychiatrist Judith Herman develops the now widely accepted claim that traumatic suffering is an organizing category for human response to experiences of threat or harm.³⁶ As Herman explains, all traumatic reactions occur when potentially traumatizing incidents “overwhelm the ordinary human adaptations to life.”³⁷ The avenues that afford traumatic experience are legion, ranging from witnessing or being subject to a single injurious episode to enduring an ongoing and oppressive circumstance or context. Severe accident or injury, rape, intimate partner violence, poverty, migration, divorce, caregiving for a chronically or terminally ill family member, pregnancy loss, the death of a child, and “childhood neglect and abuse, interpersonal violence in adulthood, natural disasters, war, motor vehicle accidents, witnessing violence, and systematic or cultural oppression”³⁸ are some of the many potential sources of traumatic suffering. When “neither resistance nor escape is possible,”³⁹ such ordeals can overpower the afflicted person’s ordinary psychological and physiological coping abilities and result in traumatization.

Traumatizing events can be experienced singly by individuals and families or collectively by entire communities; lives can be disrupted and ravaged by the metaphorical hurricane of divorce sweeping through one family’s home just as they can be utterly disarranged and devastated by the meteorological hurricanes roaring through coastal communities. It is not the

³⁶ Judith Herman, *Trauma and Recovery: The Aftermath of Violence – From Domestic Abuse to Political Terror* (New York: Basic Books, 1992), 32.

³⁷ Herman, *Trauma and Recovery*, 33.

³⁸ Catherine C. Classen and Carrie S. Clark, “Trauma-informed Care,” in *APA Handbook of Trauma Psychology: Trauma and Practice*, ed. Steven N. Gold (Washington, DC: American Psychological Association, 2017), 2:516.

³⁹ Herman, *Trauma and Recovery*, 34.

“size” of the initiating incident that determines whether or not the psychological response to it qualifies as trauma. As noted psychologist and Holocaust survivor Edith Eva Eger observes, “there is no hierarchy of suffering... no graphs on which we can plot the relative importance of one sorrow versus another.”⁴⁰ Rather, the thread unifying these seemingly quite disparate experiences is the ongoing sequelae they provoke.

It is important to note as well that while traumatic suffering is provoked by specific events, the originating circumstances exist on a continuum. At one end lie those singular incidents that are immediately and universally recognizable as injurious (a violent attack, a terrible car accident). At the other end lie persistent conditions that are erosive of well-being. These can include personal circumstance (care for a family member with advancing dementia) and unjust social and economic structures (racism, poverty). Traumatic injury can be particularly difficult to recognize in the quotidian realm of familial suffering because many contexts are misperceived as merely “the way things are” (military deployment of one family member, grandparents raising grandchildren in situations of parental addiction).

Pioneering trauma researcher Bessel van der Kolk notes, “the critical element that makes an event traumatic is the subjective assessment by victims of how threatened and helpless they feel. So although the reality of extraordinary events is at the core of PTSD, the meaning that victims attach to these events is as fundamental as the trauma itself.”⁴¹ Regardless of how objectively traumatizing an event or circumstance may (or may not) appear to an outside observer, traumatic suffering arises when the one who experiences it perceives it to be overwhelming. Traumatic suffering can appear in multiple guises, including post-traumatic stress

⁴⁰ Edith Eva Eger, *The Choice: Embrace the Possible* (New York: Scribner, 2017), 8.

⁴¹ Bessel A. Van der Kolk and Alexander McFarlane, “The Black Hole of Trauma,” in *Traumatic Stress*, ed. Bessel A. van der Kolk, Alexander C. McFarlane, and Lars Weisaeth (New York: The Guilford Press, 1996), 6.

disorder (PTSD), acute stress disorder (ASD), trauma-and-stressor related disorder,⁴² traumatic loss,⁴³ and chronic distress. Each of these afflictions is an example of the larger category of traumatic responses that can ensue when an individual finds their capacity to cope with a potentially traumatizing experience insufficient.

Irrespective of origin, traumatic suffering is characterized by psychological and physical consequences that do not readily resolve. Herman explains that the effects of traumatic suffering are experienced synergistically in the mind and body. In instances of traumatic suffering, “Traumatic events produce profound and lasting changes in physiological arousal, emotion, cognition and memory.”⁴⁴ They also shatter frameworks of meaning and relational abilities. Memory, imagination, hope, trust, and attachments each constrict in the vise of traumatic suffering.⁴⁵

The two conceptual models that anchor contemporary trauma discourse, the biopsychosocial-spiritual model of the human person and the ecological model of traumatic influence, can elucidate the ways in which traumatic suffering permeates the life of an individual and ripples recursively between individuals and their contexts. The biopsychosocial-spiritual model depicts the human person as a complex individual with multiple dimensions, in each of which the effects of traumatic experience can be felt. The ecological model of traumatic influence locates the human person at the center of a set of concentric layers that calls to mind practical pastoral theologian Bonnie Miller-McLemore’s web metaphor for the interconnectivity

⁴² For a fuller description of the diagnostic criteria for these disorders, see: The American Psychiatric Association, “Trauma- and Stressor-Related Disorders,” in *Diagnostic and Statistical Manual of Mental Disorders*, 5th ed. (Arlington, VA: American Psychiatric Association, 2013), accessed February 7, 2020, <https://dsm-psychiatryonline.org.proxy.bc.edu/doi/10.1176/appi.books.9780890425596.dsm07>.

⁴³ Froma Walsh, “Traumatic Loss and Major Disasters: Strengthening Family and Community Resilience,” *Family Process* 46, no. 2 (2007): 209. Walsh notes that a given traumatic experience or situation can engender multiple losses, including the losses of bodily and/or mental health, loved ones, relationships and roles, leaders, homes, economic security, employment, an anticipated future, core worldviews and an essential sense of security.

⁴⁴ Herman, *Trauma and Recovery*, 34.

⁴⁵ Herman, *Trauma and Recovery*, 51.

of people, cultures, and society.⁴⁶ This second model explains the manifold ways in which individuals, their families, communities, and social-historical location intersect and thus inflict, participate in, amplify, or dampen suffering associated with traumatic experience. These two models illuminate how traumatic suffering can push individuals and families to the margins of their communities and leave them in great need of the healing relationships that trauma-aware pastoral caregiving ministry can offer.

1.3 Trauma and the Human Person: The Biopsychosocial-spiritual Model

The biopsychosocial-spiritual (BPSS) model offers a paradigm with the explanatory power to organize and make sense of the seemingly disparate ways that traumatic suffering manifests itself in the life of an individual person. This model acknowledges the multiple consequences that trauma can engender in the body, the mind, the spirit, and the sociality of the human person. In recognizing such complexity, the model delineates these component domains, not to claim that they operate independently from one another, but to underscore their vital interrelatedness. The BPSS model, which has its roots in the disciplines of medicine and theology, emphasizes the contributions each domain makes to health and well-being.⁴⁷ It offers trauma-aware caregivers, whether they are situated in medical, mental health, or ministerial settings, a shared way to conceptualize the human person that highlights the concurrent or sequential effects of traumatic experience across multiple domains.

⁴⁶ Bonnie Miller-McLemore, “The Living Human Web,” 41.

⁴⁷ The biopsychosocial-spiritual model is a development of the widely employed biopsychosocial model of disease proposed in 1977 by psychiatrist George Engel as a corrective to the then-dominant biomedical model that guided the practice of medical diagnosis and treatment. For the complete text of Engel’s original proposal, which offered a stringent critique of the mind-body dualism prevalent in medical practice and affirmed the inherent holism of the human person, see George Engel, “The Need for a New Medical Model: A Challenge for Biomedicine,” *Science* 196, no. 4286 (8 April 1977): 131, <https://www.jstor.org/stable/1743658>.

1.3.1 From Biomedical to Biopsychosocial – an historical overview

In an influential 1977 article, psychiatrist George Engel mounted an argument for reforming the then-dominant model employed in the practice of medicine, the biomedical model. The biomedical model posits the human person as dualistically constituted, with a firm division between body and mind, and it trains its focus exclusively on the physiological (biological and neurochemical) aspects of health and illness.⁴⁸ By envisioning the human body suffering from illness as analogous to a broken machine, the biomedical model proposed that deviations from health could be observed and addressed much as a machine's malfunction could be examined and repaired. That is, through clinical examination and laboratory tests, disorders of the human body could be detected, illnesses could be diagnosed, treatment administered, and health restored.⁴⁹ Engel commended this model as notable for its power to diagnose disease processes with scientific rigor. He praised the scientific approach to illness for its "record of astonishing achievement in elucidating mechanisms of disease and devising new treatments,"⁵⁰ yet he criticized its failure to recognize the complex interplay between the mind and body and the way in which illness is neither limitable to nor synonymous with wholly "somatic processes."⁵¹

Engel's critique of the biomedical model stemmed from his dissatisfaction with the two then-dominant positions he saw within the medical field regarding psychiatry and its status as a medical specialty. The first, championed by psychiatrists such as Thomas Szasz, proposed that the treatment of mental health disorders did not belong to the functional domain of medicine.⁵²

This faction of psychiatrists argued that mental illnesses and attendant aberrant behaviors were

⁴⁸ George Engel, "The Need for a New Medical Model: A Challenge for Biomedicine," *Science* 196, no. 4286 (8 April 1977): 131, <https://www.jstor.org/stable/1743658>.

⁴⁹ Engel, "The Need for a New Medical Model," 132.

⁵⁰ Engel, "The Need for a New Medical Model," 129.

⁵¹ Engel, "The Need for a New Medical Model," 132.

⁵² For Szasz's critique of behavioral states as having primarily physiological causes and requiring pharmacological treatment, see Thomas Szasz, *The Myth of Mental Illness: Foundations of a Theory of Personal Conduct*, revised ed. (New York: Perennial Library, 1974).

quite often distinct from physiological disorders of the brain caused by disease or injury. As such, a mental illness was not an “illness” at all, in the biologically determined sense that the bio-medical model proposed, but rather a “problem with living.”⁵³ Diagnosis and treatment would therefore require psychological, rather than medical, care and psychiatrists could more properly operate without reliance on a biomedical framework. The second camp of psychiatry that Engel identified, espoused by psychiatrist Arnold Ludwig, emphatically insisted that mental illness did stem from underlying biochemical, neurological, or physiological disorders and so a biomedical model of illness and treatment would offer a sound foundation upon which to base mental health care.⁵⁴ For Engel, the resolution to the disagreement between these two positions lay in recognizing the inadequacy of the biomedical model itself.

Engel proposed that a comprehensive understanding of illness must recognize that the human person is more than a biological entity. He argued that the twentieth-century biomedical model rested upon a foundation of classical Western philosophical thought that espoused an essential dualism between mind and body, spirit and matter, the individual and society.⁵⁵ Significantly, acceptance of this dualism allowed medical science to restrict its focus to the physical symptoms and determinants of disease. Yet as Engel noted, ethno-medical study repeatedly demonstrates that, “In all societies, ancient and modern, preliterate and literate, the major criteria for the identification of disease have always been behavioral, psychological, and social in nature.”⁵⁶ The post-Enlightenment empiricism that shaped modern scientific inquiry promoted a restriction of the concept of illness to biological disease, leading doctors to dismiss

⁵³ Szasz, in Engel, “The Need for a New Medical Model,” 129.

⁵⁴ Engel, “The Need for a New Medical Model,” 129. For the full text of Ludwig’s defense of “the legitimacy of psychiatry as a medical specialty,” see Arnold Ludwig, “The Psychiatrist as Physician,” *JAMA* 234, no. 6 (1975): 603-604.

⁵⁵ Engel, “The Need for a New Medical Model,” 131.

⁵⁶ Engel, “The Need for a New Medical Model,” 130.

the relevance of behavior, emotion, and social functioning to health and wellness and to rely on an overly simplified, biomedical model of the human person. Engel argued that such a narrow model failed to adequately account for both the range of influences that shape health and the variety of consequences that illness induces.

Engel drew upon the distinct conditions of diabetes, schizophrenia, and grief to describe the ways in which illness, disease, and health are not adequately contained by the narrow channel inscribed by the biomedical model. The psychological wounds of grief can manifest in bodily symptoms as well as in emotional anguish. Environmental factors influence the emergence of diabetes and schizophrenia in genetically susceptible individuals. Physician-patient relationships can exert a determining influence on health, negatively and positively. For Engel, a model capable of accounting for these interactions would need to be substantially broader. “To provide a basis for understanding the determinants of disease and arriving at rational treatments and patterns of health care, a medical model must also take into account the patient, the social context in which he lives, and the complementary system devised by society to deal with the disruptive effects of illness, that is, the physician role and the healthcare system.”⁵⁷ More succinctly, Engel called for a model that “includes the patient as well as the illness.”⁵⁸

Engel proposed an enlargement of the biomedical model to the biopsychosocial model, which recognizes the “social, psychological, and behavioral dimensions of illness.”⁵⁹ This model insists upon the integral wholeness of the human person. Engel argued that employing this broader framework would encourage physicians (including psychiatrists) to attend holistically to patients’ symptoms, behaviors, subjective reporting of experience, and reasons for seeking health

⁵⁷ Engel, “The Need for a New Medical Model,” 132.

⁵⁸ Engel, “The Need for a New Medical Model,” 132.

⁵⁹ Engel, “The Need for a New Medical Model,” 135.

care.⁶⁰ It would also encourage a necessary and greater collaboration between physicians and other caregiving professionals.⁶¹

Engel's proposal effected the broadening he called for. His biopsychosocial model is a widely-recognized paradigm for twenty-first century clinical care.⁶² Its applicability as a framework for the understanding of traumatic suffering is also widely recognized. Although the scope of traumatic injury can include disease caused by pathogens and illness attributable to the interplay of genetic susceptibility and environmental toxicity (e.g., certain cancers), the panoply of potentially traumatizing experiences extends far beyond the classification of biological sickness to encompass such disparate ordeals as car accidents, sexual assault, immigration, certain forms of caregiving and poverty. The shared category of anguish that these incidents can provoke is the experience of being physically and psychologically overwhelmed that Herman and Van der Kolk identify as the center point of traumatic suffering.

The biopsychosocial model of human health affords an organization to the seeming heterogeneity of traumatic stressors contributing to and symptoms arising from overwhelm. In the naming of their landmark aggregation of trauma research, *Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body and Society*, Van der Kolk, McFarlane and Weisaeth make clear the centrality of this model for traumatology. Discussing the particular case of post-traumatic stress disorder (PTSD), one manifestation of traumatic suffering, they explain PTSD “needs to be seen as the result of a complex interrelationship among psychological, biological, and social processes.”⁶³ Traumatic suffering is made visible as such only when a biopsychosocial

⁶⁰ Francesc Borrell-Carrió, Anthony L. Suchman, and Ronald M. Epstein, “The Biopsychosocial Model 25 Years Later: Principles, Practice, and Scientific Inquiry,” *Annals of Family Medicine* 2, no. 6 (2004): 576, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1466742/>.

⁶¹ Engel, “The Need for a New Medical Model,” 135.

⁶² Borrell-Carrió, Suchman, and Epstein, “The Biopsychosocial Model 25 Years Later,” 576.

⁶³ Bessel A. van der Kolk, Alexander McFarlane, and Lars Weisaeth, “Preface,” in *Traumatic Stress*, eds. Bessel A. van der Kolk, Alexander C. McFarlane, and Lars Weisaeth (New York: The Guilford Press, 1996), ix.

heuristic is employed.

1.3.2 The Biopsychosocial-spiritual model – Relationality and the Transcendent

Trauma scholarship is increasingly devoting attention to an additional aspect of the human person, one not specified by Engel’s model: the domain of the spirit. Although the biopsychosocial perspective does identify social relationships with others as essential to health and wholeness, and so arguably could recognize participation in a faith community as influential to well-being, an orientation toward a transcendent other is not uniquely identified. Studies of religious coping demonstrate that this lacuna is one that needs correction.⁶⁴

Physician and biomedical ethicist Daniel Sulmasy has proposed such an amended model that attends to spirituality as a distinct influence upon human well-being and as a distinct category in which harms can be experienced. He calls for a biopsychosocial-spiritual (BPSS) model constructed upon a “philosophical anthropology” grounded in two commitments: (1) that spirituality is intrinsic to human beings and (2) relationships are essential to human experience because relationality is central to the ontological character of the human person.⁶⁵ In constructing this model, Sulmasy draws upon the work of Jesuit theologian and philosopher Bernard Lonergan to emphasize the fundamentality of relationship to the human person and so to human health and well-being. “From a philosophical point of view, Bernard Lonergan... has argued that when one knows (literally) any ‘thing,’ what one is really grasping is a complex set of relationships, whether that thing is a quark, a virus, a galaxy, or a patient. Sickness, rightly

⁶⁴ For a discussion of the influence of religious faith and spirituality on well-being, see Hisham Abu-Raiya, Kenneth I. Pargament, Neal Krause, and Gail Ironson, “Robust Links Between Religious/Spiritual Struggles, Psychological Distress, and Well-being in a National Sample of American Adults,” *American Journal of Orthopsychiatry* 85, no. 6 (2015): 565-575 and Harold Koenig and Dana King, *Handbook of Religion and Health* (Oxford: Oxford University Press, 2012), 579-598.

⁶⁵ Daniel P. Sulmasy, “A Biopsychosocial-Spiritual Model for the Care of Patients at the End of Life,” special issue III, *The Gerontologist* 42 (2002): 25, https://doi.org/10.1093/geront/42.suppl_3.24.

understood, is a disruption of right relationships.”^{66, 67} For Sulmasy, only a model that explicitly recognizes all the complex relational dimensions of the human person (and the ways in which illness can disturb them) can adequately function as a foundation for research and clinical interventions that will promote whole-person healing. Spirituality names a necessary, relational, human domain; thus Sulmasy extends the biopsychosocial model to include it.

Sulmasy takes care to emphasize the model’s commitment to holism:

This biopsychosocial-spiritual model is not a ‘dualism’ in which a ‘soul’ accidentally inhabits a body. Rather, in this model, the biological, the psychological, the social, and the spiritual are only distinct dimensions of the person, and no one aspect can be disaggregated from the whole.⁶⁸

The incorporation of spirituality in the BPSS model does not reinscribe the dualism Engel’s biopsychosocial model replaced. Rather, explicit attention to spirituality expands the model so that human complexity is more adequately represented.

In the BPSS model, spirituality refers to the human reach toward the transcendent. This category encompasses religion but is more expansive than an expressed (or implicit) belief in a divine other. Defining religion as the practices and commitments of faith communities seeking transcendent meaning through a relationship with a deity, Sulmasy presents spirituality as the relationship with the transcendent “however that may be construed,” including “relationships with nature, music, the arts, or a set of philosophical beliefs or relationships with friends and family.”⁶⁹ Spirituality is thus a category that applies broadly to human persons; “everyone who searches for ultimate or transcendent meaning can be said to have a spirituality.”⁷⁰ It follows from this definition that spiritual distress can afflict and spiritual succor can soothe individuals

⁶⁶ For the specific discussion to which Sulmasy refers, see Bernard Lonergan, *Insight: A Study of Human Understanding* (San Francisco: Harper and Row, 1958), 245-267.

⁶⁷ Sulmasy, “Biopsychosocial-Spiritual Model,” 25.

⁶⁸ Sulmasy, “Biopsychosocial-Spiritual Model,” 27.

⁶⁹ Sulmasy, “Biopsychosocial-Spiritual Model,” 25.

⁷⁰ Sulmasy, “Biopsychosocial-Spiritual Model,” 25.

whether or not they hold particular religious identities.

Sulmasy distinguishes four aspects of spirituality: religiosity, spiritual/religious coping and support, spiritual well-being, and spiritual needs.⁷¹ Religiosity refers to a person's religious behaviors and beliefs, including prayer, worship, membership in a religious community and religious belief, while spiritual/religious coping and support refer to the response, shaped by a transcendent orientation, that an individual makes when under stress.⁷² Spiritual/religious coping describes the response to illness, distress, and suffering that encompasses a reliance on "spiritual language, attitudes, practices, and sources of spiritual support" such as family, friends, a faith community or chaplain.⁷³ Spiritual needs are needs identified by the individual person himself or herself; they include a felt desire for deliberately numinous "conversation, prayer, [and/or] ritual."⁷⁴ Spiritual well-being describes the aspect of well-being or quality of life that is attributable to the spiritual domain of the human person.⁷⁵

Although Sulmasy's primary interest in identifying these four categories is to establish them as measurable for the purpose of advancing theoretical and practical research, these aspects are significant for pastoral caregiving more broadly because they speak to spirituality's numerous and possibly discrete dimensions. They name the several ways in which traumatic injury can inflict spiritual wounds and ways in which spiritual well-being can diminish the effects of trauma. As such, these categories point to the many axes along which pastoral caregivers can conceptualize and develop pastoral responses to those who suffer from trauma. These include conceptualizing prayer, liturgy, aesthetic experience, and pastoral efforts that emphasize relationship and dialogue with more granularity as efforts that can fulfill spiritual

⁷¹ Sulmasy, "Biopsychosocial-Spiritual Model," 27.

⁷² Sulmasy, "Biopsychosocial-Spiritual Model," 27.

⁷³ Sulmasy, "Biopsychosocial-Spiritual Model," 27.

⁷⁴ Sulmasy, "Biopsychosocial-Spiritual Model," 27.

⁷⁵ Sulmasy, "Biopsychosocial-Spiritual Model," 27.

needs or promote spiritual/religious coping as well or enhance spiritual well-being. Considering pastoral care through the lens of this model provides caregivers an opportunity to craft caring initiatives with a precision that responds to the disparate facets of distress endemic to traumatic suffering.

The BPSS maps illness' multiple and interrelated effects on the relational human person. By positing that human well-being depends upon intrapersonal and extrapersonal relationships of equilibrium, the BPSS conceptualizes illness as a relationship disruptor.⁷⁶ In other words,

illness disturbs relationships both inside and outside the body of the human person. Inside the body, the disturbances are twofold: (a) the relationships between and among various body parts and biochemical processes, and (b) the relationship between the mind and the body. Outside the body, these disturbances are also twofold: (a) the relationship between the individual patient and his or her environment, including the ecological, physical, familial, social, and political nexus of relationships surrounding the patient; and (b) the relationship between the patient and the transcendent.⁷⁷

While illness functions to disrupt equilibrium across these domains, these effects are not discrete. The domains exert influence upon one another, so that a debilitating physical illness, for example, can contribute to a psychological depression and to spiritual experiences of hopelessness. Likewise, caring interventions in any of these domains bear the potential to positively influence balance in others.⁷⁸ This reciprocal aspect of the model bears particular importance to trauma-aware pastoral caregiving, as “a patient’s spiritual history, present religious coping style, present biopsychosocial state, plus any spiritual intervention all would combine to affect the present state of well-being, which in turn would contribute to overall quality of life.”⁷⁹

The model demonstrates that attending to spiritual well-being of traumatized persons is

⁷⁶ Sulmasy, “Biopsychosocial-Spiritual Model,” 26.

⁷⁷ Sulmasy, “Biopsychosocial-Spiritual Model,” 26.

⁷⁸ Sulmasy, “Biopsychosocial-Spiritual Model,” 28.

⁷⁹ Sulmasy, “Biopsychosocial-Spiritual Model,” 28.

integral to healing. To be effective, trauma-aware pastoral caregiving requires the recognition that the whole-person BPSS model affords: that multiple domains are affected by trauma, that disrupted equilibrium in any domain can impact the stability of one's sense of transcendence and meaning, and that proffering spiritual support can contribute to and promote whole-person healing.

1.3.3 Caregivers and Care Receivers in the BPSS Model

Sulmasy calls attention to two additional, key care-related insights that this expanded model permits regarding (1) caregiver identity and (2) the subjectivity of care recipients.

Caregiver Identity: As we have seen, the BPSS model depicts the human person as one responsive to both disruption and restoration. Although Sulmasy developed the BPSS model to describe the effects of illness and care in medical settings, it is important to note that the model itself does not delimit the primary sources of disruption and restoration. This indeterminateness permits the BPSS model to be employed flexibly to diagram the consequences many stressors induce. Disease, injury, and traumatic experience can all be modeled as potential disruptors that overwhelm the human person, rupture intra- or extra-personal relationships and inaugurate a panoply of compounding disequilibria. Likewise, caring interventions can be modeled as efforts that support, bolster, or restore relational health and human well-being whether these initiatives arise from the medical, mental health, or spiritual arenas. Although Sulmasy recommends that doctors attend to a patient's spiritual well-being, he notes that, according to this model, "it is not at all certain who should facilitate the patient's spiritual healing."⁸⁰ The BPSS model promotes

⁸⁰ Sulmasy, "Biopsychosocial-Spiritual Model," 30.

an awareness that caregiving interventions affect a complex set of interconnected domains and that care is thus a space that warrants a wider collaboration among multiple caregivers with diverse disciplinary competence. This collaboration need not be characterized by a particular hierarchy among caregivers. In the realm of pastoral caregiving, for example, this awareness can support the collaborative efforts of professional ministers and lay volunteers to offer trauma-aware spiritual care as it recognizes the identities of both as differing yet legitimate sources of care.

Care Recipients as Subjects: In describing the effects of disruptive stressors and caring interventions on the well-being of an individual, the BPSS model posits the human person as vulnerable and relational. Although it demonstrates the ways in which the individual can receive restorative care from others, the model does not deny or foreclose the agency and subjectivity of the wounded, ill, traumatized or otherwise suffering individual. Instead, the model admits to a potential reciprocity of learning between caregivers and care recipients. In speaking about spiritual care for patients with terminal illness, Sulmasy counsels that, “Clinicians should pay attention to the spiritual lessons that the dying can teach them.” While they receive care, they can confer profound gifts in return, by sharing their experiences, fears, questions, hopes, and insights with their caregivers. These gifts bestow an instructive wisdom to caregivers that only the suffering, from their particular vantage point, can give. This insight pertains as well to pastoral caregiving, as the recipients of pastoral care have a perspective on suffering and succor that those in caregiving ministry can learn from.

1.4 Person and Context: The Ecological Model of Trauma

In addition to employing the BPSS model, trauma theorists employ an ecological framework to conceptualize one's context as a system of interconnected factors that influence and account for the sometimes considerable variations in individuals' resiliency and recovery when exposed to traumatic incident. This widely employed paradigm draws heavily on the works of Uri Bronfenbrenner and Mary Harvey.

1.4.1 Bronfenbrenner and the General Ecological Model

Developmental psychologist Uri Bronfenbrenner proposed in the late 1970s that children's unique development occurs as a result of interaction between children and their environments. The context in which children dwell, Bronfenbrenner realized, is not a neutral, monolithic backdrop against which life unspools. Instead, the various elements that constitute a child's "ecological environment" play influential roles in shaping the child's biopsychological evolution and life course.⁸¹ Bronfenbrenner conceived an ecological systems framework to describe the dynamic set of relationships between child and environment and designated it the "general ecological model."⁸²

According to this model, the "ecological environment is conceived as a set of nested structures, each inside the other like a set of Russian dolls," with the child at the center (see Figure 1.1).⁸³ Proceeding outward, the child is enveloped within a microsystem, which is in turn circumscribed by a mesosystem, likewise encircled by an exosystem, which is surrounded by a

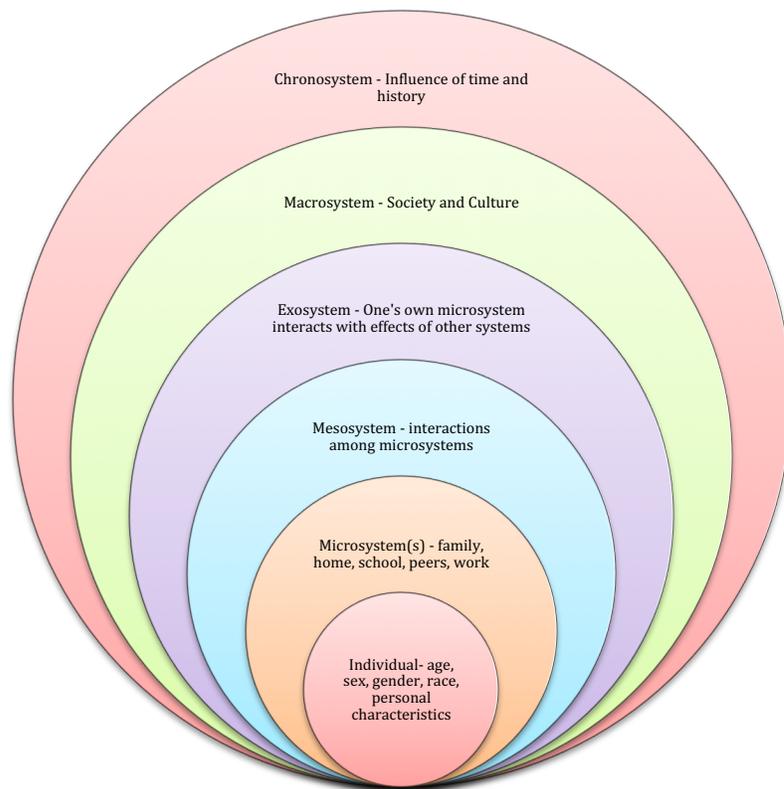
⁸¹ Urie Bronfenbrenner, "Ecological Models of Human Development," in *Readings on the Development of Children*, 4th ed., ed. Mary Gauvain and Michael Cole (New York: Worth Publishers, 2005), 4.

⁸² Bronfenbrenner, "Ecological Model," 4.

⁸³ Bronfenbrenner, "Ecological Model," 5.

macrosystem. All are enclosed within the chronosystem.⁸⁴ Each of these systems describes a process of interaction between an individual child and the settings in which the child is located.

Figure 3.1: Bronfenbrenner's Ecological Model



The *microsystem*:

- describes the face-to-face level relationships and activities in which a child participates, such as “family, school, peer group and work place.”⁸⁵

The *mesosystem*:

- names interactions between multiple settings the child navigates, such as those between

⁸⁴ Bronfenbrenner, “Ecological Model,” 5-6.

⁸⁵ Bronfenbrenner, “Ecological Model,” 5.

the child's home, school, or faith community.⁸⁶

- The influences of the microsystems interacting within the mesosystem can reinforce or contradict one another; consider, for example, the teachings on human sexuality that schools and faith communities proffer to adolescents.

The *exosystem*:

- describes interactions between the child's microsystem and the larger world, where the microsystem encounters any system to which the child does not directly belong. The influence that a parent's workplace policies exert on the child's home life occurs at the level of the exosystem.⁸⁷

The *macrosystem*:

- describes the larger social and cultural contexts in which the child dwells.
- At this level, social and cultural influences, particularly a culture or subculture's "belief systems, bodies of knowledge, material resources, customs, life-styles, opportunity structures, hazards, and life course options" exert shaping power over a child's norms, behaviors, heuristics, and opportunity.⁸⁸

Finally, the *chronosystem*:

- describes "change or consistency over time not only in the characteristics of the person but also of the environment in which that person lives (e.g., changes over the life course of a family structure, socioeconomic status, employment, place of residence, or the

⁸⁶ Bronfenbrenner, "Ecological Model," 5.

⁸⁷ Bronfenbrenner, "Ecological Model," 6.

⁸⁸ Bronfenbrenner, "Ecological Model," 6.

degree of hecticness and ability in everyday life”).⁸⁹

- It also includes the multiply influential historical epoch in which the child lives. A child living during the Great Depression, Bronfenbrenner notes, faces a restricted set of economic opportunity, yet may develop a greater sense of self-sufficiency and a goal-oriented style of self-organization than a child living in a more affluent age.⁹⁰

Bronfenbrenner’s model makes clear that a child’s development is supported, guided, or even thwarted by interactions with the environment that span a continuum from the intimate to the vastly impersonal, from one’s relationships at home or school, church or neighborhood, to one’s place in culture, society, and even to one’s place in the chronological unfolding of history. As we will discuss in more detail below, the ecological framework can flexibly accommodate an understanding not only of how development is influenced by environment, but how traumatic suffering, resilience, and healing are subject to these forces as well. This recognition, in turn, can promote the awareness that initiatives to foster resilience and healing can be constructed according to a systems approach that inaugurates interventions at many of the levels (or systems) that Bronfenbrenner identifies.

1.4.2 The Ecological Model of Trauma, Resilience and Recovery

Mary Harvey, trauma psychologist and founding director of the Cambridge Health Alliance’s groundbreaking trauma care initiative Victims of Violence (VOV), brings the ecological perspective to the work of healing traumatic response and fostering resilience.⁹¹

⁸⁹ Bronfenbrenner, “Ecological Model,” 6.

⁹⁰ Bronfenbrenner, “Ecological Model,” 6.

⁹¹ The Cambridge Health Alliance (CHA)’s Victims of Violence (VOV) program was established in 1984 at the Harvard University affiliated Department of Psychiatry at the publicly funded Cambridge Hospital in Cambridge, MA. VOV’s mission is twofold: to offer comprehensive care to victims of violence and to train health care professionals to conduct trauma-aware caregiving practice and research. VOV pioneered the development and use of

Harvey draws from the field of community psychology to create the ecological framework that guides VOV's comprehensive treatment and support initiatives for victims of violence, their families, and their communities. She stresses that community psychology's ecological "emphasis on the interdependence of individuals and communities, its focus on the prevention of harm and promotion of wellness, and its interest in the empowering possibilities of ecologically-informed intervention" offer theorists and practitioners a powerful hermeneutic.⁹² By adopting an ecological lens, they can understand their own work as efforts that have the ability to alter positively the many and varied ecological contexts in which trauma survivors dwell.⁹³

Harvey employs the ecological perspective to construct a model of traumatic response, recovery, and resilience. Two empirically observable phenomena ground her work: (1) traumatic experiences provoke a diversity of post-traumatic responses and (2) trauma-sufferers exhibit varying levels of resilience and recovery.⁹⁴ While many clinicians attribute this variation primarily to individuals' personal attributes (i.e., those characteristics that are unique to the specific human person), Harvey argues that such a perspective fails to acknowledge adequately the reciprocal influences that persons and their environments continually exert upon one

an ecological philosophy to shape trauma-focused clinical care and community intervention programs. Since its inception, VOV has grown into a comprehensive, multi-site, public health initiative that serves trauma victims, their families, and their communities with a variety of services. For an overview of VOV today, see: Cambridge Health Alliance, "Victims of Violence," <https://www.challiance.org/cha-services/victims-of-violence>. For a brief history of VOV, see Alvin Powell, "Three Decades of Treating Trauma," *The Harvard Gazette*, September 30, 2014, <https://news.harvard.edu/gazette/story/2014/09/three-decades-of-treating-trauma/>. For a fuller description of VOV's four-pronged, ecologically-driven model of care, see Mary Harvey, Pratyusha Tummala-Narra, and Barbara Hamm, "An Ecological View of Recovery and Resilience in Trauma Survivors: Implications for Clinical and Community Intervention," in *Trauma Therapy in Context: The Science and Craft of Evidence-Based Practice*, edited by Robert McMackin, Elana Newman, Jason Folger, and Terence M. Keane (Washington DC: American Psychological Association, 2012), 104-106.

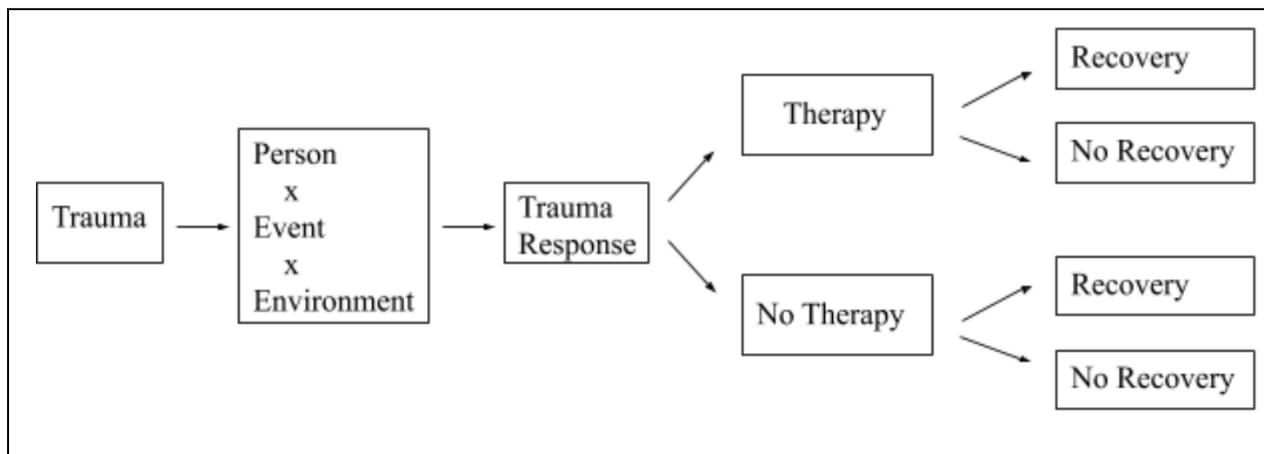
⁹² Mary R. Harvey, "Towards an Ecological Understanding of Resilience in Trauma Survivors: Implications for Theory, Research and Practice," in *Sources and Expressions of Resilience in Trauma Survivors: Ecological Theory, Multicultural Perspectives*, eds. Mary R. Harvey and Pratyusha Tummala-Narra (Binghamton, NY: The Haworth Maltreatment & Trauma Press, 2007), 10.

⁹³ Harvey, "Towards an Ecological Understanding," 25.

⁹⁴ Mary R. Harvey, "An Ecological View of Psychological Trauma and Trauma Recovery," *Journal of Traumatic Stress* 9, no. 1 (1996): 3-4.

another.^{95, 96} These influences, Harvey insists, are particularly significant in circumstances of trauma as their interplay influences trajectories of recovery. She proposes instead a model that can accommodate the dynamic reciprocation between individuals, their traumatizing experiences, and the several environmental factors that enable, enhance, or erode their abilities to cope with and recover from overwhelming traumatic stress. Harvey’s model further asserts that these intersections create the possibility of four “distinct trauma recovery outcomes” (see Figure 1.2).⁹⁷

Figure 1.2 Harvey’s Ecological Model of Trauma⁹⁸



An examination of the ecological model illustrates how the response to traumatic experience is modulated by the complex interplay of three factors that Harvey names: person, event, and environment.

1. “Person” refers to the personal characteristics, capacities, and relationships of the trauma-sufferer. These variables include demographic features (e.g., age, gender, race, class),

⁹⁵ Harvey, “An Ecological View of Psychological Trauma,” 3-4.

⁹⁶ Harvey, “Towards an Ecological Understanding,” 14.

⁹⁷ Harvey, “An Ecological View of Psychological Trauma,” 4.

⁹⁸ Harvey, “An Ecological View of Psychological Trauma,” 6, fig. 1.

individual biological and/or psychological capacities and weaknesses that mediate “hardiness and vulnerability,” personality, prior experience with trauma, spiritual resources, interpretive frameworks, and social relationships.^{99,100} In this model, “person” encompasses the wide definition of the human person that the BPSS model explicates.

2. “Event” refers to the trauma experienced itself and its “salient attributes,” including kind, scope, intensity, episodic duration, and frequency.¹⁰¹ Harvey notes that the elements of the traumatizing experience that lend it its traumatizing character are not universalizable. Rather, events carry many potential reservoirs of significance, so their meanings can and do vary among individuals and among their “communities of reference.”¹⁰²

3. “Environment” refers to the multiple and overlapping ecological contexts in which the traumatized person dwells. The ecological model is premised upon the recognition that all biological organisms, including human persons, flourish or flounder in concert with their environmental contexts. For traumatized individuals, the abundance, diversity, and practical availability of resources in their environments can impede or facilitate positive coping and recovery.

In Harvey’s model, the environment is not singular. It is comprised of the multiple, overlapping environmental contexts corresponding to Bronfenbrenner’s nested systems – the micro-, meso-, exo-, macro- and chronosystems in which the individual is embedded. In the ecological model, macrosystemic factors (e.g., societal and cultural forces and perspectives) intersect with one another and with microsystemic factors (e.g., familial attitudes and religious beliefs), to produce considerable exosystemic variance in the lives of individuals, even those

⁹⁹ Harvey, “Towards an Ecological Understanding,” 13.

¹⁰⁰ Harvey, “An Ecological View of Psychological Trauma,” 7-8.

¹⁰¹ Harvey, “Towards and Ecological Understanding,” 8.

¹⁰² Harvey, “An Ecological View of Psychological Trauma,” 8.

who reside in the same geographic communities. Consequently, environmental variables constitute a broad class. They include the contexts in which the trauma was experienced, the contexts in which recovery is pursued, as well as the “attitudes and behaviors of first respondents and the actions and understandings of family and friends, caregivers, and other significant individuals and groups.”¹⁰³ Importantly, Harvey notes that not only availability of care but access to care is itself a key environmental factor influencing recovery. This access can vary widely across economic, racial, ethnic, and cultural lines, so that the resources in a given environment may not be equally attained by all its inhabitants.¹⁰⁴

The ecological model depicts the functional complexity of traumatic response and traumatic recovery. Each of the four recovery outcomes that the model proffers (recovery via psychotherapy, no recovery despite psychotherapy, recovery without psychotherapy, and no recovery without psychotherapy), are influenced by each of the intersecting, reciprocal factors that likewise exert influence upon traumatic response. A direct line, Harvey suggests, can be drawn from recovery outcomes back to the richly interlaced person/event/environment triads that ultimately “set the stage for more or less resilient functioning posttrauma.”¹⁰⁵

It is important to note that the ecological model’s disciplinary foundation is clinical psychology. Thus, the four outcomes that it depicts are expressions of two clinical premises. First, “in the aftermath of traumatic exposure, affected individuals may or may not access clinical care. In most instances, the great majority will not.”¹⁰⁶ Second, “clinical intervention in the aftermath of traumatic exposure is no guarantee of recovery.”¹⁰⁷ The model demonstrates that, while psychotherapy is one element of the environment that can bolster resilience and

¹⁰³ Harvey, “An Ecological View of Psychological Trauma,” 8.

¹⁰⁴ Harvey, “An Ecological View of Psychological Trauma,” 8-9.

¹⁰⁵ Harvey et al, “An Ecological View of Recovery and Resilience,” 108.

¹⁰⁶ Harvey, “An Ecological View of Psychological Trauma,” 6.

¹⁰⁷ Harvey, “An Ecological View of Psychological Trauma,” 6.

promote post-traumatic recovery, it is neither accessed by all suffering people nor a sure remedy to psychological distress. Furthermore, the model shows that the scope for care can extend beyond the psychotherapeutic encounter. Harvey explains, “The existence of large numbers of persons who either do not use or do not benefit from clinical care suggests the need for community-based studies of trauma recovery and resiliency in untreated survivors as well as a need for more and more effective community intervention efforts.”¹⁰⁸

Guided by the ecological orientation, Harvey insists that multiple effective interventions, at many ecological levels, can be designed by trauma-aware practitioners. Significantly, “an implication of the model is that community interventions far removed from the domain of clinical work can foster resiliency.”¹⁰⁹ Harvey suggests numerous possibilities, including community engagement, public psychoeducation campaigns, policy development, and research, as suitable avenues for mental health professionals to pursue in order to enrich the environments in which trauma-sufferers can pursue recovery, many of which VOV offers to its clients.¹¹⁰ Harvey also notes that psychologists can perform community intervention by providing “paraprofessionals, clergy, and lay helpers with understandings and skills that may benefit currently untreated trauma victims.”¹¹¹

Here, the broader insight of the ecological model must be stressed. Although the model arises from the discipline of psychology and Harvey uses the model to generate efficacious community interventions that mental health professionals can spearhead, the model also makes clear that pastoral care can be a particularly potent resource in the environmental matrix. Indeed, “over seventy percent of Americans identify with some faith community and use their faith as a

¹⁰⁸ Harvey, “An Ecological View of Psychological Trauma,” 20.

¹⁰⁹ Harvey, “An Ecological View of Psychological Trauma,” 4.

¹¹⁰ Harvey, “Towards an Ecological Understanding,” 23.

¹¹¹ Harvey, “An Ecological View of Psychological Trauma,” 10.

means to cope with life experiences, especially following disasters.”¹¹² For many populations, including black, Latino/a and Hispanic, and rural communities, the church occupies a privileged place as the site to which people first turn when seeking help in the wake of significant distress.^{113, 114, 115} Ministry professionals and faith communities are called upon to function as supportive resources to many traumatized and distressed people, particularly for those described by the “no therapy” category of the ecological model. The ecological model suggests that trauma-informed pastoral caregiving initiatives can effectively promote recovery by augmenting the environments with which trauma sufferers interact.

Although the ecological model depicts the reciprocal influences of person, event, and environment upon recovery, it also speaks to the character of recovery. Harvey explains that “recovery” names a multifaceted phenomenon that is

hallmarked by identifiable achievements in eight domains of psychological functioning: (a) authority over the remembering process, (b) integration of memory and affect, (c) affect tolerance and regulation, (d) symptom mastery, (e) self-esteem (i.e., self-care and

¹¹² Kari Leavell, Jamie D. Aten, David Boan, “The Lived Experiences of South Mississippi and New Orleans Clergy Affected by Hurricane Katrina: An Exploratory Study,” *Journal of Psychology and Theology* 40, no. 4 (2012): 336, <https://doi.org/10.1177/009164711204000408>.

¹¹³ Social work scholar Kimberly Hardy’s 2013 research documents, “African American pastors are typically the first professionals with whom African Americans come into contact when experiencing personal, family, or mental health crises.” Kimberly Hardy, “Searching for the Spirit: A Content Analysis of the Black Church in Mainstream Social Work Journals” *Journal of Religion and Spirituality in Social Work: Social Thought* 32, no.4 (2013): 379, <https://doi.org/10.1080/15426432.2013.839245>.

¹¹⁴ The website of the American Psychiatric Association notes, “For Latinos, having a mental illness or even receiving counseling can be stigmatizing. Poor access to care due to low rates of insurance, immigration status language and cultural barriers... can limit entry into treatment.... Spirituality and religiosity are also important frames through which mental health is understood and addressed by many Latinos.” Lisa Fortuna, “Working with Latino/a and Hispanic Patients,” American Psychiatric Association, accessed April 2, 2020, <https://www.psychiatry.org/psychiatrists/cultural-competency/education/best-practice-highlights/working-with--patients>.

¹¹⁵ “In many rural communities, religious congregations, faith groups, and clergy are among the strongest social supports available... Increasingly, the faith community is viewed as an effective setting for health promotion and intervention.” Diana L. Jones, Laurel Cassidy, Craig Anne Heflinger, “‘You can talk to them. You can pray.’: Rural Clergy Responses to Adolescents with Mental Health Concerns,” *Journal of Rural Mental Health* 36, no.1 (2012): 24-25, <https://doi.org/10.1037/h0094777>.

self-regard), (f) self-cohesion, (g) safe attachment, and (h) meaning.¹¹⁶

With this fine-grained understanding of recovery, it is possible to see that trauma afflicts the suffering person in distinct yet intersecting capacities. In the aftermath of a traumatic experience, individuals can be compromised in one or more of these domains and simultaneously exhibit strengths in others. Accordingly, resilience, or the capacity to recover from trauma, is understood as an active state, rather than an innate characteristic. Resilience is a process in which individuals “access strengths in some domains to secure recovery in others.”¹¹⁷ Pastoral caregiving initiatives can be designed with the intention to help suffering individuals build upon their strengths or buttress their compromised domains. Supporting trauma-sufferers as they grapple with making meaning of overwhelming events is a work, for example, to which the church is particularly suited. As I will discuss in Chapter Five, parents whose children have died frequently struggle with understanding God’s role in their child’s death. A trauma-aware pastoral caregiving ministry for grieving parents, Harvey’s model suggests, would intentionally develop opportunities for caregivers to attend to care receivers’ meaning-making needs.

One final aspect of the ecological model requires attention here. Attuned deeply to the power of context, Harvey cautions that caregiving initiatives cannot be efficacious without awareness of and responsiveness to the nuances of race, ethnicity, gender, sexuality, socioeconomic class, language and culture that shape interpretive heuristics, limit or enable access to care, and contour post-traumatic behavior. “Effective intervention requires attention to cultural factors influencing the experience of traumatic survivors and developing intervention

¹¹⁶ Harvey et al, “An Ecological View of Recovery and Resilience,” 109. For a fuller description of each of these domains, see Mary Harvey, “An Ecological View of Psychological Trauma and Trauma Recovery,” *Journal of Traumatic Stress* 9 no.1 (1996): 11-14.

¹¹⁷ Harvey et al, “An Ecological View of Resilience and Recovery,” 109.

approaches that are culturally sensitive and aware.”¹¹⁸ For the contemporary U.S. parish, characterized by increasing diversity, culturally-aware pastoral caregiving can begin with practices of inclusion that welcome the presence and insights of that diverse laity into caregiving ministry.

1.5 Conclusion

The clarion call of *Amoris Laetitia* for stronger pastoral care of suffering families emphasizes that contemporary families are beset by problems of enormous variety and staggering weight. Trauma theory makes clear that the multiple and disparate wounds these problems can inflict can be understood collectively as instances of traumatic suffering. Although the specific circumstances of a family’s struggle might appear quite varied (e.g., the effect of a parent’s incarceration on a family vs. the traumas involved with family formation, such as pregnancy loss, stillbirth, and infertility struggles), a common thread unites them. Recognition of this commonality allows a model of familial pastoral caregiving to be developed that can serve as a basis for many initiatives. Consequently, the model of familial pastoral caregiving I will present in Chapter Six has trauma-awareness as one of its primary elements.

Trauma theory also alerts pastoral caregivers to the specific ways in which traumatic suffering affects individuals and their families. The biopsychosocial-spiritual model makes clear that trauma inflicts spiritual wounds and disrupts relationships. In illustrating these injuries, the model points to places in which the trauma-aware pastoral caregiving initiatives are particularly needed, including in the arenas of meaning-making and coping. Harvey’s ecological model of trauma demonstrates how the individual, the family, and the social, religious, cultural, and

¹¹⁸ Harvey et al, “An Ecological View of Resilience and Recovery,” 112.

historic contexts in which they dwell mutually influence one another to amplify or modulate distress. This makes clear that faith community can be a source of healing for a hurting family, or a factor that reinforces their distress. As the research presented above demonstrates that many people turn to the church when they face familial crises, the ecological view of trauma clarifies the significant potential of the trauma-aware church's ministerial response to promote familial well-being.

CHAPTER TWO

In the Image of God: Theological Anthropology, La Familia, and Relational Pastoral Caregiving

Then God said, “Let us make humankind in our image,
according to our likeness.”
Genesis 1:26

2.1 Introduction: Theological Anthropology and the *Imago Dei*

The biopsychosocial-spiritual (BPSS) and ecological models examined in Chapter One attest to the dimensionality of the human person and the dialectical relationship between persons, trauma, and context. These models present understandings of the human person and traumatic suffering that offer direction for a trauma-aware pastoral caregiving ministry for families. They suggest that the relationship between hurting members of a family and the members of a pastoral caregiving ministry can be a particularly potent source of healing, meaning-making, and coping support.

As a ministry of the church, however, pastoral caregiving must do more than allow its works to be contoured by trauma-awareness. Like all ministry, it must function as an expression of ecclesial mission. It must attest to God’s revelation of self to humankind and witness to God’s invitation to loving relationship. A ministry of pastoral caregiving for families can do so, I propose, when it is configured as a relational ministry.

The purpose of this chapter is to present and explicate a theological anthropology that can support a model of trauma-aware relational pastoral caregiving ministry for families by articulating a view of human persons as fundamentally relational beings. Anchored in the understanding of the human person articulated at the Second Vatican Council, the theological

anthropology I propose also draws upon the works of John Zizioulas and Hans Reinders to present a portrait of human beings as ones who manifest the *imago Dei* they bear through their relationality. This vision describes human beings as ones made into persons through relationship and as ones who exist firstly as inherently beloved by God. Drawing upon *mujerista* and Latino/a theological understandings of *la familia*, this relational anthropology also recognizes the mutually constitutive relationship that pertains between the individual and the family.

The theologically grounded vision of the human person I offer here makes clear how the wounds of trauma and chronic distress encountered in the familial context can reverberate throughout the family and afflict its members jointly and severally. Accordingly, it gives rise to several implications for collaborative pastoral caregiving for families that can respond to these harms. To function as authentic testament to the belief that the human person is made in and through relationship; is beloved and loveable, prior to any human initiative, and is shaped by and shapes familial relations, this familial pastoral caregiving must be configured on an axis of personal relationship. Such care must attend to the ways in which trauma and chronic distress constrict sufferers' relationality. It must also recognize that a relational ministry can affirm inherent belovedness. In recognition of the interconnectedness of individuals and families, such care must also be attentive to the many ways in which support for any member of the family can assuage suffering and promote healing throughout the family. To do so, it must understand the family as an entity writ large through the lens of *la familia* and not restrict its conceptualization of the family to the nuclear paradigm of married parents dwelling with dependent children. Finally, collaborative pastoral caregiving, while attesting to the inherent divine resemblance of individual care seekers and caregivers alike, must also recognize that in itself, as a ministry of the church, it functions as a communal manifestation of the *imago Dei*.

The opening passage of the Hebrew Bible recounts God’s fashioning of the world (Gen 1:1-31). For six days, God speaks the world into order, fixing the sun and moon in their courses, setting the boundaries of the ocean, and commanding the earth to bring forth every kind of plant, bird, sea creature, and animal. At the culmination of this prolifically generative week, God speaks once more; “Let us make humankind in our image, according to our likeness” (Gen 1:26). It is within this pronouncement of divine intent that we find the bedrock claim of theological anthropology. Human persons, although created beings, are the creatures whose most salient characteristic is a unique, deep, and abiding resemblance to the Creator God. The quest to understand the human person from the standpoint of theology can trace its roots to this ancient biblical affirmation that human beings in some fundamental way bear in their being the image of God, the *imago Dei*.

This scriptural assertion has grounded and stimulated centuries of theological inquiry. From Augustine to Aquinas to scholars of our own day, the questions of *who* human beings are and *how* they might resemble God have perennially engaged human reflection.¹¹⁹ In the modern era, the participants of the Second Vatican Council and Pope John Paul II each gave substantial attention to addressing them. Their works contribute to contemporary theological articulations of the way in which human beings reflect the *imago Dei*. These understandings serve as the starting

¹¹⁹ For a brief overview of the theological anthropological thought of Augustine and Aquinas, see Catherine Mowry LaCugna, *God For Us: The Trinity and Christian Life* (New York: Harper Collins, 1973). For contemporary investigations of theological anthropology, see Lieven Boeve, Yves De Maeseneer, and Ellen Van Stichel, *Questioning the Human: Toward a Theological Anthropology for the Twenty-First Century* (New York: Fordham University Press, 2014) and Daniel P. Horan, *Catholicity and Emerging Personhood: A Contemporary Theological Anthropology: Catholicity in an Evolving Universe* (Maryknoll, NY: Orbis Books, 2019), two texts which demonstrate the vitality of present-day theological anthropological discourse, particularly in response to modern advances in neuroscience, evolutionary biology, ecological studies and contextual theologies. For a comprehensive overview of the discipline of theological anthropology, including its historical development, methodology, key themes, and areas of contemporary inquiry, see Mary Ann Hinsdale and Stephen Okey, eds. *T&T Clark Handbook of Theological Anthropology* (London: T&T Clark, 2021).

point for the theological model of the human person that this dissertation employs.

2.2 What Does the Church Think of the Human Person?¹²⁰

With the landmark 1965 “Pastoral Constitution on the Church in the Modern World” *Gaudium et Spes* (GS),¹²¹ the Second Vatican Council offered a definitive portrait of the human person that identifies relationality as the essential way in which complex human persons image God. The conciliar understanding of the human person makes clear that sociality is not simply one facet of the human person, as the BPSS model suggests, but rather, that relationality lies at the very core of what it means to be truly human. This insight proves foundational for shaping relational pastoral caregiving praxis.

Posing the theological-anthropological question “What does the Church think of man?” (GS, 11) the council fathers offer a complex portrait in reply. The human person is characterized by a set of tensions, or apparent opposites. To be human is to be constrained by a physical body subject to aging, sickness and death, yet also to be richly endowed with an immortal soul (GS, 14). Drawing on Genesis 1:26, the document’s framers hail the human person as the “center and crown” (GS, 12) of creation, the “only creature on earth which God willed for itself” (GS, 24). While this language may appear dated and naively anthropocentric today in our more ecologically aware era of *Laudato Si’*, *Gaudium et Spes* draws our attention to two central

¹²⁰ Vatican Council II, Pastoral Constitution on the Church in the Modern World *Gaudium et Spes* (7 December 1965) §11, at The Holy See, http://www.vatican.va/archive/hist_councils/ii_vatican_council/documents/vat-ii_cons_19651207_gaudium-et-spes_en.html. Hereafter, *Gaudium et Spes* will be cited in-text with the abbreviation GS.

¹²¹ *Gaudium et Spes* presented a bold and new ecclesial vision for the Church. The conciliar document articulated a stance of marked openness toward and solidarity with the world, proclaiming the Church and her mission as “truly linked” (GS, 1) with all humankind. For an overview of *Gaudium et Spes* and its reorienting influence on the contemporary life and mission of the church, see Catherine Clifford and Richard Gaillardetz, *Keys to the Council: Unlocking the Teaching of Vatican II* (Collegeville, MN: Liturgical Press, 2012), 87-110. For a fuller discussion, see Norman P. Tanner, *The Church and the World: Gaudium et Spes, Inter Mirifica* (Mahwah, NJ: Paulist Press, 2005).

commitments of theological anthropology: God’s boundless love for humankind and the consequently immense dignity and worth of all human beings.

Despite their estimable attributes and belovedness, human beings are also the pitiable dupes of Satan. Falling prey to willful sin at the dawn of creation, they remain ensnared by evils of their own perverse making (GS, 13). Possessed of an innate dignity and the freedom to turn toward goodness or evil, human beings experience both “the call to grandeur and the depths of misery” (GS, 13).

Although all human beings share in a common humanness, each one is also unalterably and irrevocably an individual. In his 1978 Christmas Address, John Paul II emphasizes human singularity. Like Adam, the first-created human one, and like Jesus, the new Adam,¹²² each human being “is always unique and unrepeatable, somebody thought of and chosen from eternity, some [one] called and identified by his own name,”¹²³ beloved and invited to personal relationship with God. It is in this particular and ongoing call to loving relationship with the divine that the inviolable dignity of each and every unique human being is grounded.¹²⁴

Uniqueness, as a signal attribute of human beings, speaks to human beings’ essential distinguishability, yet human beings are not fundamentally characterized by their distinction and separation. Rather, the Council teaches that relationality lies at the heart of what it means to be human (GS, 12). Pope John Paul II elaborates, “The human person has an inherent social dimension which calls a person from the innermost depths of self to *communion* with others and

¹²² Pope John Paul II, Urbi et Orbi Message of His Holiness John Paul II Christmas 1978 (December 25, 1978) §1, at the Holy See, http://www.vatican.va/content/john-paul-ii/en/messages/urbi/documents/hf_jp-ii_mes_19781225_urbi.html.

¹²³ Pope John Paul II, Urbi et Orbi Message of His Holiness John Paul II Christmas 1978 (December 25, 1978) §1, at the Holy See, http://www.vatican.va/content/john-paul-ii/en/messages/urbi/documents/hf_jp-ii_mes_19781225_urbi.html.

¹²⁴ *Gaudium et Spes*, §19.

to the *giving* of self to others.”¹²⁵ Relationality, which consists of the capacity to participate in loving relationship with God and with others, is the essential hallmark of human beings.^{126,127}

The human person is enfleshed and ensouled, limited by time and space yet called to eternal life, free to choose a sublime intimacy with the transcendent God but shackled by sin, unique and individual, yet wholly made in and for relationship. The human person, thus, is a paradox and mystery (*GS*, 10). *Gaudium et Spes* offers a comprehensive presentation of human predicament and potential while affirming humankind’s likeness to God.

Here, the way in which theological anthropology stands apart from models such as the BPSS and the ecological model grows clear. While those incisive medical and psychological models offer an understanding of the human person as he or she encounters disease, harm, others, society, and history, theological anthropology speaks more deeply of the very being of each human. That is, theological anthropology proclaims who the human person is, not physically, psychologically, socially, or culturally, but existentially. For the church, the unequivocal claim regarding the human person is that each one is fashioned in the image of God. How persons, in all their complex humanness, can nevertheless image the divine, eternal, ineffable God is ultimately a question of ontological being.

¹²⁵ Pope John Paul II, Post-Synodal Apostolic Exhortation *Christifideles Laici* (December 30, 1988) §40, at the Holy See. http://www.vatican.va/content/john-paul-ii/en/apost_exhortations/documents/hf_jp-ii_exh_30121988_christifideles-laici.html#_ftnref135.

¹²⁶ It is important to note that relationality is a key point of correspondence between theological anthropology, medicine, and psychology, as demonstrated in the BPSS and ecological models. Scripture, conciliar documents, and papal writings continually emphasize that participation in relationship is not one among many possible and voluntary human endeavors. In the key of theological anthropology, relationality is central, not to human experience, but to humanness. This assertion sharply contradicts the post-Enlightenment ideal of autonomy that has contributed to a contemporary Western valorization of individuality. For a discussion of such “ideologies of atomism” and the shaping power of social frameworks upon the individual’s identity and understanding of the self in relationship with others, see Charles Taylor, *A Secular Age* (Cambridge: Belknap Press of Harvard University Press, 2007), 136-142, 171-176.

¹²⁷ Catherine Mowry LaCugna, *God For Us: The Trinity and Christian Life* (New York: HarperOne, 1991), 288.

2.3 John Zizioulas – Relationality, Trinity, and Personhood

The eminent Greek Orthodox bishop and theologian John Zizioulas (1931 – 2023) offers a philosophical examination of the being of God that argues that the human-divine resemblance is enacted through relationality. Zizioulas anchors his work in the epistemology and trinitarian theology of the influential fourth-century bishops and theologians known as the Cappadocian Fathers.¹²⁸ The Cappadocians’ radical reframing of classical Greek philosophical conceptions of being undergird a doctrine of God in which person, freedom, and relationality are presented as the ontologically primary aspects of divine being.¹²⁹ Zizioulas, in turn, draws on the Cappadocians’ formulations of person, freedom, and relationality to name them as the key aspects of being through which humans can reflect the *imago Dei*.

In order to understand the key elements of Zizioulas’ argument, a brief discussion of the Cappadocian antecedent to his work is useful. The Cappadocians developed their trinitarian thought in response to significant *ad intra* challenges to Christian belief.¹³⁰ The fourth-century church was characterized by considerable theological division regarding the nature of the relationship between the Father, Son, and Holy Spirit.¹³¹ The Cappadocians sought to defend the

¹²⁸ For an introduction to the work of Zizioulas, see Dario Chiapetti, *The Father’s Eternal Freedom: The Personalist Trinitarian Ontology of John Zizioulas* (Cambridge: James Clarke & Co, 2021) and Douglas A. Knight, ed., *The Theology of John Zizioulas: Personhood and the Church* (London: Routledge, 2016).

¹²⁹ Zizioulas includes St. Amphilochius of Iconium in this designation that is more traditionally associated with the three great Cappadocians Sts. Basil the Great, Gregory of Nazianzus, and Gregory of Nyssa. John D. Zizioulas, “The Doctrine of the Holy Trinity: The Significance of the Cappadocian Contribution,” in *Trinitarian Theology Today: Essays on Divine Being and Act*, edited by Christoph Schwöbel (Edinburgh: T&T Clark, 1995), 44.

¹³⁰ For a discussion of the development of trinitarian theology amidst controversies in the early church, see John Anthony McGuckin, “The Trinity in the Greek Fathers,” in *The Cambridge Companion to the Trinity*, ed. Peter C. Phan (Cambridge, UK: Cambridge University Press, 2011), 49-69; J. Warren Smith, “The Trinity in the Fourth-Century Father,” in *The Oxford Handbook of the Trinity* ed. Gilles Emery and Matthew Levering, online ed. (Oxford Academic, 2012), <https://doi.org/10.1093/oxfordhb/9780199557813.003.0009>.

¹³¹ Joseph T. Lienhard, “Basil of Caesarea, Marcellus of Ancyra, and ‘Sabellius,’” in *Church History: Studies in Christianity and Culture* 58, no. 2 (June 1989): 160. See also: Catherine Mowry LaCugna, *God For Us: The Trinity and Christian Life* (New York: HarperOne: 1993), 31.

orthodox formulation of trinitarian doctrine from multiple onslaughts of misinterpretation.¹³²

These theological challenges arose primarily from two factions: (1) the subordinationist, neo-Arianist bishop of Asia Minor Eunomius and his followers, and (2) the modalist bishop Marcellus of Ancyra and his adherents.¹³³ Although quite distinct, both sects advanced positions that challenged the formulation of God as a trinity comprised of three distinct persons sharing in one divine substance.¹³⁴

Eunomius and his subordinationist supporters challenged this understanding of the triune God's single nature or substance (*ousia*). They argued that as Jesus Christ is the only-begotten Son of the unbegotten, eternal God the Father, the Son and the Father are not of the same essence.¹³⁵ Rather, the begotten Son is of a different, subordinate nature, as is the Holy Spirit.¹³⁶

Marcellus and his followers, in contrast, found the multiplicity of God's person (*hypostasis*) to be a significant point of contention. Their position, described as modalism, stressed the oneness of God. They denied a distinction of persons in God and proposed instead that "the Father, Son and Holy Spirit are simply 'modes' or 'masks' of God appearing within

¹³² Zizioulas, "Doctrine of the Holy Trinity," 45.

¹³³ Lienhard, "Basil of Caesarea," 166.

¹³⁴ Zizioulas, "Doctrine of the Holy Trinity," 49.

¹³⁵ Declan Marmion and Rik Van Nieuwenhove, *An Introduction to the Trinity* (Cambridge, UK: University Press, 2011), 17, Kindle edition.

¹³⁶ Marmion and Nieuwenhove, *An Introduction to the Trinity*, 69-70, Kindle edition. For a discussion of Eunomius' subordinationism and the Cappadocian doctrine of the Trinity developed in response by Basil Gregory of Nyssa and Gregory of Nazianzus, see Gilles Emery, *The Trinity: An Introduction to Catholic Doctrine on the Triune God*, trans. by Matthew Levering (Washington, D.C.: Catholic University of America Press, 2011) pp. 84-87 Kindle edition; see also Catherine Mowry LaCugna, "God in Communion With Us: The Trinity," in *Freeing Theology: The Essentials of Theology in Feminist Perspective*, ed. Catherine Mowry LaCugna (New York: HarperOne, 1993), 85-88. For a fuller discussion of the development of Cappadocian trinitarian theology, see Catherine Mowry LaCugna, *God For Us*, (New York: HarperCollins, 1991), 30-77.

For a presentation of approaches to trinitarian theology from the time of the New Testament to the twenty-first century, see Peter Phan, *The Cambridge Companion to the Trinity* and Gilles Emery, *The Oxford Handbook of the Trinity*. For discussions of contemporary trinitarian theologies, see: Miroslav Volf and Michael Welker, eds., *God's Life in Trinity* (Minneapolis, MN: Fortress Press, 2006); Stanley Grenz, *Rediscovering the Triune God* (Minneapolis, MN: Fortress Press, 2004); and Stephen Davis, Daniel Kendall and Gerald O'Collins, eds. *The Trinity: An Interdisciplinary Symposium on the Trinity* (Oxford, UK: Oxford University Press, 1999).

history.”¹³⁷ Marcellus advanced the claim “that God is one *hypostasis* that has three appellations, and one object (*pragma*) that has several presentations (*prosôpa*).”¹³⁸ God, in modalist understanding, is one person who appears variously as the Father, Son or Spirit, much as a single actor might play various roles in a drama.¹³⁹

The Cappadocian formulation, that the trinitarian God is “one *ousia*, three *hypostaseis*,”¹⁴⁰ directly contradicts both the subordinationist insistence that the Father, Son and Spirit did not share in one substance and the modalist assertion that God is one person, not three. To refute these claims, the Cappadocian Fathers employed philosophical reasoning, yet an initial challenge arose here as well. Within classical Greek philosophical thought, the ontological question of existence rested on a foundation of cosmological presumption. The ancient Greek cosmology posited a harmonious universe, ordered by the *logos* toward a fundamental unity. All existent beings are in a necessary ontological relationship with one another and the whole cosmos.¹⁴¹ The freedom of gods and created beings alike is constrained within this closed system; even divine beings must ultimately act in accordance with the laws of harmony and justice.¹⁴² This Greek cosmological postulate of a circumscribed divine freedom sharply contradicted the Christian belief in the unbounded freedom of God implicit in the creation narrative of the Hebrew Bible.¹⁴³

Each of these systems of thought (subordinationism, modalism, and Greek philosophy)

¹³⁷ Marmion and Van Nieuwenhove, *An Introduction to the Trinity*, 16-17, Kindle edition.

¹³⁸ Lienhard, “Basil of Caesarea,” 166.

¹³⁹ Zizioulas, “Doctrine of the Holy Trinity,” 45-46. For a fuller discussion of modalist thought, see Emery, *The Trinity: An Introduction to Catholic Doctrine on the Triune God*, 59-61, Kindle edition.

¹⁴⁰ Lienhard, “Basil of Caesarea,” 166.

¹⁴¹ John D. Zizioulas, *Being As Communion: Studies in Personhood and the Church*, (Crestwood, NY: St. Vladimir’s Seminary Press, 1985), 29.

¹⁴² Zizioulas, *Being As Communion*, 30.

¹⁴³ Zizioulas, *Being As Communion*, 39.

directly or indirectly made claims regarding the nature of God's being.¹⁴⁴ Constructing a valid refutation of these theological contentions and satisfactorily reconciling Greek and Christian cosmological claims required the Cappadocian Fathers to parse finely and refute the notion of being operant within each of these understandings of divine existence. As I will discuss below, the Cappadocians' ultimate proposal reoriented the understanding of existence and the relationship between person and substance that characterized classical Greek ontology.¹⁴⁵ Furthermore, they identified freedom and relationality as two significant ontological categories. In turn, Zizioulas employs these categories as the basis for a contemporary understanding of the human-divine resemblance.

2.3.1 Person, Nature, and Being

Zizioulas argues that the Cappadocians' trinitarian theology is anchored in their careful articulations of the categories of person and substance contained within the concept of existence. Tracing their thought, Zizioulas notes that the Cappadocians begin with an objection to the category of *prosôpon*, which designates the various modes in which the modalists supposed God reveals Godself.¹⁴⁶ To safeguard the real threeness of the Trinity, it was essential for the Cappadocians to demonstrate that the modalist use of *prosôpon* to describe the Father, Son, and Spirit was ontologically inadequate.

Etymologically, the Greek term *prosôpon* signifies a theatrical mask. Theater historian David Wiles explains that in ancient Greek comedies and tragedies, *prosôpa* functioned typologically, each one signifying to the audience the archetypal role represented by

¹⁴⁴ Zizioulas, *Being as Communion*, 16.

¹⁴⁵ Zizioulas, "Doctrine of the Holy Trinity," 44-45.

¹⁴⁶ Zizioulas, *Being As Communion*, 37.

characters.¹⁴⁷ *Prosôpa* obscure the features of the actors who wear them, allowing actors to recede and affording prominence to the archetypes at play in the drama.

Although a theatrical element, the *prosôpa* also functioned didactically. As noted above, the ancient Greeks conceived of the cosmos as ordered harmoniously. Their tragic works often depict a conflict between the necessary unity and harmony of the world and the apparent freedom of human beings to act as they choose.¹⁴⁸ The dramatic action of the tragedy is motivated by a moral dilemma.¹⁴⁹ The masked protagonist faces a struggle – with others in the drama, with circumstance, with the gods, or with fate. In this conflict, the protagonist endeavors to exercise self-determination, often acting with arrogance or hubris, to impose his will upon circumstance.¹⁵⁰ Although seemingly free to pursue any desired outcome, in the end, the protagonist who has chosen to act wrongly learns that freedom is not unbounded. Punishment inevitably follows transgression.¹⁵¹ The lesson of tragic performance is that humanity’s freedom is ineluctably constrained by the orderly, invariant working of the cosmos. The masked figure possesses no true freedom.¹⁵²

In the fourth century East, Zizioulas argues, Tertullian’s widely adopted Western, Latin, trinitarian formulation “una substantia, tres personae” was the object of controversy because Greek formulations employed *prosôpa* as an equivalent term to “personae.”¹⁵³ For the Cappadocians, however, to name the Father, Son, and Spirit as *prosôpa* was to unacceptably import the two dramatic elements associated with the concept of the *prosôpon* (mask/role and

¹⁴⁷ David Wiles, *The Masks of Menander: Sign and meaning in Greek and Roman Performance*, (Cambridge: Cambridge University Press, 1991), 24, <https://hdl.handle.net/2027/mdp.39015022024734>.

¹⁴⁸ Zizioulas, *Being As Communion*, 32.

¹⁴⁹ Wiles, *Masks of Menander*, 27.

¹⁵⁰ Zizioulas, *Being As Communion*, 32.

¹⁵¹ Zizioulas, *Being As Communion*, 32.

¹⁵² Zizioulas, *Being As Communion*, 33.

¹⁵³ Zizioulas, *Being As Communion*, 37.

necessity) into the Trinity. The first made modalism too permissible.¹⁵⁴ To speak of God as three *prosôpa* implied that God's threeness was akin to God's playing roles of Father, Son, and Spirit. This formulation contradicted the ontological distinction of persons made by the trinitarian claim of "tres personae."

The second characteristic of *prosôpa*, necessity, stood in contradiction to the Christian belief that the eternal God freely spoke creation into existence. For the Cappadocians, the Greek cosmology that circumscribed the freedom of all beings (including the freedom of the gods) within the harmonious universe would also unacceptably restrict the creator God's freedom to choose whether to create at all.¹⁵⁵ That is, within the ancient Greek philosophical framework, the existence of the world was ontologically indispensable and could not be otherwise. God's relationship to the created world was shaped by God's own constrained existence. In the ordered cosmos, God, as creator, is one who cannot but create, one whose nature it is to be inextricably oriented toward creation. St. Gregory of Nazianzus, Zizioulas notes, refers to Plato as having described God as "a crater which overflows with goodness and love." This Platonic metaphor succinctly illustrates the ontology Nazianzus and the Cappadocians firmly reject.¹⁵⁶ For the Cappadocians, two implications arise from the ancient Greek worldview: (1) that God necessarily created the world and (2) that God the Father necessarily begat the Son. The Cappadocians firmly repudiated these implications as incompatible with Christian belief in God's freedom. Consequently, they dismissed *prosôpon* as an acceptable descriptor of God's person and proposed instead the alternative term *hypostasis*.

It is with this turn that the Cappadocian Fathers developed person, freedom and

¹⁵⁴ Zizioulas, "Doctrine of the Holy Trinity," 46.

¹⁵⁵ Zizioulas, *Being As Communion*, 29-30.

¹⁵⁶ Zizioulas, "Doctrine of the Holy Trinity," 51.

relationship as distinct ontological categories. Prior to the Cappadocians, the term *hypostasis* functioned as an equivalent term to *ousia* or substance.¹⁵⁷ By replacing *prosôpon* with *hypostasis*, the Cappadocians in effect created a distinction within the ontological concept of being, so that being no longer consisted of one category (*ousia* /*hypostasis*/substance) but two (*ousia*/substance and *hypostasis*/person). This distinction established the Cappadocian position that the Father, Son, and Spirit are not persons in the modalist sense implied by *prosôpa* but rather are distinct persons ontologically. Although they share in a common substance or *ousia*, they remain eternally distinguishable from one another.¹⁵⁸ Each of the divine persons has properties that utterly differentiate them from the others.¹⁵⁹

In distinguishing *ousia* from *hypostasis*, the Cappadocians argued that *hypostasis* spoke to that aspect of being which is unique and unrepeatable, while *ousia* referred to that aspect of existence that is shared. Working from the example of human beings, the Cappadocians demonstrated this distinction as follows. They asserted that all of humankind share in one common human nature. Their shared nature, or *ousia*, precedes and exceeds the existence of any particular human being such that no one human being can “be said to bear the totality” of it.¹⁶⁰ At the same time, humankind is comprised of distinct human beings. These individuals are discrete expressions of humankind, who, although alike in substance, are unique and unrepeatable persons, or *hypostases*.¹⁶¹ As individuals, every human being is simultaneously “independent ontologically from other human beings”¹⁶² and also a member of the human family, partakers of the common *ousia* of humankind.

¹⁵⁷ Zizioulas, “Doctrine of the Holy Trinity,” 47.

¹⁵⁸ LaCugna, *God For Us*, 65.

¹⁵⁹ Catherine Mowry LaCugna, “God in Communion With Us: The Trinity,” in *Freeing Theology: The Essentials of Theology in Feminist Perspective* (New York: HarperOne, 1993), 86.

¹⁶⁰ Zizioulas, “The Doctrine of the Holy Trinity,” 48.

¹⁶¹ Zizioulas, “The Doctrine of the Holy Trinity,” 47.

¹⁶² Zizioulas, “The Doctrine of the Holy Trinity,” 48.

With this distinction between *hypostasis* and *ousia* established, the Cappadocians were then able to inductively employ these concepts to consider God's simultaneous oneness and threeness. Here, an important disjuncture between the human and the divine arises. For humans, the two categories of being are separate. No one human person can fully express or embody the totality of human nature. The limitedness of each human person makes it impossible for human *ousia* and *hypostases* to be identical.¹⁶³ The divine *ousia*, in contrast, is shared "perfectly and infinitely"¹⁶⁴ between the Father, Son, and Spirit. As theologian Philip Rolnick explains, each of the divine persons is not a partaker in the Godhead in a limited or partial way; instead "each of them *is* fully God."¹⁶⁵

In addition, as the *ousia* of human beings is existent before the birth and after the death of any individual person, human substance has a temporal priority to human personhood. For God, no such priority pertains. As God is the triune God from all eternity, the divine *ousia* is necessarily coincident with the ontological personhood of the Trinity.¹⁶⁶

This understanding of God's being makes it possible for the Cappadocians to further assert that *hypostasis* is the ground of divine existence. Here, their thought is in marked contrast to the predominant Greek philosophy of their epoch, in which individual particularity was always necessarily subsequent to nature for all beings (including the divine) throughout the harmonious universe.¹⁶⁷ Zizioulas outlines the Cappadocians' reasoning as follows. The *hypostasis* and *ousia* of God are wholly coexistent; God's nature is never existent in the absence of God's hypostatic

¹⁶³ Zizioulas, "The Doctrine of the Holy Trinity," 48.

¹⁶⁴ Philip A. Rolnick, *Person, Grace and God* (Grand Rapids, MI: William B. Eerdmans, 2007), 21.

¹⁶⁵ Rolnick, *Person, Grace and God*, 21.

¹⁶⁶ Zizioulas, "The Doctrine of the Holy Trinity," 48.

¹⁶⁷ Zizioulas, "The Doctrine of the Holy Trinity," 54.

manner of being as Father, Son, and Spirit.¹⁶⁸ The substance of God cannot precede, ontologically or temporally, the nature of God, as it is always the one God's nature to be three persons. The *ousia* of God does not constrain the *hypostases* of God, in contrast to the way in which human nature limits the human person. Rather, the person of the Father eternally wills the generation of the Son and the procession of the Spirit. It thus is through God's person, and not nature, that God's eternally trinitarian existence *is*.

2.3.2 Love and Personhood

For the Cappadocians, the articulation of precedence of the *hypostases* over the *ousia* of God cohered with the biblical view of God the Father who wills as the Father wills, unconstrained by necessity. This corresponds to an absolute ontological freedom of personhood in God.¹⁶⁹ God the Father does not beget the Son nor does the Father bring forth God's Spirit because God's nature would not allow the Father to do otherwise. Rather, the Father freely chooses to be in loving, never-ending communion with the Son and the Holy Spirit. God exists *as* loving perichoresis.¹⁷⁰ Zizioulas emphasizes the significance of this conclusion. "The expression 'God is love' (1 John 4:16) signifies that God 'subsists' as Trinity, that is, a person and not as substance."¹⁷¹ Systematic theologian Catherine Mowry LaCugna expands upon this point, noting that the Cappadocian formulation places a particular understanding of ontological divine personhood, that of "being-in-relationship,"¹⁷² as the ground of all existence.

Theological anthropology insists that the human person is made in the image and likeness

¹⁶⁸ Zizioulas, *Being As Communion*, 41.

¹⁶⁹ Zizioulas, "Doctrine of the Holy Trinity," 54.

¹⁷⁰ Zizioulas, *Being As Communion*, 41.

¹⁷¹ Zizioulas, *Being As Communion*, 46.

¹⁷² LaCugna, "God in Communion With Us," 87.

of God. With the Cappadocians' delineation of the way in which God exists as wholly relational, it is now possible to understand how it is that, for Zizioulas, human beings can reflect the divine.

Limitedness, individuation, and division are inherent to human experience.¹⁷³ Each of us is born and dies individually. The temptation to remain apart, to seek the satisfaction of one's own desires, to safeguard one's own interests and welfare, to exalt the needs of the individual self is perennial. Sixteen centuries past the time of the Cappadocians, *Gaudium et Spes* amply highlights the continuance of human beings' propensity toward self-centeredness.

The truth is that the imbalances under which the modern world labors are linked with the more basic imbalance which is rooted in the heart of man.... On the one hand, as a creature he experiences his limitations in a multitude of ways; on the other he feels himself to be boundless in his desires and summoned to a higher life. Pulled by manifold attractions he is constantly forced to choose among them and renounce some. Indeed, as a weak and sinful being, he often does what he would not, and fails to do what he would. Hence, he suffers from internal divisions, and from these flow so many and such great discords in society (*GS*, 10).

The human person can choose to live according to this nature, this *ousia* characterized by self-preservation.

As the Cappadocians made clear, however, human nature is not wholly equivalent to human being. Working with the Cappadocians' ontological categories, Zizioulas proposes that the divisiveness and individualism inherent to human *ousia* can be transcended through personhood. A caveat, however, arises here. Personhood, although an ontologically fundamental aspect of being, is not inherent to being. Rather, human personhood is engendered.¹⁷⁴ The human being, born an individual, is "hypostasized"¹⁷⁵ through loving relationship. The human being can freely choose to reach beyond the narrow self and relate to others in love, and so become a uniquely loving and beloved person. Without engaging in loving relationship, Zizioulas insists,

¹⁷³ Zizioulas, "Doctrine of the Holy Trinity," 55.

¹⁷⁴ Zizioulas, "Doctrine of the Holy Trinity," 59.

¹⁷⁵ Zizioulas, "Doctrine of the Holy Trinity," 59.

we cannot attain a personal identity. Just as the Father can only be a Father in relationship to the Son, human persons can only truly become themselves in relationship to others.¹⁷⁶ Hypostatic being, or personhood, arises in relationship.

It is in this way, relational personhood, that the human being images God. The Cappadocian “concept of God, who exists as a communion of free love out of which unique, irreplaceable and unrepeatable identities emerge”¹⁷⁷ provides the theological-philosophical framework that makes intelligible the resemblance between God and the fundamentally relational person *Gaudium et Spes* describes, the human being who is fashioned in God’s image. Through the free and ecstatic¹⁷⁸ exercise of love, human beings enter into relationships with one another and with God and so become persons.¹⁷⁹ As relationship is central to God’s being, it cannot be supplemental to human existence. LaCugna explains, “Persons, whether divine or human, are not first who or what they are and then have relationships to one another.”¹⁸⁰ We are made for, but also through, relationship.

2.3.3 Ecclesial Being, Relationality, and Ministry

For Zizioulas, God alone can be an authentic person in the manner that the Cappadocians describe. The root of this hypostatic distinction between God and human beings can be found in the nexus of relationality, freedom, and nature. God exists relationally as an eternal communion of loving persons because the person of the Father freely wills to exist in this mode. God’s nature

¹⁷⁶ Zizioulas, “Doctrine of the Holy Trinity,” 57.

¹⁷⁷ Zizioulas, “Doctrine of the Holy Trinity,” 58.

¹⁷⁸ For Zizioulas, the mode of God’s being, communion, is ecstatic. In the free exercise of will, God the Father chooses to beget the Son and engender the Spirit. That God exists as self-giving love in trinitarian communion is the expression of the Father’s ecstatic character. For human beings, relationship is similarly an ecstatic act through which one transcends the limits of the self and reaches toward another. See: Zizioulas, *Being As Communion*, 44-46.

¹⁷⁹ Zizioulas, “Doctrine of the Holy Trinity,” 58.

¹⁸⁰ LaCugna, “God in Communion With Us,” 87.

and God's hypostases are fully coincident, and God's nature follows from, rather than directs, God's personhood.¹⁸¹ For human beings, however, nature and personhood are not in complete harmony. Human nature influences and constrains both freedom and personhood. Mortal and sinful, human beings' nature limits their ability to exist in relationships of love with others.¹⁸² Only Jesus, the Son, hypostasized through his relationship with the Father, exists wholly in communion and therefore can relate to other persons, both divine and human, in complete love and freedom.¹⁸³

For a human being, Zizioulas argues, full ontological personhood can be attained through the relationship with God that baptism effectuates.¹⁸⁴ In baptism, the human being is welcomed into the Body of Christ and so joins in the hypostasizing relationship that Jesus Christ and the Father share.¹⁸⁵ The limits imposed by human nature (to which Zizioulas refers as "biological hypostasis"¹⁸⁶) are transcended as the baptized one receives a new personhood, which Zizioulas terms "an ecclesial hypostasis."¹⁸⁷ Zizioulas explains, "In the Church a birth is brought about; man is born as 'hypostasis,' as person."¹⁸⁸ The baptized one now stands in a new relationship to others, as one who can transcend self-interest and freely relate to all others in love, even to the point of loving one's own enemies.¹⁸⁹ In receiving the gift of baptism, the baptized person "proves that what is valid for God can also be valid for man: the nature does not determine the person; the person enables the nature to exist; freedom is identified with the being of man."¹⁹⁰ Liberated from the hegemony of human nature, the baptized person is the one who can reflect in

¹⁸¹ Zizioulas, *Being As Communion*, 41.

¹⁸² Zizioulas, *Being As Communion*, 52.

¹⁸³ Zizioulas, *Being As Communion*, 55.

¹⁸⁴ LaCugna, *God For Us*, 265.

¹⁸⁵ Zizioulas, *Being As Communion*, 56.

¹⁸⁶ Zizioulas, *Being As Communion*, 51.

¹⁸⁷ Zizioulas, *Being As Communion*, 56.

¹⁸⁸ Zizioulas, *Being As Communion*, 56.

¹⁸⁹ Zizioulas, *Being As Communion*, 56-57.

¹⁹⁰ Zizioulas, *Being As Communion*, 57.

their own being the image of the triune God.

The relationality that ontologically characterizes the baptized person likewise characterizes the entire Body of Christ, the church. In an ontological sense, the Body of Christ has an ecclesial personhood. Consequently, the church as Body is “a *relational* reality, i.e., a mystery of love, reflecting here and now the very life of the trinitarian God.”¹⁹¹ Just as human beings as individuals bear the *imago Dei*, the church also images God’s relationality. The Second Vatican Council’s Dogmatic Constitution on the Church *Lumen Gentium* (LG) explains, “The Church is in Christ like a sacrament or as a sign and instrument both of a very closely knit union with God and of the unity of the whole human race” (LG, 1).¹⁹² Called together through baptism the Church is the People of God (LG, 9), whose “law is the new commandment to love as Christ loved us” (LG, 9). In responding to the commandment to love others, the People of God are both instrument and sign of God’s love.

Two implications arise here, for ministry generally and for trauma-aware collaborative pastoral caregiving ministry to families more specifically. First, Zizioulas asserts that through its ministries, and therefore through its ministers, the church manifests its relationality.¹⁹³ Through its members’ concrete actions, configured as ministry, the church reflects and participates in the relational character of God. The distinction between discipleship and ministry is important to note. For an individual member of the Body of Christ to care for another is an act of discipleship. It is to reach toward that other with Christ-like love, enter into mutually hypostasizing relationship, and in doing so, enact their own resemblance to God. For members of the Body of Christ to act likewise through their collaborative participation in ecclesial ministry, however, is

¹⁹¹ Zizioulas, *Being As Communion*, 220.

¹⁹² Vatican Council II, Dogmatic Constitution on the Church *Lumen Gentium* (21 November, 1964), at The Holy See, https://www.vatican.va/archive/hist_councils/ii_vatican_council/documents/vat-ii_const_19641121_lumen-gentium_en.html.

¹⁹³ Zizioulas, *Being As Communion*, 221.

to enter into hypostasizing relationships with other people on behalf of the church, and so to manifest the church's way of being as the relational being of God. This holds true for both lay members in ministry and for ordained ministers who collaborate to offer pastoral care, as laypersons and ordained persons alike are "parts of a relational whole" that is the ministering church.¹⁹⁴ They publicly undertake the work of ministry within the context of recognition and authorization by the church and perform their ministry on behalf of the church and its mission.¹⁹⁵ Consequently, it is not only their *own* resemblance to God that they express, but also and significantly, that of the church.

For a trauma-aware collaborative pastoral caregiving ministry, this insight is particularly important. As we shall see in Chapter Five, the absence of ministerial attention to familial traumas can be and often is interpreted as reflective of God's indifference to suffering families' pain. When the church's way of being is reflective of God's perichoretic, loving way of being, then it can function sacramentally and as "an icon of the Trinity, a visible image that represents in concrete form the ineffable and invisible mystery of triune life."¹⁹⁶ In light of this trinitarian ecclesiological self-understanding, great care must be taken to see and respond to the quotidian and often hidden suffering that afflicts families when considering the scope and shape of parochial and diocesan pastoral caregiving. This is because the inverse of this statement (i.e., that ministerial care and attention represents God's loving nearness) can and does readily occur to suffering people.¹⁹⁷ That is, the *absence* of ministerial attention signifies that the church does *not*

¹⁹⁴ Zizioulas, *Being As Communion*, 222.

¹⁹⁵ Richard Gaillardetz, "The Ecclesiological Foundations of Ministry within an Ordered Communion," in *Ordering the Baptismal Priesthood: Theologies of Lay and Ordained Ministry*, ed. Susan Wood (Collegeville: Liturgical Press, 2003), 36.

¹⁹⁶ LaCugna, *God for Us*, 402.

¹⁹⁷ For a discussion of the rules of logical inversion, see John J. Toohey, *An Elementary Handbook of Logic* (New York: Schwartz, Kirwin, and Fauss, 1918), 51. See also, Samuele Antonini, "A Statement, the Contrapositive and the Inverse: Intuition and Argumentation," *Proceedings of the 28th Conference of the International Group for the Psychology of Mathematics Education* (2004), 47, accessed online at <https://files.eric.ed.gov/fulltext/ED489678.pdf>.

care for them in their particular suffering, which in turn can suggest to sufferers that God does not care about them either.

In logical reasoning, inverse statements do not necessarily follow from original premises. In the case of people who endure familial traumatic suffering, however, a lived experience of ministerial neglect often does give rise to a strongly felt conviction that God is disinterested or angry and withholding. This form of inductive reasoning demonstrates that a disjunction between ecclesial being and ministerial praxis, or between the church's self-understanding and its actions, can have profound consequences for hurting families.

The second ministerial implication that arises from Zizioulas' ecclesial relational ontology is that particularity must play a strong part in ministerial engagement. For the church, to express relationality through ministry necessitates the formation of personal relationships. Rather than ministering to "the hungry" or "the sick" or "the traumatized" collectively, to be true to its own being, the church, embodied in the persons charged with ministerial responsibility, must enter into relationships with individual human beings in specific historical contexts whose particular sufferings and needs must be acknowledged and responded to personally. While it might seem circular to argue that human beings are hypostasized through relationships and so relational ministry must be personal, in actuality, caring relationships in our society often are impersonal. Insurance requirements limit appointment lengths and impose caps that restrict the time that medical and mental health professionals can spend with patients. Social service agencies are often burdened with large caseloads such that engaging with care in these settings often means significant engagement with depersonalizing bureaucracy. Zizioulas' ministerial insights demonstrate that forms of ministry that fail to recognize and engage with suffering people at a personal level are incompatible with the true being of the church.

2.4 Hans Reinders – Personhood as Belovedness

Hans Reinders, theologian and professor emeritus of ethics and disability at Vrije Universiteit Amsterdam, offers a critique of Zizioulas' relational anthropology. A scholar whose research centers upon the theological dimensions of disability, Reinders is at the forefront of contemporary theological efforts to secure the personhood of the profoundly cognitively disabled.¹⁹⁸ Reinders thus views Zizioulas' ontology through the lens of human variability and impairment. Although he agrees with Zizioulas' trinitarian grounding of the *imago Dei* and acknowledges relationality as the key axis upon which the divine-human resemblance revolves, he finds a particular dimension of Zizioulas's work problematic. He argues that Zizioulas' insistence on freedom and will as the two human capacities upon which relationality depends can marginalize or deny the ontological personhood of disabled people. In particular, it renders the many human beings with significant cognitive disabilities, in whom these two capacities are diminished or absent, as less than fully human. This is because in Zizioulas' formulation, human beings exercise their will freely when they reach toward others (human or divine), enter hypostasizing relationship, and only thus become persons.

Working from the limit case of profound intellectual disability, Reinders argues that freedom and will cannot be fundamental to personhood because they are not capacities common to all humankind. For Reinders, Zizioulas's insistence upon their necessity contradicts the very notion of the *imago Dei*, as the Genesis 1:26 assertion of humankind's resemblance to God pertains to all human beings, regardless of their capacities. Without a firm commitment to this scripture expressed in a theological anthropology that can robustly support it, Reinders warns,

¹⁹⁸ Peter Comensoli, *In God's Image: Recognizing the Profoundly Impaired as Persons* (Eugene, OR: Cascade Books, 2018), 14, Kindle edition.

theologians, ethicists, the Christian community, and society at large legitimizing a hierarchy of personhood that regards persons with disabilities as somehow less human than others, and persons with profound disabilities, particularly those with significant intellectual disabilities, as scarcely human at all.¹⁹⁹

Reinders' project is to construct a theological anthropology that can embrace those necessarily excluded by frameworks such as that of Zizioulas. His argument and conclusion hold meaningful implications for the care of those who suffer from impairments, whether their impairments are congenital or arise after birth, from sources ranging from illness to injury. Notably, as traumatic experience can cause serious and lasting biopsychosocial and spiritual impairments, Reinders' widening of the scope of the traditional understanding of the *imago Dei* has significance for the pastoral care of people suffering from trauma and the chronic distresses it engenders.

Reinders frames his discussion of profound disability and theological anthropology with a consideration of the lives of two profoundly intellectually and physically disabled young people, Kelly and Oliver, who cannot speak, move, or willfully initiate interactions with others.²⁰⁰ The loving care with which their families and caregivers treat Oliver and Kelly prompts Reinders to reflect upon the philosophical disjuncture between these loving "insiders" and the "outsiders" of the world at large who might cruelly label Oliver, Kelly, and others with similar impairments as "vegetables."²⁰¹ What grounds the humanity of Oliver and Kelly that loving families and caregivers respond to? What are the presumptions regarding humanity of those who would deny Oliver's and Kelly's humanity? Reinders argues that differing

¹⁹⁹ Hans S. Reinders, *Receiving the Gift of Friendship: Profound Disability, Theological Anthropology, and Ethics* (Grand Rapids, MI: William B. Eerdmans, 2008), 27.

²⁰⁰ Reinders, *Receiving the Gift*, 9, 20.

²⁰¹ Reinders, *Receiving the Gift*, 11.

anthropologies undergird each viewpoint: “Whether or not we are capable of seeing a profoundly disabled boy as a human being depends very much on how we understand our own being as humans.”²⁰² Reinders seeks to refute the anthropologies that enable the marginalization of persons with disabilities by implicitly placing selfhood, freedom and will at the center of what it means to be human. He offers an alternative that stresses receptivity to relationship as the characteristic that provides a secure grounding for the personhood of all human beings.

Reinders sees selfhood and agency as a troubling thread connecting Zizioulas’ theological anthropology with much contemporary disability scholarship and activism. As this thread has significant consequences for Reinders’ evaluation of Zizioulas theoretical work, it is worthwhile to first trace its operation in the more empirical realm of activism, where its consequences may be readily apparent.

Reinders argues that current theorizing of disability rests on a foundational commitment to self-determination as central to human being. Disability scholars and activists working with a social constructivist framework, for example, propose that disability is a constructed experience, rather than an intrinsic condition of the human body.²⁰³ Society’s structures favor some persons and sharply curtail the freedom and access to opportunities of others, particularly physically impaired individuals, rendering them disabled according to the constructed norms of society. Disability can be resolved at least in part by removing or modifying structures that impede or prevent impaired individuals from full participation in society. Restoring the freedom of impaired persons to act in pursuit of their own goals, by removing barriers to buildings, to higher education, to employment, and to civic engagement through legislation and through a disruption of societal norms, is thus a central aim of disability rights advocacy. While Reinders applauds

²⁰² Reinders, *Receiving the Gift*, 11.

²⁰³ Reinders, *Receiving the Gift*, 55.

that aim and the way in which the social-constructivist model illuminates how persons with disabilities are systematically marginalized and oppressed,²⁰⁴ he points out that this theoretical paradigm presumes persons with disabilities possess a capacity for self-determined action that is unjustly thwarted. The social construction of disability “reinforces a conception of human nature in which the nature of our being is constituted by the freedom that asserts itself in our actions.”²⁰⁵

Identifying self-determination and agency as the defining aspects of human personhood contributes, however, to an ordering of personhood operant in contemporary society. It is made manifest in the structures of exclusion and marginalization that disability-rights theorists and activists legitimately critique and ardently oppose. Yet, it is paradoxically reinforced by the very social-constructive paradigm whose proponents advance an understanding of humanity that “put[s] selfhood and purposive agency at center stage.”²⁰⁶ This framework cannot safeguard the equal dignity and personhood of significantly impaired people. Those who lack the capacity for self-awareness, reflexivity, volition, and action in particular are effectively excluded from it. Reinders notes that “There apparently exists something like a ‘hierarchy of disability’ that assigns persons with intellectual disabilities in general, and those with profound intellectual disabilities in particular, to its lowest ranks,”²⁰⁷ which perpetuates a sliding scale of prejudice that privileges those who can most fully participate in society. Indeed, the questions of whether or not and to what extent people with profound disabilities can participate in what it means to be human within this paradigm are troubling to consider. Given its premises, the implications of this paradigm for the profoundly impaired, Reinders argues, might be that people such as Kelly and

²⁰⁴ Reinders, *Receiving the Gift*, 85.

²⁰⁵ Reinders, *Receiving the Gift*, 85.

²⁰⁶ Reinders, *Receiving the Gift*, 27.

²⁰⁷ Reinders, *Receiving the Gift*, 26.

Oliver are *not* “one of us.”²⁰⁸

Indeed, the uncritical acceptance of selfhood and agency as the sine qua non of human worth and dignity can be the invisible fulcrum on which questions of the reasonableness of the euthanasia and abortion of “defective human beings”²⁰⁹ turns. It is necessary, therefore, to articulate a grounding for personhood that takes that which all human beings share as its starting point.²¹⁰ Reinders proposes that only a *theological* anthropology, which seeks to ground human personhood extrinsically, can adequately safeguard the humanity of all human beings. He locates his proposal squarely in the doctrine of the *imago Dei* with an appeal to the comprehensiveness of its scriptural foundation; “Since I had never read that God created only some people, not all people, in his image, this doctrine looked promising as a truly universal understanding of human being.”²¹¹

Zizioulas’ theological anthropology resonates with Reinders. He agrees with Zizioulas’ trinitarian claim that as God’s way of being is personal and relational, human personhood is likewise grounded in relationality. Yet Reinders finds in Zizioulas’ theological work the same troubling commitments that he identified in the political argument of social constructivism. The categories of human freedom and agency are central to Zizioulas’ conception of relationality and therefore they are ontologically related to what it means to be a person made in God’s image and likeness.²¹²

Reinders argues Zizioulas’ stress upon freedom and the capacity for purposive action as necessary elements for participation in relationship presents an unnecessarily restrictive view of both relationship and personhood. Zizioulas’ emphasis on the ecstatic dimension of relationality

²⁰⁸ Reinders, *Receiving the Gift*, 27.

²⁰⁹ Reinders, *Receiving the Gift*, 200.

²¹⁰ Reinders, *Receiving the Gift*, 54.

²¹¹ Reinders, *Receiving the Gift*, 2.

²¹² Reinders, *Receiving the Gift*, 249.

allows relationship to be understood as “the outreaching initiated by individual subjects as self-conscious centers of human agency.”²¹³ This, however, is problematic: for persons with profound intellectual impairment, this sort of ecstatic participation in relationship is not possible. As such, this emphasis can preclude their full participation in ontological personhood.

Reinders proposes that the *imago Dei* in every human being is to be found instead in the most prior of relational interactions, the reception of divinely initiated relationship with God. Relationality and personhood are not dependent upon the capacity for the ecstatic overture of the human person toward God or other people. This broader understanding of relational personhood admits the personhood of all human beings, irrespective of their capacity or limits. Reinders’ theological anthropology recognizes human personhood as grounded in God’s primordial, ecstatic love for each human being. It thus “renders all primordial distinctions between human beings theologically insignificant.”²¹⁴ Although he takes care to note that Zizioulas likewise recognizes God’s action as primary in the human-divine relationship and “exclude[s] the possibility of personhood as ‘caused by human nature’,”²¹⁵ Reinders argues that Zizioulas nevertheless overemphasizes human participation. In so doing, he fails to highlight the insight that Reinders finds most central to ensuring a wide and authentic understanding of personhood. It is the ecstatic act of God, the self-gift of God to humankind that makes our communion with God and with one another possible.²¹⁶ Therefore, it is the reception of love, or *belovedness*, and not self-transcending self-offer, that hypostasizes the human person. Reinders explains that “As human beings we find ourselves at the receiving end of the act of unconditional divine self-

²¹³ Reinders, *Receiving the Gift*, 244.

²¹⁴ Reinders, *Receiving the Gift*, 245.

²¹⁵ Reinders, *Receiving the Gift*, 270.

²¹⁶ Reinders, *Receiving the Gift*, 270.

giving.”²¹⁷ This relationship with God makes humankind unique amongst creation, a reflection of the *imago Dei*.²¹⁸ God’s unconditional love does not rest upon human abilities; “the fact that human beings differ with respect to the abilities and characteristics of the human species does nothing to qualify or alter this unique relationship.”²¹⁹ God’s self-offering love is pure gift, and so too is the personhood that belovedness confers upon each human being.²²⁰

2.5 Personhood and Relational Pastoral Care

In examining the work of Zizioulas and Reinders, relationality emerges as the cornerstone to understanding the human person from the theological perspective. Although they are not in complete agreement, each insists on relationality as the key axis on which the divine-human resemblance revolves. For both Zizioulas and Reinders, relationality is central to the very definition of what it means to be a human person. Taken together, their proposals offer an enriched understanding of personhood from which pastoral caregiving can benefit. Consequently it is not my purpose to resolve their apparent disagreement, but rather to articulate the threefold implications of their collective insights for trauma-informed, relational pastoral caregiving to families.

²¹⁷ Reinders, *Receiving the Gift*, 270.

²¹⁸ Reinders, *Receiving the Gift*, 273.

²¹⁹ Reinders, *Receiving the Gift*, 274.

²²⁰ Reinders’ work has raised very little scholarly criticism. A singular exception is the 2018 work of Peter Comensoli, Archbishop of Melbourne, *In God’s Image: Recognizing the Profoundly Impaired as Persons*, ed. Nigel Zimmermann (Eugene, OR: Cascade Books, 2018). Comensoli agrees with Reinders’ insistence on the personhood of the profoundly cognitively disabled, however, he argues that Reinders’ project is flawed in that it proceeds by widening the definition of personhood to ensure that human beings cannot be excluded from personhood on the basis of their abilities. Comensoli argues that Reinders’ work is aimed toward a goal of inclusivity but makes inclusion in the human community contingent on friendship with nondisabled persons rather than securing the personhood of all human beings unconditionally. Comensoli proposes that “nearness” and “aliqueness” to Jesus Christ (187), rather any comparison to the standard of non-disabled human beings is “the one true rule of measure of the human condition” (187).

2.5.1 Relationality and Love

The first implication that arises from their work is that such pastoral caregiving must evince an absolute insistence on relationality as central to human personhood. As we have seen in Chapter One, trauma theorists employ models of the human person that recognize sociality as a dimension of personhood. It is one vector among many along which medical and mental health care can be offered. While these models recognize the influence of relationships on well-being, the theological anthropologies that Zizioulas and Reinders construct demonstrate that relationships with God and with other people are vital to human flourishing because it is in relationship that our very personhood is attained. The sine qua non of human being is relationality. While trauma-informed care practices in many settings can choose whether or not to acknowledge and attend deliberately to the social dimension of the human person, pastoral care must be configured in such a way that it attests to relationality as paramount. It can do so by making personal, individual relationships between caregivers and care-receivers a central feature of care.

The relationality that Reinders and Zizioulas describe is one grounded in God's love, and so relationality that characterizes trauma-informed pastoral care must likewise be grounded in love. This dimension distinguishes pastoral care from medical, mental health, and other forms of caregiving. Reinders offers a useful illustration of this distinction. In the case of persons with severe disability, relationships of care between those needing care and those professionals who attend to them arise in a context of "contractual obligation" in which the impaired care receiver is a "client" who receives some kind of service" from the care provider.²²¹ While medical and mental health professionals may be warm, kind, personable, and attentive, the relationship

²²¹ Reinders, *Receiving the Gift*, 5.

between provider and client is not necessarily anchored in love. To make its theological anthropological commitments manifest, however, pastoral caregiving must be understood as a relationship in which love is the operant principle.

2.5.2 Relationality and Caregivers

A second implication arises from the distinctions within relational theological anthropology that Reinders and Zizioulas stress. Although both recognize the primacy of God's action in relationship, and Reinders rightly points to belovedness and reception of love as the first movement in the divine-human relationship, Zizioulas reminds us that the human person can image God through deliberate, ecstatic participation in relationship. The significance of this point is not wholly overturned by Reinders' critique. For those with the capacity to reach toward another in love, Zizioulas insists that to do so is essential to their own growth as persons.

Attending carefully to the particular traumas afflicting families in a parish, diocese, or other ecclesial region and responding to them with embodied, relational care can flow from a commitment to honoring the ontological relationality of caregivers. Caregivers are hypostasized through the relational caring action of pastoral ministry. By engaging in trauma-informed and relational pastoral caregiving, ministers express and enlarge their own relational personhood. This movement toward the other is the movement toward communion and toward God that is the ultimate aim of Christian life. Caregiving ministry can be shaped as a locus where disciples intentionally express Christ-like love to care receivers and to one another and so conform themselves more closely to Christ. It can be a site in which caregivers act and reflect together upon their communion with care receivers, one another, and God. As I will discuss in Chapters Four and Five, attending intentionally to the personhood and Christian identity of the ministers is

an essential dimension of the trauma-informed relational pastoral caregiving community of practice.

2.5.3 Relationality, Belovedness, and Trauma

Finally, Reinders' and Zizioulas' work demonstrates that the ways in which human persons participate in relationship can be quite distinct and yet valid. As God's beloved ones, we begin our lives as beings who receive the divine love which undergirds our human personhood. People bearing profound intellectual impairment reveal to us, Reinders insists, that the passive reception of love is an authentic mode of relation. The lesson from this insight can be extended to people who have endured traumas. A diminished capacity to relate to others is a frequent consequence of traumatic injury.²²² Traumatized persons, such as those suffering from post-traumatic stress disorder, experience impaired social functioning in many relational domains. These impairments can affect the traumatized person's ability to "successfully interact across relationship domains to maintain satisfying and fulfilling relationships" and to "perform work socially expected of him or her" in multiple domains, including the home, the place of employment, and the school setting.²²³ Pioneering trauma-theorist Bessel van der Kolk explains, "Trauma devastates the social-engagement system and interferes with cooperation, nurturing, and the ability to function as a productive member of the clan."²²⁴ As "many traumatized people

²²² Peter Roy-Byrne, "Improving Relationships in Trauma Victims- The Case for Interpersonal Psychotherapy and PTSD," *The American Journal of Psychiatry* 172, no. 5 (May 2015): 403-405, accessed online at <https://ajp.psychiatryonline.org/doi/10.1176/appi.ajp.2015.15010099> and Bessel van Der Kolk, *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma* (New York: Penguin, 2014), 168.

²²³ Kayla A. Lord, Michael K. Suvak, Samantha Holmes, Norman Shields, Jeanine E. M. Lane, Iris Sijercic, Anne C. Wagner, Shannon Wiltsey Stirman, Candice M. Monson, "Bidirectional Relationships Between Posttraumatic Stress Disorder and Social Functioning During Cognitive Processing Therapy," *Behavioral Therapy* 51, no. 3 (2020): 448.

²²⁴ Bessel van Der Kolk, *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma* (New York: Penguin, 2014), 351.

find themselves chronically out of sync with the people around them,”²²⁵ they may withdraw from social engagement or self-isolate in an effort to cope with the mental suffering trauma induces. Reinders’ work allows us to recognize that relationality is nevertheless inherent to traumatized persons and so their diminished capacity to ecstatically participate in relationship does not correlate to unrelatability or an inability to be beloved. Relational pastoral care can accommodate limited engagement and recognize the reception of care as the relational participation of the cared-for. This insight is of tremendous importance, as caring relationships are crucial to trauma recovery. Van der Kolk notes “traumatized human beings recover in the context of relationships.”²²⁶ Even as traumatic suffering impairs relational functioning, it is only within the safe and caring setting of relationship that healing can take hold.

Synthesizing the insights from Reinders and Zizioulas allow us the assertion that both ecstatic and receptive involvement in relationship are modes of participation enacted by human persons who are subjects. Relational pastoral care is not a relationship in which caregivers, as subjects, minister to care-receivers, as objects. Rather, regardless of asymmetries in engagement, relational pastoral caregiving is a paradigm in which all persons meet as subjects, share in the caregiving relation as they are able, and contribute the gifts of their presence to one another.

2.6 *La Familia* and Theological Anthropology – The Relational Person in the Context of Family

The relational anthropology developed thus far names the human person as one who is beloved by God, called into personhood through relationships, and able to image God to others through the relational dimension of human being. Yet it is a model that describes a

²²⁵ van der Kolk, *The Body Keeps the Score*, 81.

²²⁶ van der Kolk, *The Body Keeps the Score*, 212.

decontextualized and individual human person. One final element is necessary to provide the sufficiently substantive understanding of the human person that can serve as a foundation to a relational caregiving ministry for families who experience trauma. This element can be found in *mujerista* and U.S. Hispanic/Latino/a theological anthropologies that see an integral connection between the individual and *la familia*.

Theologian Hosffman Ospino, who has conducted numerous studies on Hispanic Catholicism in the United States, notes that “nearly 43% of the entire U.S. Catholic population” is comprised of people who identify as Hispanic.²²⁷ As this dissertation is aimed at developing a framework for the construction and evaluation of pastoral caregiving ministry to families in the local church in the U.S. context, many of the families to be served by this model will likely be Hispanic/Latino/a. It is critical that the understanding of family on which pastoral caregiving initiatives rests reflect the actual families who comprise the contemporary U.S. Catholic church. It is also necessary that these theoretical understandings articulate the ways in which families understand themselves. For these reasons, I find theologies of *la familia* to be particularly compelling.

Such theologies, particularly those of Roberto Goizueta and Ada María Isasi-Díaz upon which I will draw in this section, rest upon an understanding of the family that is broadened beyond the nuclear paradigm. They recognize family as a particularly formative community characterized by a reciprocity and transitivity of relationship. Moreover, these anthropologies attend to the influence of the suffering of one person and its reverberations throughout the family writ large. Recognizing such familial relationality as intrinsic, rather than incidental, to what it means to be a human person, supports a broadened understanding of whom a trauma-aware,

²²⁷ Hosffman Ospino, *Ministry with Young Hispanic Catholics: Towards a Recipe for Growth and Success, A Summary Report of the Initial Findings from the National Study of Catholic Organizations Serving Hispanic Youth*, Feb 7, 2023.

relational pastoral caregiving ministry to families can serve and how such a ministry can be configured.

2.6.1 La Familia and the Family

Eminent Catholic theologian Roberto Goizueta attests to the deep connection between the individual and the family, or *la familia*, that is a distinguishing characteristic of both U.S. Hispanic popular Catholicism and *mujerista* theological thought. Goizueta emphasizes that Hispanic/Latino/a theological anthropology avows the intrinsic relationality of the human person and the divine givenness of that personal identity, as Reinders and Zizioulas do.²²⁸ Additionally, however, Hispanic/Latino/a theologies recognize the significance of the relationships that pertain between individuals and their communities. Of particular significance to Goizueta is the community that is *la familia*, or the expansively understood, “amplified family that includes nuclear family members, particularly the mother and children, plus the extended family – grandparents, cousins two and three times removed, aunts and uncles, in-laws – plus *comadres* and *compadres*, godparents brought into the family for a variety of reasons.”²²⁹ For Hispanic/Latino/a persons, Goizueta explains, one’s identity as a person is inconceivable apart from one’s *familia* because it is only through the relationship with *la familia* that one’s identity arises.²³⁰ The *familia* functions as a community that enfolds the individual into an existing web of formative relations with its members, a web that extends across time to encompass generations both living and deceased.

It is important to note that *la familia* offers a vision of family that is much more

²²⁸ Roberto Goizueta, *Caminemos con Jesús: Toward a Hispanic/Latino Theology of Accompaniment* (Maryknoll, NY: Orbis Books, 1995), 50.

²²⁹ Ada María Isasi-Díaz, *Mujerista Theology: A Theology for the Twenty-First Century* (Maryknoll, NY: Orbis Books, 1996), 139.

²³⁰ Goizueta, *Caminemos con Jesús*, 50-52.

capacious than the nuclear model emphasized in contemporary magisterial discourse on the family. The apostolic exhortation *Amoris Laetitia* (2016), which followed the 2015 Synod of Bishops dedicated to “the situation of families in today’s world” (*AL, 1*), centers upon the nuclear family comprised of a married couple and their dependent children. Although *Amoris Laetitia* notes that “the nuclear family needs to interact with the wider family made up of parents, aunts and uncles, cousins and even neighbors” (*AL, 187*), the “family” itself is presented as distinct from that larger familial network. It bears responsibility toward the “wider family,” particularly in honoring aging parents (*AL, 189*) and caring for elderly relatives (*AL 192*), but it is nevertheless autonomous. The nuclear family is circumscribed within the intimate border traced by the “small circle of the couple and their children” (*AL, 196*).

Amoris Laetitia offers a functional portrait of the relationship between this paradigmatic family and the extended family. Like the family, the wider family is called to the duty of care. It assists the nuclear family when it cannot care for its members and further it cares for those whose life situations preclude them from having families of their own (*AL, 197*). The nuclear family and the wider family, however, are quite distinct in their composition, and a sharp boundary is drawn between those who reside within the nuclear family and those who dwell outside of the nuclear household. In contrast, the family as understood through the Hispanic/Latino/a hermeneutic of *la familia* embraces the entire familial system (including parents, children, aunts, uncles, grandparents, godparents, in-laws, and even close friends) without drawing the nuclear/extended distinction found in *Amoris Laetitia*.

2.6.2 Relationality and *La Familia* – Constitutive, Reciprocal, and Transitive

La familia, as the family writ large, functions collectively as a “constitutive”

community.²³¹ Goizueta explains that as such, it stands in contrast to modern liberal understandings of community that are predicated on the autonomous individual. In that paradigm, atomized members freely choose to associate with one another and so can freely choose to disaffiliate.²³² Comprised of human beings who select to be in relationship with one another, such a community is necessarily extrinsic and subsequent to the individual. *La familia*, conversely, is a community of relations that is prior to and constituting of its members' personhood. Goizueta explains, "My identity is given me by my parents, relatives, friends, and many other relationships and communities; there is no 'I' without all these others."²³³ One does not bring one's autonomous self into voluntary relationship with *la familia*. One becomes one's self in the context of *la familia* because *la familia* is a community through which one's personhood and identity are forged. Just as Jesus is never only Jesus, the itinerant preacher of Nazareth but also always the beloved Son of God, the son of Mary, and our brother,²³⁴ so too is each human person constituted fundamentally by the relationships that *la familia* confers.²³⁵ The constituting power of *la familia* is not constrained by household boundaries (as is the nuclear family), nor by temporal boundaries, as the community that is *la familia* consists of not only of the present generations but also of those "persons past and future"²³⁶ whom *la familia* shapes and by whom *la familia* is contoured.

Mujerista theologian Ada María Isasi-Díaz cautions that in the Hispanic/Latino context *la familia* is not an idealization of family.²³⁷ *La familia* is complexly human, a locus of loving intimacy but also a site of the conflicts, harms, and prejudices that human frailty and sin

²³¹ Goizueta, *Caminemos con Jesús*, 63

²³² Goizueta, *Caminemos con Jesús*, 62.

²³³ Goizueta, *Caminemos con Jesús*, 50.

²³⁴ Goizueta, *Caminemos con Jesús*, 66.

²³⁵ Goizueta, *Caminemos con Jesús* 63.

²³⁶ Goizueta, *Caminemos Con Jesús*, 64.

²³⁷ Ada María Isasi-Díaz, *Mujerista Theology*, 140-143.

engender, particularly those that arise in the wake of patriarchal presumptions that privilege some members at the expense of the well-being of others. Yet even dysfunctional patterns of familial relationship reveal the essential insight that *mujerista* and Hispanic/Latino/a understandings of the family offer to theological anthropology. The family, understood in the capacious manner of *la familia*, does not stand apart from the individual, nor does the individual stand apart from, or in contrast to, the family. The inheritance of *la familia* is borne in one's identity; they are intrinsic to one another.

Two key attributes characterize the relationality operative in *la familia*. First, a necessary reciprocity of relations pertains among its members. Taking Jesus and his mother Mary as exemplars, Goizueta explains:

Mary is not merely another autonomous individual who happened to have a relationship with Jesus; she is, rather, the symbol of the preexistent involuntary community which defines and constitutes the individual person we call Jesus. If community is indeed constitutive of the person, then to know Mary, the mother of Jesus, *is* (at least partially) to know Jesus. Conversely, one *cannot* know Jesus without also knowing Mary. To suppose otherwise is to suppose that Jesus is an autonomous individual whose identity can essentially be defined in isolation from those preexistent relationships which partially constitute that identity.²³⁸

In encountering Jesus, one necessarily encounters the family of Jesus, and as a part of that family, Mary his mother. In a reciprocal way, in coming to know Mary, one also comes to know her family and, importantly, her son Jesus.

Second, the relational thread that binds each member to the family likewise connects each member to one another. In the context of the expansive family connoted by *la familia*, thus, to encounter any one member is to encounter in a mediated way the community that is the family and so to transitively encounter its several members. In loving Jesus, for example, we are in loving relationship with the community that is the Trinity, and so also in loving relationship with

²³⁸ Goizueta, *Caminemos Con Jesús*, 66.

the persons of the Father and the Spirit. In loving Jesus, moreover, we also love all those in the family of God, the Body of Christ. St. Paul's first letter to the Corinthians attests to this intrinsically transitive dynamic that characterizes the wider family, or *la familia*, that is the Body of Christ; "If one member suffers, all suffer together with it; if one member is honored, all rejoice together with it" (1 Cor 12:26). As *la familia* rejoices or suffers, each individual encompassed by that greater whole participates in the joy or suffering born by the member who first experiences it.

2.6.3 *La Familia* and Pastoral Care

The wide scope and formative capacity of *la familia* offer two significant implications for relational pastoral caregiving ministry to families who suffer from trauma. First, a relational anthropology that acknowledges that individuals come into their own being in and through their families requires pastoral caregiving ministry to adopt the broad understanding of family that *la familia* denotes. The more narrow and juridical definition of family as the "small circle" of parents and children cannot acknowledge the full array of intrinsic, constitutive reciprocal and transitive relationships with many people (grandparents, aunts, uncles, cousins and more) that human persons inherit each time they are welcomed into a family, whether by birth, by adoption, or by marriage. This dynamic can be clearly seen in the case of traumatic suffering. When trauma erupts, its aftershocks can ripple far and wide across a family, irrespective of the nuclear/extended family distinction. Grandparents, parents, adult siblings, and others can all be in the path of the cascade of suffering that traumatic experience engenders in the lives of its victims. A restrictive identification of the nuclear family as "the family" can obscure the full extent of the traumatic consequences that reverberate throughout the broad circle of relations

which the more expansive identification of the family as *la familia* can make visible. To adequately attend to familial suffering, ministerial praxis must be grounded in a relational anthropology that admits to the broadened vision of familial relationships that *la familia* offers.

Second, the transitivity of relationships operative in *la familia* suggests that pastoral caregiving to families can be configured broadly. Rather than family pastoral caregiving initiatives that regard the (nuclear) family as the collective recipients of care (analogous to a model of psychotherapy in which the family group is treated as the care recipient), pastoral caregiving ministry for families can attend to *any* member of *la familia* with the understanding that such care supports *la familia* as a whole and therefore redounds to *each* of *la familia*'s individual members.

This insight coheres with, but is more nuanced than Harvey's ecological model, which makes clear that the family and the individual influence one another. In the ecological model, a trauma that impinges upon the life of an individual radiates across the mesosphere and has the potential to press upon other members of the family. Understood as a matter of theological anthropology, however, any trauma that strikes at an individual strikes necessarily at *la familia* and its several members. As an example, consider the case of a child bearing a terminal illness. Parents, siblings, grandparents, cousins, aunts, uncles, and other relations, woven together in a family, participate in that child's experience of traumatic suffering. As the members of the family are transitively related, the child's traumatic suffering cannot do otherwise than infiltrate the family, cannot but harm the many members shaped by this broad familial context.

The transitive nature of relationality affords an implication to ministry. To minister to any one member of the family is likewise to offer loving care to the entire family, and so too, to each person in the family. This insight allows us to recognize that a trauma-aware pastoral caregiving

ministry to families can support a family by offering relational care to any individual in the family, regardless of their position within the family. This distributed care might take many forms. The pastorally-supported family member may now function more capably as a source of support to their family. Alternatively, offering care to one family member may relieve some of the caregiving burden the rest of the family would otherwise bear. Pastoral caregiving initiatives with particular family members might also slow or halt the cascade of traumatic consequences that can ripple throughout the family in the aftermath of traumatic incidence. To support a grandparent whose own adult son or daughter is parenting a profoundly disabled child, for example, is to offer care to the elder, but also to the child, the child's parents, and the child's siblings. Pastoral care flows to the family as it is mediated by the now-supported grandmother or grandfather, and through the family transitively to all its members. This dynamic will be examined further in Chapter Five's presentation of two extant pastoral caregiving ministries.

2.7 Conclusion

The theological anthropology developed in this chapter offers a view of the human person as one whose abiding ontological characteristic is a deep resemblance to God. This understanding proposes the human person as a being who is fundamentally relational, beloved by God, and formed in significant and lasting ways in the formative context of the family, understood expansively through the Hispanic/Latino/a heuristic of *la familia*.

This view of the human person coheres well with both the BPSS and ecological models that underlie the discourse of trauma study. The ecological model locates the church as an influential factor in the environment that surrounds trauma sufferers and emphasizes its power to promote healing for both individuals and families. The BPSS model attests to the significance of

both sociality and spirituality as dimensions of the human person, making clear that attention to relationality and the transcendent are needed if care of traumatized persons is to attend adequately to their full flourishing.

The theological anthropology presented here is in alignment with the insights that those models offer, but it makes a distinct contribution to the STAR caregiving CoP model. The theological anthropology of relationality anchors this model in the faith claims of the church. It grounds the STAR caregiving CoP model in the ancient and fundamental commitment of the church that recognizes in each human person the indelible *imago Dei*. In expressing God's love through loving caregiving ministry, the relational ministry signifies God's ongoing care and invitation to relationship, allows caregivers to more fully image God in their own being, and honors the image of God borne by care receivers who are themselves beloved of God. This relational anthropology, coupled with the theological understanding of *la familia* also offers a grounding for a distinctive way to conceptualize family ministry. It permits the understanding that in serving any member of a family, the trauma-aware, relational pastoral caregiving ministry offers care to the family as a whole, and also, through the family, to other family members. Significantly, that commitment to the relationality of the human person permits a conceptual bridge between theology, ministry, and trauma-study. This bridge can facilitate a necessary cross-collaboration among these fields, which in turn can allow trauma-aware relational pastoral caregiving ministry to be a robust source of healing for families.

CHAPTER THREE

Bearing One Another's Burdens, Together: Pastoral Caregiving Ministry as a Synodal Practice

Two are better than one because they have a good reward for their toil.
For if they fall, one will lift the other up,
but woe to one who is alone and does not have another to help...
A threefold cord is not quickly broken.
Ecclesiastes 4:9-10, 12

3.1 Introduction

On October 9, 2021, Pope Francis solemnly opened the Synod on Synodality. Scheduled to culminate in October 2024 with the celebration of the XVI Ordinary General Assembly of the Synod of Bishops, the synod is a multi-year, multi-phase process that calls the entire church to address the announced theme “For a Synodal Church: Communion, Participation, and Mission.”²³⁹ The Synod is meant to be a time of widely shared dialogue and discernment. By listening to the Holy Spirit, one another, and the world, the church will reflect upon synodality, “a theme that is decisive for its life and mission.”²⁴⁰

Pope Francis explains that the Synod on Synodality is to be the work of the worldwide church.

This process was conceived as an exercise in mutual listening. I want to emphasize this. It is an exercise of mutual listening, conducted at all levels of the Church and involving the entire People of God. The Cardinal Vicar, the auxiliary bishops, priests, religious and laity have to listen to one another, and then to everyone else. Listening, speaking and

²³⁹ For a timeline and detailed description of the phases of the Synod, see: General Secretariat of Synod of Bishops, *Document of the Synodal Process: XVI Ordinary General Assembly of the Synod of Bishops* (21 May 2021) at <http://secretariat.synod.va/content/synod/en/news/document-of-the-synodal-process--xvi-ordinary-general-assembly-o.html>.

²⁴⁰ General Secretariat of Synod of Bishops, *For A Synodal Church: Communion, Participation and Mission: Preparatory Document for the 16th Ordinary General Assembly of the Synod of Bishops* (July 9, 2021), §1 accessed at <https://www.synod.va/en/news/the-preparatory-document.html>.

listening. It is not about garnering opinions, not a survey, but a matter of listening to the Holy Spirit.²⁴¹

In placing before the church this project that is “both a gift and a task,”²⁴² Pope Francis asks the People of God to set out together on a path of profound cooperation, a “synodal journey.”²⁴³ The aim is both *ressourcement* and *aggiornamento*, a deepening appropriation of the synodal self-understanding that characterized the early church and a new imagining of what ecclesial practices of synodality can entail today.²⁴⁴ Leading the church toward an as-yet-unimagined future that nevertheless arises from its own deep sources, the synodal path is to be a road of renewal. As the Second Vatican Council taught, “Every renewal of the Church is essentially grounded in an increase of fidelity to her own calling.”²⁴⁵ It is in this spirit that the Pope has convoked the Synod on Synodality, extending an invitation to the worldwide church to investigate the “prospects for change”²⁴⁶ that a greater embrace of synodality may proffer, in order to discern the ways in which those changes might allow the church to more creatively, faithfully, and fruitfully carry out its evangelizing mission.

²⁴¹ Pope Francis, Address of His Holiness Pope Francis to the Faithful of the Diocese of Rome (18 September 2021), at The Holy See, <https://www.vatican.va/content/francesco/en/speeches/2021/september/documents/20210918-fedeli-diocesiroma.html>.

²⁴² General Secretariat of Synod of Bishops, *For A Synodal Church*, §1.

²⁴³ General Secretariat of Synod of Bishops *Document of the Synodal Process* §5.

²⁴⁴ John W. O’Malley explains that the principles of *ressourcement* and *aggiornamento* functioned in tandem as leitmotifs throughout the entirety of the Second Vatican Council, from its announcement by Pope John XXIII in 1959 until its close in 1964. *Ressourcement* guided the council to look to the past to retrieve the wisdom of the church’s sources, including Scripture and the writings of the Fathers of the church. *Aggiornamento* called for the council to look toward the present and respond dynamically to the contemporary context. For a fuller discussion of the themes of *ressourcement* and *aggiornamento*, their relationship to the developing historical consciousness of the twentieth-century church, and their influence on the reforms of the Second Vatican Council, see John W. O’Malley, S. J. *What Happened at Vatican II?* (Cambridge, MA: Belknap Press, 2008), 36-43 and Ormond Rush, *The Vision of Vatican II: Its Fundamental Principles* (Collegeville, MN: Liturgical Press Academic, 2019), 17-21.

For a discussion of synodality that traces its expression in scripture, magisterial documents, and the practices of the church across the first and second millennium, see the International Theological Commission report, *Synodality in the Life and Mission of the Church* (2 March 2018), §§3-4, 12-42, at the Holy See, https://www.vatican.va/roman_curia/congregations/cfaith/cti_documents/rc_cti_20180302_sinodalita_en.html.

²⁴⁵ Second Vatican Council, Decree on Ecumenism *Unitatis Redintegratio* (21 November 1964), §6, at The Holy See, https://www.vatican.va/archive/hist_councils/ii_vatican_council/documents/vat-ii_decree_19641121_unitatis-redintegratio_en.html.

²⁴⁶ General Secretariat of Synod of Bishops, *For a Synodal Church*, §26.

The Synod on Synodality summons the church to cross a “new threshold”²⁴⁷ and explore a new way of proceeding. The *Vademecum* (handbook) that guides the Synod’s first, preparatory phase explains, “the whole Synodal Process aims at fostering a lived experience of discernment, participation, and co-responsibility, where a diversity of gifts is brought together for the Church’s mission in the world.”²⁴⁸ In coming together to undertake a process of self-reflection upon the church’s identity and way of being in the world, the members of the church have embarked together upon the first steps of an extended journey whose significance to our moment in history Pope Francis describes prophetically. “It is precisely this path of synodality which God expects of the Church of the third millennium.”²⁴⁹

Synodality names a complex and multi-dimensional reality. It encompasses certain foundational theological commitments and the concrete ecclesial praxis that flows from them. Ecclesialogically, synodality embraces and builds upon the understanding of the church as the People of God regained by the Second Vatican Council. Pneumatologically, it asserts the fundamental and constitutive role of the Holy Spirit in the church, calls the People of God to greater discernment and conversion, and advocates for the development of practices to engage the *sensus fidei*. Structurally, it suggests new ways of conceptualizing *ad intra* relationships within the church, inverting the Tridentine model of church as pyramid and proposing instead a polyhedral model, a structure rooted in communion. Practically, it stresses the missional

²⁴⁷ International Theological Commission, *Synodality in the Life and Mission of the Church* (2 March 2018), §9, at the Holy See,

https://www.vatican.va/roman_curia/congregations/cfaith/cti_documents/rc_cti_20180302_sinodalita_en.html.

²⁴⁸ General Secretariat of Synod of Bishops, *Vademecum for the Synod on Synodality*, Official Handbook for Listening and Discernment in Local Churches: First Phase [October 2021-April 2022] in Dioceses and Bishops’ Conferences Leading up to the Assembly of Bishops in Synod in October 2023 (7 September 2021), §1.3, accessed at the Holy See, <https://www.synod.va/en/news/vademecum-for-the-synod-on-synodality.html>.

²⁴⁹ Pope Francis, Address at Ceremony Commemorating the 50th Anniversary of the Institution of the Synod of Bishops (17 October 2015), at the Holy See, https://www.vatican.va/content/francesco/en/speeches/2015/october/documents/papa-francesco_20151017_50-anniversario-sinodo.html.

participation of all the baptized and emphasizes practices of dialogue, listening, and walking together as integral to enacting mission. Epistemologically, it names lived experience, particularly the lived experience of those who are marginalized, as a valid locus of knowledge and of revelatory insight.²⁵⁰

In this chapter, I argue for a model of pastoral caregiving to traumatized families contoured by a framework of synodality and suffused with its ethos. Configured as a collaborative work of baptized disciples, a synodal pastoral caregiving ministry welcomes the broad participation of the People of God. It seeks the guidance of the Holy Spirit and recognizes that discernment of the Spirit's promptings entails the shared work of the community. It emphasizes epistemic humility and openness to dialogue among the ministerial participants themselves and between those who offer and those who receive care. It directs its gaze outward to the concrete particularity of suffering in its midst. Attentive to God, each other, and the world, synodally-configured pastoral caregiving ministry embodies the "listening church"²⁵¹ that goes forth in mission.

Enacted by people placed in time and history, animated by the Holy Spirit, and deeply expressive of the church's identity, a synodal pastoral caregiving ministry reflects the many interrelated elements that characterize ecclesial synodality more generally. In the following sections, I examine contemporary synodality's historical antecedents, its ecclesiological and pneumatological grounding, and its structural and practical dimensions. I draw out their implications for shaping the structure and practices of a ministry of synodal pastoral care for traumatized families. Finally, I discuss the potential for synodal pastoral caregiving to function

²⁵⁰ For a discussion of the ecclesiological, pneumatological, structural, practical, and epistemological dimensions of synodality, see in particular the ITC's *Synodality in the Life and Mission of the Church* §§43, 46, 53-56, 67, 68, 70, 76, 110-111, 113-114.

²⁵¹ Pope Francis, Address, 50th Anniversary.

as a medium through which the church can not only express, but also more fully appropriate, its own synodal identity.

3.2 Synodality in the Historical Practices of the Church

In naming synodality as “an expression of the Church’s nature, her form, style, and mission,” Pope Francis is calling the church to a new self-understanding, one which recognizes a synodal way of being as central to its identity, its internal organization, and its engagement with the world.²⁵² Theologian Ormond Rush notes that Francis’s vision of the synodal church is not one without challenge, because it is “a vision that calls for deep conversion in all areas of the church’s life and mission.”²⁵³ Discerning and articulating what that conversion might entail in practice, in both the *ad intra* and *ad extra* arenas, is the aim and challenge of the Synod on Synodality.

The complexity of these challenges arises in part from the newness and complexity of synodality. In 2018, the International Theological Commission (ITC) released *Synodality in the Life and Mission of the Church*. The fruit of three years’ study, the document offers a detailed examination of synodality, describing it as a “neologism” arising in “recent decades” and thus in need of “careful theological clarification.”²⁵⁴ Synodality, as it has emerged in Francis’ papacy, is “a sign of something new that has been maturing in the ecclesial consciousness starting from the Magisterium of Vatican II, and from the lived experience of the local Churches and the universal Church since the last Council until today.”²⁵⁵ It rests, however, upon a foundation comprised of

²⁵² Pope Francis, Address of His Holiness Pope Francis to the Faithful of the Diocese of Rome.

²⁵³ Ormond Rush, “Inverting the Pyramid: The *Sensus Fidelium* in a Synodal Church,” *Theological Studies* 78, no. 2 (2017): 325, <https://doi.org/10.1177/0040563917698561>.

²⁵⁴ International Theological Commission, *Synodality in the Life and Mission of the Church*, §5.

²⁵⁵ International Theological Commission, *Synodality in the Life and Mission of the Church*, §5.

historical ecclesial practices of discernment and decision-making and fundamental theological commitments.

As synodality holds implications for the contemporary church's pursuit of mission, and specifically for the missional work of pastoral caregiving ministry, an examination of its historical roots and theological premises is warranted. In this section, I present an overview of synodality's historical development. In Section 3.3, I will turn to a discussion of the theological commitments that support contemporary synodality, commitments that likewise characterize the model of synodal pastoral caregiving ministry to families for which I advocate in this dissertation.

Synodality is an ecclesiology that emerged in the wake of the Second Vatican Council (1962-1965) and has attained prominence in the teaching of Pope Francis.²⁵⁶ Its etymological and conceptual roots, however, lie in the word “synod,” a term for certain ecclesial gatherings whose long history dates to the earliest days of church. Comprised of two Greek words, the noun *ὁδός* (path) and the preposition *σύν* (with), the descriptive term “*συνόδος*” was applied during the early days of the church to refer variously to the path that Jesus's followers walked together, Jesus himself (described in the Johannine gospel as “the Way, the truth and the life” [Jn 14:6]), and to the earliest Christians, who were known as “followers of the Way.”²⁵⁷ As the early church developed, the term “synod” also was used to refer to formal ecclesiastical gatherings “convoked on various levels (diocesan, provincial, regional, patriarchal or universal) to discern by the light of the Word of God and listening to the Holy Spirit, the doctrinal, liturgical, canonical and

²⁵⁷ International Theological Commission, *Synodality in the Life and Mission of the Church*, §3.

pastoral questions” in need of attention and resolution.²⁵⁸ In our own day, “synod” continues to refer to ecclesial gatherings convened for the purpose of discernment and decision-making.

The ITC identifies the early apostolic gathering commonly known as the “Council of Jerusalem” (Acts 15: 4 – 29) as the prototype of synodal assembly. At the time of this event (ca. 50 CE), a dispute arose in the church of Antioch around the need for Gentile Christians to strictly observe Mosaic law (inclusive of stringent dietary fasts and the practice of circumcision). To resolve the question, the church of Antioch missioned Paul and Barnabas to seek authoritative guidance from the church at Jerusalem.²⁵⁹ They put their question to “the church, and the apostles and elders” (Acts 15:4). After “much debate” (Acts 15:7) the controversy was resolved and the decision made to impose a limited set of requirements upon Gentile believers. A delegation was chosen to carry the decision, contained in a letter, back to Antioch (v. 22). In communicating the church of Jerusalem’s decision, the letter’s authors stress that the solution they developed “seemed good to the Holy Spirit and to us” (Acts 15:28).

The ITC notes that while the aim of the gathering was to arrive at a definitive decision, the method the assembled men employed was characterized by features that would become hallmarks of future synods. The assembly begins with a disputed matter needing resolution. Each person attending the gathering “plays an active part” in the deliberations, those with specific authority (the apostles and elders) have a leading role in decision-taking. The guidance of the Holy Spirit is actively sought by all the participants.²⁶⁰ Through a process of participation, deliberation and communal discernment of God’s will, a final and authoritative decision is attained and enacted.

²⁵⁸ International Theological Commission, *Synodality in the Life and Mission of the Church*, §4.

²⁵⁹ William S. Kurz, *Acts of the Apostles* (Grand Rapids, MI: Baker Academic, 2014), 232.

²⁶⁰ International Theological Commission, *Synodality in the Life and Mission of the Church*, §20-21.

Throughout the first millennium of the church's history, the way of proceeding employed at the Council of Jerusalem continued to characterize official ecclesial assemblies.²⁶¹ Whether diocesan or provincial synods or the larger and more powerful ecumenical councils, synodal gatherings demonstrated a commitment to consultation amongst those who attended. The participants at these levels varied, with the "whole community" participating in synods in the local church, bishops and invited presbyters convening at the provincial level, and only bishops gathering at ecumenical councils.²⁶² Particularly at the local level of diocesan and provincial synods, the way of proceeding was guided by the principle "*Quod omnes tangit, ab omnibus tractari et approbari debet* (what affects everyone should be discussed and approved by all)."²⁶³

As the church moved into the second millennium of its history, the participatory style of decision-making practiced in local synods was gradually supplanted by an increasingly centralized model that restricted the functions of decision-making to those in positions of ecclesial leadership, particularly the episcopate. During the sixteenth century, the reformist Council of Trent (1545-1563) instituted a schedule for the regular convocation of diocesan and provincial synods. Although in previous times those attending the synods had assembled in an ad hoc manner to discuss, discern, and decide disputed matters, the nature of these scheduled gatherings was quite different. The purpose of post-Tridentine synodal assemblies was to "pass on and enact the Council's norms and dispositions."²⁶⁴ The active involvement of the lay members at the local level was diminished, and participation in decision-making synods was

²⁶¹ For a fuller discussion of the historical development of synodal assemblies from the apostolic age through Pope Paul VI's institution of the Synod of Bishops established via apostolic letter issued motu proprio, see: The International Theological Commission, *Synodality in the Life and Mission of the Church*, §19-41. For the text of Paul VI's apostolic letter, see Pope Paul VI, Apostolic Letter Establishing the Synod of Bishops for the Universal Church *Apostolica Sollicitudo* (15 September 1965), at the Holy See, https://www.vatican.va/content/paul-vi/en/motu_proprio/documents/hf_p-vi_motu-proprio_19650915_apostolica-sollicitudo.html.

²⁶² International Theological Commission, *Synodality in the Life and Mission of the Church*, §30.

²⁶³ International Theological Commission, *Sensus Fidei In the Life of the Church* (June 2014), §122, at the Holy See, https://www.vatican.va/roman_curia/congregations/cfaith/cti_documents/rc_cti_20140610_sensus-fidei_en.html.

²⁶⁴ International Theological Commission, *Synodality in the Life and Mission of the Church*, §35.

increasingly restricted to the members of episcopate. The once-συνοδος church in which all members bore some responsibility for participating in decision-making processes gradually assumed a new shape as a hierarchically-ordered institution in which authority and decision-making were concentrated among those of the highest ecclesial rank.

By the nineteenth century, the church's hierarchical self-understanding reached an apogee. The Dogmatic Constitution on the church, *Pastor Aeternus*, promulgated in 1870 at the close of the First Vatican Council (1869-1870), categorically proclaims the Roman pontiff's "full and supreme power of jurisdiction over the whole church," inclusive of "all and each of the churches and over all and each of the pastors and faithful."²⁶⁵ This teaching was augmented three decades later by the ecclesiological framework presented in Pope Pius X's 1906 encyclical *Vehementer Nos*, which describes the church as:

essentially an *unequal* society, that is, a category comprising two categories of persons, the Pastors and the flock, those who occupy a rank in the different degrees of the hierarchy and the multitude of the faithful. So distinct are these categories that with the pastoral body only rests the necessary right and authority for promoting the end of the society and directing all its members towards that end; the one duty of the multitude is to allow themselves to be led, and, like a docile flock, to follow the Pastors.²⁶⁶

The synodal style of participation, discernment, and decision-making that characterized the church from its earliest days had given way to an authoritarian church that the twentieth-century ecclesiologist Yves Congar would describe as "hierocratic."²⁶⁷ Not until the Second Vatican

²⁶⁵ Pope Pius IX, Dogmatic Constitution on the Church of Christ *Pastor Aeternus* (18 July 1870), §3; English Translation, in John W. O'Malley, *Vatican I: The Council and the Making of the Ultramontane Church* (Cambridge: Harvard University Press, 2018), 256.

²⁶⁶ Pope Pius X, Encyclical on the French Law of Separation *Vehementer Nos* (11 February, 1906) §8, at the Holy See, https://www.vatican.va/content/pius-x/en/encyclicals/documents/hf_p-x_enc_11021906_vehementer-nos.html.

²⁶⁷ The term "hierocratic" describes the church configured as strict hierarchy, with the pope positioned at the apex. Richard Gaillardetz, borrowing the term from the influential twentieth-century French theologian Yves Congar, argues that the hierocratic church was the operant model of church at the opening of the Second Vatican Council. It is characterized by five attributes: (1) an understanding of revelation as a set body of truths expressed as doctrinal propositions, taught definitively by the magisterium to the lay faithful; (2) a monarchical papacy; (3) a ministerial priesthood that is sharply distinguished from and superior to the laity in holiness, wisdom, authority, and in ministerial jurisdictions; (4) a theology of grace and sacrament that reified grace and conceptualized it as a

Council would a recognition of the synodal character of the church, understood in the earliest sense of wide participation and a shared responsibility for mission, reemerge in magisterial teaching and in ecclesial practice.

3.3 Theological Sources of Synodality

Pope Francis esteems the synod as an institution, both in its early expressions and in its contemporary incarnations. He particularly identifies the Synod of Bishops instituted at the close of the Second Vatican Council by Paul VI as a wellspring for his vision of the broadly synodal church.²⁶⁸ Synodality, however, refers to a reality that encompasses more than ecclesial structures and processes of decision-making. It is a fulsome concept that signifies who the church is, what the church does, and how it carries out its work.

The ITC defines synodality as “the particular *style* that qualifies the life and mission of the Church, expressing her nature as the People of God journeying together and gathering in assembly, summoned by the Lord Jesus in the power of the Holy Spirit to proclaim the Gospel.”²⁶⁹ Pope Francis explains synodality is a guiding principle that summons the church to an ecclesial posture of mutuality, attentiveness and receptivity:

A synodal Church is a Church which listens, which realizes that listening is ‘more than simply hearing’. It is a mutual listening in which everyone has something to learn. The faithful people, the college of bishops, the Bishop of Rome: all listening to each other, and all listening to the Holy Spirit, the ‘Spirit of truth’ (Jn 14:17), in order to know what he ‘says to the Churches.’²⁷⁰

somewhat mechanistic consequence of sacramental reception; and (5) an oppositional stance toward the modern world. For a fuller description of each of these “pillars” of the hierocratic church, see Richard R. Gaillardetz, *An Unfinished Council: Vatican II, Pope Francis, and the Renewal of Catholicism* (Collegeville, MN: Liturgical Press, 2015), 17-29.

²⁶⁸ Francis, Address, 50th Anniversary.

²⁶⁹ International Theological Commission, *Synodality in the Life and Mission of the Church*, §70.

²⁷⁰ Pope Francis, Address, 50th Anniversary.

In these definitions, synodality's theological grounding comes readily to the fore. Two theological principles in particular supply synodality's foundation – an ecclesiological understanding of the church as the People of God and a pneumatological understanding of the church as animated and guided by the Holy Spirit. Traceable to the earliest days of the church's self-understanding, each concept was retrieved through the Second Vatican Council's work of *ressourcement* and figures prominently in the Council's ecclesiological revisioning. These twin theological presuppositions serve as key theological touchstones for Pope Francis and undergird the ecclesiological renewal to which he now calls the church.

3.3.1 The Church as the People of God

On October 11, 1962, Pope John XXIII formally opened the Second Vatican Council. Speaking to an audience of thousands, he described the purposes of the ecclesial assembly. Noting, “the greatest concern of the Ecumenical Council is this, that the sacred deposit of Christian doctrine should be more effectively defended and presented,”²⁷¹ Pope John called for a new and modern approach to this evangelizing work. “What is needed is that this certain and unchangeable doctrine... be investigated and presented in the way demanded by our times.”²⁷² Urging the council to forgo a juridical stance and its associated “weapons of severity,”²⁷³ the pope enjoined the church to adopt a new mode of engagement with its members and with the world, one marked by openness and relationality, in the style of a “loving mother.”

Initially expected to last for a period of months, the Second Vatican Council spanned four

²⁷¹ Pope John XXIII, Opening Address *Gaudet Mater Ecclesia* (11 October 1962), §11, accessed December 4, 2021, at <https://jakomonchak.files.wordpress.com/2012/10/john-xxiii-opening-speech.pdf>.

²⁷² Pope John XXIII, Opening Address *Gaudet Mater Ecclesia*, §15.

²⁷³ Pope John XXIII, Opening Address *Gaudet Mater Ecclesia*, §1.

years. Its sessions were characterized by numerous, contentious debates.²⁷⁴ By the council's conclusion, the attendees had reached sufficient agreement to promulgate a set of sixteen documents. Ecclesiologist Gerard Mannion notes that the council's teaching and their implementation led to a church "transformed in deeply significant ways," most notably in "the church's organization, liturgy, outlook, teaching and self-understanding."²⁷⁵

Theologian Ormond Rush affirms that the council's formulation of the church's constitutive identity "constitutes nothing less than a reconfiguration of the Catholic imagination regarding the nature of the church."²⁷⁶ At the council's outset, Rush explains, Catholic ecclesiological reflection was primarily refracted through the prism of ecclesial authority.²⁷⁷ The initial draft of the text *De Ecclesia*, the preparatory document that formed the basis of the Council members' deliberations on the church, exemplifies this dominant understanding. Characterized by "a preoccupation with the visible structures of the church,"²⁷⁸ *De Ecclesia* foregrounds the institutional church that orders and differentiates its members according to their ecclesial status. In successive order, its chapters discuss the juridical authority of the pope, the subordination of the college of bishops to papal authority, the preeminent holiness of professed religious, and finally, the nature of laity. Its framework highlights and affirms the importance of the hierarchical distinctions that separate the ordained, those consecrated to religious life, and laypersons.

²⁷⁴ John O'Malley, *What Happened at Vatican II?*, 18. For a comprehensive presentation of the events of Second Vatican Council, including a discussion of the issues the Council examined and the conflicts that arose during their resolution, see John O'Malley, *What Happened at Vatican II?*

²⁷⁵ Gerard Mannion, "How A Church Opened Its Doors," in *Catholicism Opening to the World and Other Confessions: Vatican II and its Impact*, ed. Vladimir Latinovic, Gerard Mannion, and Jason Welle O. F. M. (Cham, Switzerland: Palgrave Macmillan, 2018), 5.

²⁷⁶ Ormond Rush, *The Vision of Vatican II: Its Fundamental Principles* (Collegeville, MN: Liturgical Press Academic, 2019), 262.

²⁷⁷ Rush, *Vision of Vatican II*, 81-83.

²⁷⁸ Richard Gaillardetz, *The Church In the Making: Lumen Gentium, Christus Dominus, Orientalium Ecclesiarum* (Mahwah, NJ: Paulist Press, 2006), location 246 of 2828, Kindle edition.

The Dogmatic Constitution on the Church the council ultimately promulgated, *Lumen Gentium* (LG), offers a profoundly different view of the church.²⁷⁹ While acknowledging that the church in its earthly expression is “an entity with visible delineation” (LG, 8) *Lumen Gentium* is clear that its primary intent is to explicate the church’s “inner nature” (LG, 1) as holy mystery (LG, 5). Turning to ancient scriptural metaphors, the text likens the church to a sheepfold, a building, and a vineyard, for whom Christ Jesus is at once the gate, the cornerstone, and the vinedresser (LG, 6). The church is a body whose head is Christ (LG, 7). *Lumen Gentium* further teaches that the individuals who comprise the Body of Christ are one people, those to whom God has extended a new covenant through the life, death, and resurrection of Jesus Christ. United to Christ and one another through the power of the Holy Spirit, the church is the People of God (LG, 7, 9, 10).

In describing the church as the People of God, *Lumen Gentium* emphasizes baptism as the primary sacrament of Christian identity. Whether occupying ecclesial positions as ordained, religious, or laypersons, the People of God possess a fundamental identity of Christian discipleship (LG 10, 13). All the baptized “share a common dignity as members from their regeneration in Christ, have the same filial grace and the same vocation to perfection; possess [...] in common one salvation, one hope and one undivided charity” (LG, 32). Partakers in the kingly, priestly and prophetic offices of Christ, all are called to participate in the church’s mission of evangelization (LG, 10, 31, 33).

Contemporary synodality, which “refers to the involvement and participation of the whole people of God in the life and mission of the Church”²⁸⁰ is anchored in the conciliar

²⁷⁹ For a discussion of the conciliar progression from *De Ecclesia* to *Lumen Gentium*, see Rush, *The Vision of Vatican II*, 260-264 and Gaillardetz, *The Church in the Making: Lumen Gentium, Christus Dominus, Orientalism Ecclesiarum*, locations 233-469 of 2828, Kindle edition.

²⁸⁰ International Theological Commission, *Synodality in the Life and Mission of the Church*, §7.

affirmation of the character that baptism bestows upon the People of God. Baptism inaugurates each member of the People of God into shared responsibility for the mission of the church, guarantees each one's authority to participate in ecclesial mission, and confers on each Christian an inherent and equal dignity. In opening the Synod on Synodality, Pope Francis appealed directly to this teaching. "In the Church, everything starts with baptism. Baptism, the source of our life, gives rise to the equal dignity of the children of God, albeit in the diversity of ministries and charisms. Consequently, all the baptized are called to take part in the Church's life and mission."

3.3.2 The Pneumatological Character of the Church

In its opening chapter, *Lumen Gentium* attests to the Christological dimensions of the church (*LG*, 1). Rush notes "the centrality of Christ for the church echoes throughout the sixteen final documents" the council produced.²⁸¹ The chapter quickly moves, however, to address the role of the Holy Spirit. It is the Spirit

who dwells in the Church and in the hearts of the faithful, as in a temple. In them He prays on their behalf and bears witness to the fact that they are adopted sons. The Church, which the Spirit guides in way of all truth and which He unified in communion and in the works of ministry, He both equips and directs with hierarchical and charismatic gifts and adorns with His fruits. By the power of the Gospel He makes the Church keep the freshness of youth. Uninterruptedly He renews it and leads it to perfect union with its Spouse (*LG*, 4).

In stressing the importance of the Holy Spirit in the Dogmatic Constitution on the Church,

Lumen Gentium brings the pneumatological dimension of the church into a place of

²⁸¹ Ormond Rush, *Vision of Vatican II*, 59.

prominence.²⁸²

Lumen Gentium offers two pneumatological teachings significant to our discussion of contemporary synodality. First, it highlights the charismatic nature of the church and discusses the distribution of charisms that the Holy Spirit gives to the faithful. Second, it asserts that the Holy Spirit has endowed the entire People of God with a capacity for discernment in matters of faith. The active participation in the life and mission of the church by all the members of the People of God, upon which synodality insists, rests in large part upon these twin teachings. Together, they make clear that the Holy Spirit supplies each individual with the gifts and abilities that enable and authorize their participation, and they offer a firm theological footing for the synodal premise that discernment of the Spirit's promptings is the collective work of the People of God.

Charisms: Charisms are graces the Spirit bestows broadly “among the faithful of every rank” (*LG*, 12). Whether lay person, religious, or clergy, every believer is endowed through baptism with spiritual gifts. Although “there are varieties of gifts” (1 Cor 12:11), all are oriented toward the same telos. Charisms are given to individual believers so that each one may be “fit and ready to undertake the various tasks and offices which contribute toward the renewal and building up of the Church” (*LG*, 12). They enable an individual’s participation in the mission of the church, for the good of the church. The Spirit grants charisms “according to His own richness and the needs of the ministries [and] gives His different gifts for the welfare of the Church” (*LG*, 7).

²⁸² Ecclesiologist Richard Gaillardetz notes that for many centuries prior to the council, the pneumatological aspect of the church was neglected. Reformation-era Protestant theologies that questioned papal authority and emphasized the Holy Spirit’s endowment of charismatic gifts to all the baptized gave rise to “baroque or post-Tridentine treatments of the church... focus[ed] on Christ’s decisive role in founding the church, instituting the sacraments, and calling forth the apostles.” *Lumen Gentium* offers a teaching that reasserts the church’s pneumatological doctrines and witnesses to the central place of the Spirit in the economy of salvation and in the life of the church in every age. See Richard Gaillardetz, *The Church in the Making: Lumen Gentium, Christus Dominus, and Orientalium Ecclesiarum*, location 738 of 2828, Kindle edition.

Gaillardetz notes, “By appealing to the biblical concept of charism, the council acknowledged the indispensable role of all the faithful in building up the church and assisting in the fulfillment of the church’s mission in the world.”²⁸³ This recognition marks a reversal of Pius X’s identification of the laity as passive objects of ecclesial instruction. In equipping people to participate in the church’s mission, charisms reinforce the authorization for active participation that baptism confers upon each member of the People of God.

Pope Francis emphasizes the intrinsic connection between charismatic graces and the synodal church in which all take part.

What does the Holy Spirit do among us? He designs the variety which is a wealth in the Church and unites us, each and every one, to constitute a spiritual temple in which we do not offer material sacrifices but ourselves, our life (cf. 1 Pt. 2:4-5)... This tells us that no one in the Church is useless, and if from time to time someone says to someone else: “go home, you are no good”, this is not true. For no one is no good in the Church, we are all necessary for building this Temple. No one is secondary. No one is the most important person in the Church, we are all equal in God’s eyes.... Some people say “I have nothing to do with the Church”; but in this way the brick of a life in this beautiful Temple is left out. No one can go away, we must all bring the Church our life, our heart, our love, our thought and our work: all of us together.²⁸⁴

Recognizing that each person has a unique, Spirit-endowed gift to bring to the church’s life and mission, synodality envisions a future for the church in which each person’s gifts can be welcomed and employed.

A Sense for the Faith: The Holy Spirit bestows the gift of faith upon the People of God. The Second Vatican Council’s Dogmatic Constitution on Divine Revelation, *Dei Verbum* (DV), teaches that “through divine revelation, God chose to show forth and communicate Himself” (DV, 6) to humankind, inviting them to relationship. The reception of revelation, the response

²⁸³ Gaillardetz, *An Unfinished Council*, 54.

²⁸⁴ Pope Francis, General Audience (26 June 2013), at the Holy See, https://www.vatican.va/content/francesco/en/audiences/2013/documents/papa-francesco_20130626_udienza-generale.html.

that the human person makes in response to God's self-offering, is faith. Rush notes, "By gifting human beings with faith, the Holy Spirit incites and enables through divine grace (in those open to the Spirit's promptings) personal response to God's self-communication."²⁸⁵ Although each person makes this response freely, their ability to do so is made possible by the Holy Spirit (DV, 5).

Through the anointing of baptism, individuals receive a sense of the faith, the *sensus fidei fidelis*, alongside the gift of faith itself. This, the International Theological Commission explains, is "an instinct for the truth of the Gospel, which enables them to recognise and endorse authentic Christian doctrine and practice, and to reject what is false."²⁸⁶ This instinct is a "personal capacity of the believer, within the communion of the Church, to discern the truth of faith."²⁸⁷ The *sensus fidei fidelis* functions heuristically, enabling a believer who has responded to God's offer of relationship in faith to live according to the Christian faith, continually discerning what is in keeping with it and what contradicts it.

The church as a whole, "as a believing subject," has a sense for the faith, a *sensus fidei fidelium* "endowed and sustained by the Holy Spirit."²⁸⁸ The *sensus fidei fidelium* is a "communal and ecclesial reality[,] the instinct of faith of the Church herself, by which she recognizes her Lord and proclaims his word."²⁸⁹ This gift enables the People of God to rightly interpret the Gospel and to advance the mission of the church in fidelity and without errancy (LG, 12). The *sensus fidei fidelis* of the individual believer, the ITC notes, "cannot be separated from the *sensus fidei (fidelium)* or '*sensus Ecclesiae*' of the Church herself."²⁹⁰

²⁸⁵ Rush, *Vision of Vatican II*, 77.

²⁸⁶ International Theological Commission, *Sensus Fidei*, §2.

²⁸⁷ International Theological Commission, *Sensus Fidei*, §3.

²⁸⁸ International Theological Commission, *Sensus Fidei*, §66.

²⁸⁹ International Theological Commission, *Sensus Fidei*, §3.

²⁹⁰ International Theological Commission, *Sensus Fidei*, § 66.

Rush explains that the *sensus fidei*, given to individuals and to the entire community of faith, is a grace that enables the People of God to intuit and cooperate with God's self-communication as they journey forward in mission. "Divine revelation is happening here and now, and the Spirit's gift of *sensus fidei* enables its faithful interpretation. And in the here and now, God may just be teaching the church new perspectives on God's plan for humanity as history unfolds."²⁹¹

Interpretation, however, is a challenging task. It requires the People of God to work together to discern the guidance of the Spirit and to test the fruits of their discernment against the truths of the Gospel. In this work, both the magisterium (the pope and the bishops) and the laity have roles to play. The magisterium "is the final arbiter in the formulation of matters of faith and morals,"²⁹² yet their judgment must be informed by the *sensus fidelium* of the entire People of God. "The guarantee to the magisterium of a 'charism of truth' (*DV*, 8) and of an 'infallibility in teaching' (*LG*, 25) is not a guarantee over and above the guarantee of 'infallibility in believing' assured of the church as a whole, through the *sensus fidei* given to all the baptised (*LG*, 12)."²⁹³

Pope Francis emphasizes the importance of the *sensus fidei* to the synodal church. Speaking at a ceremony to commemorate the fiftieth anniversary of the institution of the Synod of Bishops, he highlights the place of the whole People of God in the task of discernment: "The *sensus fidei* prevents a rigid separation between an *Ecclesia docens* and an *Ecclesia discens*, since the flock likewise has an instinctive ability to discern the new ways that the Lord is revealing to the Church."²⁹⁴ Attending to the *sensus fidei*, therefore, is vital to the church's

²⁹¹ Ormond Rush, "A Synodal Church: On Being a Hermeneutical Community," in *Beyond Dogmatism and Innocence: Hermeneutics, Critique, and Catholic Theology*, ed. Bradford E. Hinze and Anthony J. Godzieba (Collegeville, MN: Liturgical Press, 2017), 127, E-book.

²⁹² Rush, "A Synodal Church", 132.

²⁹³ Rush, "A Synodal Church," 132.

²⁹⁴ Pope Francis, Address, 50th Anniversary.

articulation of the faith and to the consequent enactment of ministries through which the church pursues the mission to which it is called.

3.4 Implications of Synodality for Pastoral Caregiving Ministry to Families

Grounded in the church's historical tradition of synodal decision-making and in its fundamental ecclesiological and pneumatological commitments, synodality articulates the contemporary self-understanding of the church. It is much more than a descriptive category; Venezuelan theologian Rafael Luciani, theological advisor to the Synod of Bishops, explains that synodality is "a new mark of the church."²⁹⁵ As a signal ecclesial attribute, it is meant to suffuse the life of the church and exert a discernable influence upon its "*modus vivendi et operandi*."²⁹⁶ That is, the ITC asserts, "Synodality ought to be expressed in the Church's ordinary way of living and working."²⁹⁷ To truly function as a foundational ecclesial characteristic, synodality must be put into practice.

Enacting synodality, Luciani notes, will require a new "mode of being and operating that affects the Church's life, its ways of understanding and practicing discernment, and the ways it functions."²⁹⁸ Bringing synodality to life means drawing in new ways upon synodality's grounding commitments to refashion the praxis of the church, so that it might express the church's synodal nature more fully. Envisioning how the church will move into synodality more deeply is the aim of the multi-year Synod on Synodality.

Clearly, synodality has extensive implications for ecclesial ministries. Turning to the central concern of this dissertation we can ask, what does synodality mean for the practice of

²⁹⁵ Rafael Luciani, *Synodality: A New Way of Proceeding in the Church* (Mahwah: Paulist Press, 2022), 3.

²⁹⁶ International Theological Commission, *Synodality in the Life and Mission of the Church*, §70.

²⁹⁷ International Theological Commission, *Synodality in the Life and Mission of the Church*, §70.

²⁹⁸ Luciani, *Synodality*, 3.

caregiving ministry for families who have experienced trauma? Practically speaking, how might a synodal consciousness influence the shape of pastoral caregiving? What gifts could synodally-shaped pastoral caregiving hold for families suffering from trauma, and what benefits could such a ministry offer to the Catholic Church as it works to deepen its understanding and appropriation of synodality?

In the realm of pastoral caregiving, synodality holds a particular urgency. Without structural implementation of synodality, misalignments between ecclesiological professions and actual practice can arise. As we shall see in Chapter Five in our examination of two models of trauma-aware familial pastoral caregiving, the church's witness to the gospel can be sharply compromised when ecclesiological claims and praxis are in apparent contradiction. Care recipients can perceive inconsistency between ecclesial assertions and ecclesial practice, and in that discrepancy they can intuit a message regarding God's love and concern that contradicts the very good news the church aims to announce. For families struggling in the wake of traumatic experience, this dynamic can reinforce the isolation, marginalization, and loss of hope to which traumatic injury gives rise.

In this section, I will examine the innovations that synodality offers for constructing and evaluating pastoral caregiving ministry to families suffering from traumatic incidents and chronic distress. Drawing on four primary synodal themes of (1) participation, (2) discernment, (3) listening, and (4) closeness, I will propose that these tenets of synodality offer a way to structure relationships and practices *ad intra* and *ad extra*, both within the ministering community itself and between the ministers and those who need care.

Together these four themes function as elements of a synodal heuristic that can be employed to answer questions regarding *who* may be involved in a ministry of pastoral

caregiving to suffering families, *what* practices the ministry ought to include, and *how* the ministry's participants will make decisions related to their enactment of mission. Intentionally shaped by these four key tenets of synodality, this pastoral caregiving ministry can be an authentic expression of the synodal nature of the church at the local level. Furthermore, it can be a site in which synodality is practiced and reflected upon. In this way, synodal caregiving practice can function as an experiential source of knowledge regarding synodality, which the local church can share with the wider church as it continues to seek ways to embody its professed synodal identity more deeply.

3.4.1 Participation in a Synodal Ministry

Who should participate in a ministry of pastoral caregiving to families? How should the participants relate to one another? Pope Francis is clear that the synodal church is one whose members “journey together.”²⁹⁹ A pastoral caregiving ministry to families can embody an ethos of “journeying together” when it is structured to reflect a church that is polyhedral, rather than pyramidal. This ministry can bring together laity, religious, and ordained to offer care to suffering families and express synodality through the members’ relationships to one another.

Offering a metaphor for the synodal church, Pope Francis points to the polyhedron. In contradistinction to the more familiar ecclesial pyramid, Francis explains, the many-sided polyhedron “reflects the convergence of all its parts, each of which preserves its distinctiveness”³⁰⁰ (*EG*, 236). Geometrically, the polyhedron’s structural integrity rests upon each side’s individual contributions; each one exerts the force that its unique shape enables it to

²⁹⁹ International Theological Commission, *Synodality in the Life and Mission of the Church*, §70.

³⁰⁰ Pope Francis, Apostolic Exhortation on the Proclamation of the Gospel in Today’s World *Evangelii Gaudium* (24 November 2013), § 236, at the Holy See, https://www.vatican.va/content/francesco/en/apost_exhortations/documents/papa-francesco_esortazione-ap_20131124_evangelii-gaudium.html.

give and together these forces produce a structure endowed with cohesion and stability. Each side bears, so to speak, a responsibility to the integrity of the whole. The polyhedral church requires the participation of each of its varied members in order to assume its true shape.

In a similar way, synodally shaped pastoral caregiving ministry can include the People of God in their wide diversity. As baptized members of the church, each one bears responsibility for the mission of the church, and each is equipped by the Holy Spirit with the charismatic gifts that responsibility requires. Broadening missional responsibility in practice will require changing established models of ministry that reflect a hierarchical understanding of missional participation: “Some paradigms... still present in ecclesial culture need to be quashed. [...] These include the concentration of responsibility for mission in the ministry of Pastors.”³⁰¹ Shaping ministry in a synodal manner will necessitate moving beyond a “professional/helper” model toward a model of co-responsibility for mission that is reflected in ministry initiatives.

In a discussion of the Latin American Episcopal Council’s (CELAM’s) Second General Conference at Medellín (1968), Luciani identifies the conference as a “source” event for contemporary synodality and highlights the working dynamic of the conference’s participants as a paradigm for shared responsibility. Bringing together “bishops, priests, religious and laypeople,” the conference demonstrated a synodal dynamic in the “method of work [and] the relationships among participants.”³⁰² Luciani explains, “the synodal ecclesial style that was being practiced there allowed ‘the participation of all in a common work according to the diversity and originality of their gifts and services.’ The emphasis was placed not on helping and collaborating with pastors but on everyone working jointly for the common social and ecclesial good.”³⁰³

³⁰¹ International Theological Commission, *Synodality in the Life and Mission of the Church*, §105.

³⁰² Rafael Luciani, “Medellín As Synodal Event: The Genesis and Development of A Collegial Ecclesiality,” *Studia Canonica* 53 (2019): 183.

³⁰³ Luciani, “Medellín as Synodal Event,” 194-195.

A synodal ministry of pastoral care can adopt this polyhedral paradigm, conceptualizing pastoral caregiving as a work of mission, undertaken jointly by the People of God, all of whom share responsibility for its success. Rather than conceptually positioning members according to ecclesial status, synodal pastoral caregiving ministry can be shaped as a community of practice in which ordained, religious, and lay persons alike function as full “protagonists(s) of mission.”³⁰⁴ Even if their roles within the ministry and within the church differ, the responsibility for tasks within the ministry, including tasks pertinent to leadership and decision-making, can be apportioned according to the gifts and talents of its members so that the ministry truly expresses the collaborative dynamic inherent to synodality.³⁰⁵

In Chapter Five, we will examine in detail two models of caregiving ministry that attend to traumatic suffering. In each ministry, ordained ministers, members of vowed religious communities, and lay people work together to give compassionate care to people whose family lives have been upended by trauma, yet the ways in which they work together, share responsibility for leadership, make decisions, and draw on the gifts of the members are quite distinct. Synodality’s precept of the church “journeying together” allows us to recognize that collaborative ministry can legitimately take multiple shapes, depending upon the charisms and situations of the participants. The underlying constant, however, is broad participation and shared responsibility. To use the geometric metaphor of Pope Francis, the shape of the polyhedron is not predetermined, but is necessarily dependent upon the contributions of each participating side.

³⁰⁴ International Theological Commission, *Synodality in the Life and Mission of the Church* §53.

³⁰⁵ Luciani notes, “new models of collaboration in community leadership, such as the *collaborative ministry* in English-speaking countries” are emergent, however, “such models, however, have rarely been implemented.” Luciani, *Synodality*, 83.

3.4.2 Listening and Discernment in Synodal Ministry

The synodal church listens widely – to the Spirit, to its members, and to those to whom it ministers. Although it attends to these speaking subjects distinctly, the listening that characterizes the People of God is collective and reciprocal. Through practices of listening and dialogue by which the members of the church seek to jointly limn what they have heard, the church strives to “interpret [...] the signs of the times with the eyes of faith,” and discern “what the Spirit is saying to the Church.”³⁰⁶

Intentional practices for communal discernment thus must be incorporated into a synodal ministry of pastoral caregiving. Structuring the ministry so that the participants have a specific time devoted to prayer and to sharing with one another the insights that arise in the course of prayer is indispensable. Doing so allows an opportunity for the Holy Spirit to be listened to by the People of God who work together in a ministry, and it moreover affords an opportunity for the *sensus fidei* to be engaged with intention and respect.

The synodal ministry of pastoral caregiving makes space for the expression of its members, recognizing that the *sensus fidei* can be embedded in those articulations. As the *sensus fidei* is “the antenna for sensing [God’s] surprises and provocations,”³⁰⁷ God’s urging and invitation, its contributions for this ministry are understood to be valid and necessary. The caregiving community can reflect fulsomely upon how it can best move forward in mission within its own particular context in ways which “correspond as closely as possible to God’s will.”³⁰⁸ This can happen only when it establishes listening for God’s will as an integral movement in its praxis.

³⁰⁶ International Theological Commission, *Synodality in the Life and Mission of the Church*, §68.

³⁰⁷ Rush, “A Synodal Church,” 127.

³⁰⁸ International Theological Commission, *Synodality in the Life and Mission of the Church*, §68.

It must be noted that discerning the Spirit’s promptings and soliciting the *sensus fidei* are practices that are in need of development in the contemporary synodal church more broadly. As the *Vademecum* for the Synod on Synodality notes, “Synodal listening... requires us to learn and exercise the art of personal and communal discernment.”³⁰⁹ Learning to listen to the Spirit and to one another are tasks to which the church is presently called, and the ways in which they can be undertaken may vary.

The Synod on Synodality’s first phase, the diocesan consultation phase (October 2021-August 2022), was a structured process designed to “provide a greater opportunity for the people of God to have an authentic experience of listening and dialogue”³¹⁰ through which the *sensus fidei* could emerge at the local level. It incorporated questionnaires and diocesan listening sessions into its process, inviting all participants to speak “with authentic courage and honesty (*parrhesia*)”³¹¹ and to listen to one another with courage and humility. These structures and attitudes serve as the foundation for synodal dialogue, which is fundamentally a means of “welcoming what others say as a way by which the Holy Spirit can speak for the good of all.”³¹² While questionnaires are one way to encourage participation and prompt reflection, they are not the only method by which people can be invited into synodal dialogue. A synodal ministry of pastoral caregiving will have the freedom to design or adopt structures and practices of listening and dialogue most suited to the framework of the ministry. These practices, however, may need to be developed and refined by each local community as it moves forward in synodal caregiving ministry.

³⁰⁹ General Secretariat of Synod of Bishops, *Vademecum for the Synod on Synodality*, §2.2.

³¹⁰ “Deadline Extended for First Phase of Diocesan Process,” <https://www.vaticannews.va/en/vatican-city/news/2021-10/synod-extension-first-phase-general-secretariat.html>.

³¹¹ General Secretariat of Synod of Bishops, *Vademecum for the Synod on Synodality*, §2.3.

³¹² General Secretariat of Synod of Bishops, *Vademecum for the Synod on Synodality*, §2.3.

3.4.3 Listening as Closeness in Synodal Caregiving Ministry

In recognizing everyday life as the place in which God addresses the church, the synodal church demonstrates an awareness that “God often speaks through the voices of those that we can easily exclude, cast aside, or discount.”³¹³ The *Vademecum* consequently issues a clear directive regarding the scope of synodal listening. “No one... should be excluded from sharing their perspective and experiences, insofar as they want to help the Church on her synodal journey of seeking what is good and true. This is especially true of those who are most vulnerable or marginalized.”³¹⁴ In the ministry of pastoral caregiving, this directive can translate to listening to the recipients of care.

Families who have endured traumatic experience and live in a context of chronic distress may offer insights regarding their need for care and the kind of caring praxis they find life-giving. These insights, which derive from their unique position of vulnerability and pain, may emerge from any member of a family. Young people, the elderly, those suffering with traumatic injury, those in the family who suffer from the secondary traumas that cascade from an initiating incident or circumstance: each may have something to share with those who approach them in the pastoral caregiving relationship.

At first glance, listening to care recipients may seem unnecessary, or perhaps unwise. What can a teenager who has lost a sibling to suicide teach us? What can a veteran suffering from PTSD, a mother paralyzed by the narcotics addiction of her daughter, or a son who struggles to care for a parent afflicted with dementia share with us about ministering to them in their needs? What insights do people in pain and struggling to cope with overwhelming burdens

³¹³ General Secretariat of Synod of Bishops, *Vademecum for the Synod on Synodality*, §2.2.

³¹⁴ General Secretariat of Synod of Bishops, *Vademecum for the Synod on Synodality*, §2.2.

have to share? Are they insights to which we should pay heed? Are they trustworthy? Are their concerns too limited to their own situations, too particular to their own experience, to be the basis for fruitful dialogue regarding the potential shape of familial pastoral caregiving ministry? If they offer criticism of extant efforts, or the absence of ministry initiatives, are their critiques valid?

Synodality insists that such broad listening is necessary. “A Church that does not listen shows herself closed to newness, closed to God’s surprises,”³¹⁵ Pope Francis explains. To determine the path forward in mission requires discernment, which in turn requires the recognition that the act of discernment is “based on the conviction that God is at work in world history, in life’s events, in the people I meet and who speak to me.”³¹⁶ A synodal pastoral caregiving ministry makes space for the voices of those the ministry would care for, paying particular attention to “those persons who may risk being excluded.”³¹⁷ It seeks them out and solicits their input, recognizing that those who are hurting might notice places where the enactment of mission, particularly manifested as a ministry of care, is desperately needed. The ministers understand the critiques, affirmations, and observations from those who stand in this position as insights that are uniquely possible because of the standpoint from which they are offered, and they welcome them as potentially graced insights relevant for the concrete instantiation of mission in their own particular context. Establishing a method for and making a regular commitment of time to solicit and reflect upon those insights, cares, and perspectives must be an intentional component of any synodal pastoral caregiving ministry.

³¹⁵ Pope Francis, Address by His Holiness Pope Francis At the Opening of the XV Ordinary General Assembly of the Synod of Bishops on Young People, the Faith and Vocational Discernment (3 October 2018), at the Holy See, https://www.vatican.va/content/francesco/en/speeches/2018/october/documents/papa-francesco_20181003_apertura-sinodo.html.

³¹⁶ Pope Francis, Address at the Opening of the XV Ordinary General Assembly of the Synod of Bishops.

³¹⁷ General Secretariat of Synod of Bishops, *Vademecum for the Synod on Synodality*, §2.2.

3.5 Conclusion

Synodality offers an understanding of the church as the People of God, baptized and commissioned to bring the good news of God's love to those who suffer, equipped for and guided in that mission by the Holy Spirit. It affirms that the Spirit's guidance can be discerned, but insists that discernment is only truly possible through the ecclesial community's deliberate and communal listening to God and to one another. As a work of mission, the ministry of pastoral caregiving to traumatized families bears the potential to reflect the synodal nature of the church. Through its internal organization and practices, it can draw together a diverse group of missionary disciples and allow their distinct and varied gifts to be placed at the service of suffering families. It can afford ordained, religious, and laypersons alike the opportunity to participate in mission alongside one another so that they can experience Christian discipleship as a collective journey, a walking-in-togetherness.

The synodally configured ministry of pastoral caregiving invites the baptized to practice and grow in the skill of spiritual discernment. Synodal pastoral caregiving ministry also affirms and so can strengthen participants' discipleship and it attests to the ability of all those who minister in this space to contribute to the work of interpreting God's ongoing revelation. It offers those who need care an opportunity to contribute their insights and perspectives on the care for which their circumstances cry out, affirming their contributions as graced and potentially revelatory. Finally, a synodal pastoral caregiving ministry to families offers the church an opportunity to understand more deeply the challenges and promises of synodal ways of being. This lived experience can become a source for reflection upon synodality that the local church

can share, contributing the fruit of its experience to the larger understanding of a synodal way of being that the worldwide church continues to seek.

CHAPTER FOUR

Learning to Care for Each Other: The Faith Community and the Practice of Care

Make me to know your ways, O Lord; teach me your paths.
Psalm 25:4

As a mother comforts her child, so I will comfort you.
Isaiah 66:13

4.1 Introduction

How can the contemporary local church best offer pastoral care to families experiencing trauma or ongoing distress? This question motivates this dissertation. In the preceding chapters, we have examined traumatic suffering, theological anthropology, and synodal ecclesiology to propose that a ministry dedicated to caring for these families must be (1) informed by trauma scholarship, (2) grounded in a theological anthropology that affirms the inherent relationality of the human person, (3) attuned to the wide configuration of family that the heuristic of *la familia* makes visible, and (4) shaped by the premises of synodality. It is essential that such a pastoral caregiving ministry be attuned to the characteristics of traumatic suffering, cognizant of the human need for connection and relationship as central to flourishing, sensitive to a broad understanding of family, alive to the Spirit of God, and comprised of baptized disciples who discern together how to use their divinely bestowed gifts to ameliorate the particular suffering of families in their midst. When it is, this pastoral caregiving ministry can be a source of healing and hope, an embodied expression of God's love, and a site in which ministering Christians can deepen their discipleship and grow in their Christian identity.

The ultimate aim of this dissertation is to offer an evaluative framework for parishes and dioceses to employ as they construct new ministerial initiatives or evaluate and adopt existing

ones designed to support these struggling families. Constructing this framework, which I will present in Chapter Six, requires the consideration of two additional questions. What, precisely, in this context, is care? Given that definition, how can the local church learn to care for traumatized families? In this chapter I address these two questions.

First, I turn to situated learning theory, focusing specifically on the learning that occurs in the context of communities of practice, to argue that Christians working together in ministry learn cooperatively and iteratively through their joint participation in practice. Drawing on the work of Etienne Wenger, Jean Lave, and Jane Regan, I propose that ministry participants co-construct the knowledge they need to serve people in the midst of pain and difficulty through a recursive process of collaborative practice, reflection, and amended practice.

Ministry participants' learning develops along several vectors. By actively engaging in the ministry, they (1) cultivate the abilities to see those whom traumatic suffering renders nearly invisible, (2) grow in practices of discernment, dialogue and decision-making, (3) develop competencies in pastoral caregiving, and (4) strengthen their identities as disciples whose Christian character is made manifest through acts of solidarity, compassion, and active care for vulnerable, suffering people. To foster this robust and necessary situated learning, I further assert that the ministerial community of practice must intentionally include a structured process of theological reflection as a signature element in its repertoire.

Second, I argue that the praxis of care in the context of traumatic suffering must rest upon a philosophy of care that can flexibly support caregiving ministry in a wide variety of apparently disparate circumstances. The configurations of suffering in family life are nearly limitless. A teen's suicide, a parent's wartime military service, a family's arduous and uncertain migration journey, the ongoing care of a grandparent suffering from a terminal illness – these are just a few

of the many shapes that familial adversity can assume. While it may seem that these hardships bear little resemblance to one another, they have a shared denominator in traumatic familial suffering. Whether families are in the midst of an acute episode of crisis or enduring the ongoing hardships of chronic distress, they bear the common burden of navigating circumstances that will not necessarily “get better,” and do so without the consolation of a soon or likely “happy ending.” The myriad possible pastoral caregiving initiatives that may be designed to offer succor to these families must be anchored, then, in a philosophy of care that does not equate the telos of care with curing the cause of suffering, but rather recognizes care as a means for supporting the emergence of human flourishing amidst ongoing trial.

Consequently, I propose that trauma-sensitive pastoral care can be conceptually supported by the ethic of care developed by philosopher of education Nel Noddings and extended by political theorist Joan Tronto. Noddings recognizes caring relationships as fundamental to human existence. Her work posits a dyadic relationship between caregiver (the “one-caring”) and care receiver (“the one cared-for”) that I argue can helpfully articulate the roles and responsibilities of both caregiving and care-receiving in a trauma-aware pastoral caregiving ministry. Tronto attends to caregiving as a chronological process and proposes a model that outlines the discrete stages of ethical caring action. I draw upon her work in order to explicate the temporal arc of care and its component movements.

Taken together, thus, situated learning and the ethic of care provide the final pair of lenses through which I will consider the construction and evaluation of a pastoral caregiving ministry to suffering families. With these theoretical concepts, it becomes possible to see the ministry itself as the site of situated learning where the participants comprise a community of disciples who learn to care through the very practice of care itself.

4.2 Situated Learning and the Community of Practice

Swiss educational theorist Etienne Wenger and American social anthropologist Jean Lave pioneered the epistemological theory of situated learning. In their 1991 text *Situated Learning: Legitimate Peripheral Participation*, they argue that learning arises in context, through learners' participation in the empirical practices of a community whose members are working together in a common endeavor. Linguist and anthropologist William F. Hanks explains:

Situated Learning takes as its focus the relationship between learning and the social situations in which it occurs. Rather than defining it as the acquisition of propositional knowledge, Lave and Wenger situate learning in certain forms of social coparticipation. Rather than asking what kinds of cognitive processes and conceptual structures are involved, they ask what kinds of social engagements provide the proper context for learning to take place.³¹⁸

Social learning theory locates learning at the intersection of the individual, a particular community, and its practices.³¹⁹ In contrast to models that posit “learning as internalization”³²⁰ of educators' lessons (characterized by Brazilian educator and philosopher Paulo Freire as “banking education”)³²¹, Lave and Wenger conceptualize learning as decoupled from a traditional instructional paradigm and recognize it instead as a constituent “dimension of social practice.”³²² Wenger explains that learning arises through “active engagement with the world.”³²³ It is a “process of being active participants in the *practices* of social communities and constructing

³¹⁸ William F. Hanks, foreword to *Situated Learning: Legitimate Peripheral Participation* by Jean Lave and Etienne Wenger (Cambridge, UK: Cambridge University Press, 1991), 14.

³¹⁹ Etienne Wenger, *Communities of Practice: Learning, Meaning, and Identity* (Cambridge: Cambridge University Press, 1998), 4.

³²⁰ Jean Lave and Etienne Wenger, *Situated Learning: Legitimate Peripheral Participation* (Cambridge: Cambridge University Press, 1991), 49.

³²¹ Paulo Freire, *Pedagogy of the Oppressed*, 30th anniversary edition (New York: Continuum, 2000), 73.

³²² Lave and Wenger, *Situated Learning*, 43.

³²³ Wenger, *Communities of Practice*, 4, location 243 of 6952, Kindle edition.

identities in relation to these communities.”³²⁴ Learning is not the byproduct of instruction, but rather the active construction of knowledge and identity that emerges from participation with others in the joint performance of particular practices.³²⁵

In a ministry of familial pastoral caregiving, learning to discover who needs care; what kind of care is possible in the local church context; how the faith community can structure, initiate, and sustain that care; and how the faith tradition can guide the ministry’s caregivers in their caregiving work are vital tasks. Such knowledge makes possible the meaningful engagement with suffering others that ministering Christians seek to create. Social learning theory makes clear that this knowledge can be developed jointly by those who participate in the ministry through their actions as caregivers.

Participants’ learning arises among and between them as they work together in the course of ministry. As Hanks notes, for Lave and Wenger, situated “learning is a process that takes place in a participation framework, not in an individual mind. [...] It is the community, or at least those participating in the learning context, which ‘learns’ under this definition. Learning is, as it were, distributed among coparticipants, not a one-person act.”³²⁶ The ministering community itself functions as a continually learning subject, whose ongoing construction of knowledge is made possible by the varying degrees of ministerial involvement enacted by its members.

4.2.1 The Community of Practice

Lave and Wenger name the social location in which actors construct knowledge via co-

³²⁴ Wenger, *Communities of Practice*, 4, location 243 of 6952, Kindle edition.

³²⁵ Lave and Wenger, *Situated Learning*, 33.

³²⁶ Hanks, foreword to *Situated Learning*, 15.

participation the “community of practice.”³²⁷ Communities of practice (CoP’s) are distinct from the more general category of “community” understood as a social group in that they are distinguished primarily by their members’ actions, the relationships that pertain between their members, and a shared understanding of the group’s purpose. To belong to the community of practice in any capacity, Lave and Wenger explain, “implies participation in an activity system about which participants share understanding concerning what they are doing and what that means in their lives and for their communities.”³²⁸ Conceptualizing those members of the parish who participate in familial pastoral caregiving ministry as a community of practice is a first step in understanding how the relationship between practice and learning that Wenger and Lave emphasize is operative within the ministering community.

Communities of practice share three distinguishing features. They are characterized by (1) a joint enterprise, (2) the mutual engagement of their members, and (3) a shared repertoire. These three attributes describe the community of practice’s purpose, the involvement of its participants, and the artifacts, ways of proceeding, and underlying beliefs and commitments that the members employ in their performance of the community’s work. Practice, Wenger explains, is “a source of coherence in the community.”³²⁹ Taken together, these three characteristics of the community of practice demonstrate the power of practice to promote knowledge and shape identity among practitioners.

Joint Enterprise: The undertaking around which the community of practice centers is its “joint enterprise.”³³⁰ Joint enterprise names both the primary endeavor of the community and the sense

³²⁷ Lave and Wenger, *Situated Learning*, 98.

³²⁸ Lave and Wenger, *Situated Learning*, 98.

³²⁹ Wenger, *Communities of Practice*, 49.

³³⁰ Wenger, *Communities of Practice*, 77, location 1561 of 6952, Kindle edition.

of ownership that participants feel toward it. Situated learning theory notes that practices are processes that come to life only when performed by the members of the community. It is in enacting the particular practices through which their endeavor is made manifest that participants grow to recognize the enterprise of the community as their own. While each person may not perform identical works, the members of the community each influence their collective enterprise as they perform the activities associated with their roles. For a community to be a community of practice, members must somehow recognize their own and one another's works as valued contributions to their group's joint endeavor, which can require collectively negotiating the enterprise's scope and shape. The joint enterprise, Wenger notes, "is defined by the participants in the very process of pursuing it."³³¹

It is important to note that the level of autonomy with which the community of practice functions can be limited by the context in which the community is embedded. As we shall see in Chapter Five's qualitative examination of two pastoral caregiving communities of practice, the ability of participating caregivers to influence the situations that create the need for pastoral caregiving is often minimal. The personal tragedies families struggle with can be enormous, and there is little the pastoral caregivers can do to change the circumstances that caused the families' pain. Yet despite the constraints within which these caregiving teams operate, their praxis, as a response to the pain they witness in their community, is jointly theirs and within their collective control. "It is their negotiated response to their situation and thus belongs to them in a profound sense, in spite of all the forces and influences that are beyond their control."³³²

The members of the community themselves jointly determine the scope and shape of their enterprise. In inaugurating new forms of care, they explore together such questions as:

³³¹ Wenger, *Communities of Practice*, 77, location 1561 of 6952, Kindle edition.

³³² Wenger, *Communities of Practice*, 77, location 1561 of 6952, Kindle edition.

What form of shelter or food can we offer to weary immigrant families? What support might we give to veterans? How can we meet the spiritual needs of grieving parents? For Christians working together in a parish's caregiving ministry for suffering, marginalized families, the shared naming of the ministry's contours and the joint commitment to delineating its shape and scope is a fundamental work.

Mutual Engagement: Engagement with practice is the second characteristic of the community of practice. Wenger explains, "Practice does not exist in the abstract. It exists because people are engaged in actions whose meaning they negotiate with one another."³³³ Mutuality of engagement speaks to the myriad ways in which disparate participants function within the community of practice. It recognizes in their distinctive contributions a common thread of commitment to their joint enterprise.

Mutual engagement describes participants' commitment and contributions to the community's practice. It encompasses "not only our competence but also the competence of others. It draws on what we do and what we know as well as on our ability to connect meaningfully to what we don't do and what we don't know – that is, to the contributions and knowledge of others."³³⁴ It is characteristic of the community of practice that each participant engages in a meaningful way with the shared enterprise. Participation, however, need not be identical for every member. Newcomers, old-timers, and members of intermediate tenure participate in practice alongside one another. Their engagement in practice may take the form of "*complementary* contributions," with people assuming various unique roles, or they may

³³³ Wenger, *Communities of Practice*, 73.

³³⁴ Wenger, *Communities of Practice*, 76.

contribute to the community through “*overlapping* forms of competence,”³³⁵ with newcomers participating in the works more experienced members perform, albeit with less skill. Mutual engagement recognizes each of these forms of participation as necessary and legitimate. In the context of collaborative ministry at the parish level, professionals and volunteers, lay people, ordained ministers, and members of vowed religious congregations may engage in a community of practice together, each assuming roles suited to their ecclesial positioning, training, and gifts.

Mutual engagement describes the participation of the community’s members in their joint enterprise. It is a descriptor of their legitimacy, inclusion, and belonging. Wenger explains, “Being included in what matters is a requirement for being engaged in a community’s practice, just as engagement is what defines belonging.”³³⁶ Communities of practice must enable their members’ participation by promoting belonging, which includes making engagement with the community’s practices possible. This obligation can require the community to attend explicitly to training newcomers, but it can also require members to negotiate their relationships with one another and their understandings of one another’s legitimate participation in their shared enterprise. Wenger cautions that engagement with one another is not always easy, noting, “peace, harmony and happiness are therefore not necessary properties of the community of practice.”³³⁷ Navigating mutual engagement with one another and their joint enterprise in ways that promote individual Christian identity and foster the Christian ethos of the community of practice is another essential task for communities of practice centered on mission, as pastoral caregiving ministry is.

Shared Repertoire: Shared repertoire describes the specific resources the community uses to

³³⁵ Wenger, *Communities of Practice*, 76.

³³⁶ Wenger, *Communities of Practice*, 74, location 1500 of 6952 Kindle edition.

³³⁷ Wenger, *Communities of Practice*, 77.

carry out its practice. It “includes routines, words, tools, ways of doing things, stories, gestures, symbols, genres, actions, or concepts that the community has produced or adopted in the course of its existence.”³³⁸ Attaining competence in manipulating the elements of the shared repertoire to perform the practice of the community is a central task for each member.

Wenger notes that the repertoire’s elements can be quite heterogeneous. “They gain their coherence not in and of themselves as specific activities, symbols, or artifacts, but from the fact that they belong to the practice of a community pursuing an enterprise.”³³⁹ This is a significant point for the construction of new communities of practice. The community’s shared repertoire can include elements that seem quite disparate, and possibly not related to the primary purpose of the community. If the members recognize these disparate elements as relevant to their successful performance of their joint enterprise, however, a diverse group of resources can radically enhance the effectiveness of the community’s practice and facilitate members’ learning and identity construction.

Careful attention to the formative potential of the community of practice thus includes a discerning awareness of how the community’s repertoire can be deliberately constructed so as to promote its character. Practical theologian and religious educator Jane Regan notes, for example, that by “incorporating prayer, reflection and faith conversation” into a Christian community of practice, members can develop “a set of competencies that support growth in faith,” regardless of whether the community is a prayer group, finance committee, choir, or parish council.³⁴⁰ In a trauma-aware, relational, synodal pastoral caregiving ministry, the repertoire can encompass elements designed to foster competence in both trauma-sensitive ministry and synodal ways of

³³⁸ Wenger, *Communities of Practice*, 83.

³³⁹ Wenger, *Communities of Practice*, 82, location 1662 of 6952, Kindle edition.

³⁴⁰ Jane Regan, *Where Two Or Three Are Gathered: Transforming the Parish Through Communities of Practice* (New York: Paulist Press, 2016), 53.

pursuing mission. The International Theological Commission (ITC) notes that in the synodal church,

the participation of the lay faithful becomes essential. They are the immense majority of the People of God and there is much to be learnt from their participation in the various forms of the life and mission of ecclesial communities, from popular piety and generic pastoral care, as well as their specific competency in various sectors of cultural and social life. Consulting them is thus indispensable for initiating processes of discernment in the framework of synodal structures. We must therefore overcome the obstacles created by the lack of formation and recognized spaces in which the lay faithful can express themselves and act.³⁴¹

Addressing a lack of formation by incorporating opportunities for adult faith education into the community's life and creating reliable times and vehicles for lay expression can be conceptualized as efforts to enhance the repertoire of collaborative pastoral caregiving ministry. These practices can promote the development of the necessary skills of discernment, dialogue, and joint decision-making inherent to synodality. Furthermore, their inclusion in the community's repertoire enables Christian adults to recognize that fulsome Christian praxis includes not only the performance of the instrumental works of ministry, but also the deliberate cultivation of intellectual knowledge and spiritual maturity adults need to participate in ecclesial mission.

4.2.2 Learning in the Community of Practice

Conceptualizing learning as a social process makes clear that knowledge, as it is constructed in the community of practice, has two dimensions: “the production, transformation,

³⁴¹ International Theological Commission, *Synodality in the Life and Mission of the Church* (2 March 2018), §73, at the Holy See, https://www.vatican.va/roman_curia/congregations/cfaith/cti_documents/rc_cti_20180302_sinodalita_en.html.

and change in the identities of persons [and] knowledgeable skill in practice.”³⁴² Participants develop the skills needed to use the community’s repertoire of artifacts, tools, language, and concepts, but they also develop their identities as people who, through their participation in the community of practice, engage with the world in new ways.

Recognizing the community of practice’s formative influence on identity is particularly important for those seeking to establish new communities of practice. Wenger cautions, “Communities of practice should not be introduced to purely instrumental purposes. They are about knowing, but also about being together, living meaningfully, developing a satisfying identity, and altogether being human.”³⁴³ The identity developed through one’s affiliation with the community perdures beyond the moments in which one is engaged in active practice; “as a constituent of meaning, participation is broader than mere engagement in practice.... It is part of who they are that they always carry with them.”³⁴⁴ By participating in the situated learning that occurs in the community of practice, participants acquire the discernible ability and identity of practitioners. Through participation in a community of practice that emphasizes a pastoral caregiving ministry, participants’ abilities to see and embrace those who suffer is developed and their identity as Christians who cultivate the eyes to look with compassion upon suffering, lonely, and neglected people as an expression of discipleship is forged.

Lave and Wenger’s framework describes the learning of the individuals in the community of practice and the learning of the community of practice itself. As the challenges of mutual engagement show, situated learning can be tricky for all involved. The category of “legitimate peripheral participation” demonstrates that some of the struggle in the community of practice can be due to the conflicted nature of the production/reproduction learning cycle that takes place

³⁴² Wenger, *Communities of Practice*, 47.

³⁴³ Wenger, *Communities of Practice*, 124.

³⁴⁴ Wenger, *Communities of Practice*, 57.

within the CoP.³⁴⁵

Lave and Wenger explain that as a community of practice's members engage in the CoP's enterprise, they gain skills individually, and they exert a shaping influence on the community. "Legitimate peripheral participation refers both to the development of knowledgeably skilled identities in practice and to the reproduction and transformation of communities of practice."³⁴⁶ Although "there is not a place in a community of practice designated 'the periphery' and, most emphatically, it has no single core or center,"³⁴⁷ the learning trajectories of newcomers and old-timers can be traced with this spatial metaphor. It describes the arc by which newcomers transition to greater competency in practice and old-timers gradually cede control of the community to them.

As newcomers join a community of practice, they are formed by participation. Their engagement with the community, its members, and its repertoire is authentic but limited, as their knowledge of the community's praxis is nascent. Lave and Wenger characterize this as a peripheral position. As newcomers construct the knowledge they need to function competently in the community of practice, they advance along the participatory arc toward status as full participants. They are developing a more secure identity as members of the community.

The community itself is also being shaped by the newcomers' development. Lave and Wenger note that newcomers' entry to the community is a central element in the community's inevitable process of reproduction and change. The "development of full participants, and with it the successful production of a community of practice, also implies the *replacement* of old-timers."³⁴⁸ Newcomers bring their particularities to their role, exerting increasing shaping

³⁴⁵ Lave and Wenger, *Situated Learning*, 55.

³⁴⁶ Lave and Wenger, *Situated Learning*, 55.

³⁴⁷ Lave and Wenger, *Situated Learning*, 36.

³⁴⁸ Lave and Wenger, *Situated Learning*, 56-57.

influence upon the enterprise, the repertoire, and the other members as they learn. The community of practice will be different when the transition of novices to the status of experienced members is complete. Even as they learn the ways of their new community, they introduce new questions, ideas, and perspectives to the group, which may ultimately change the group's repertoire or its understanding of its own endeavor.

Lave and Wenger explain, "Learning is never simply a process of transfer or assimilation: Learning transformation and change are always implicated in one another."³⁴⁹ These dynamics can cause distress, if old-timers are resistant to transition, yet Regan explains that the cycle itself can be a healthy way for the people in Christian communities of practice to grow. An intentional process of advancement and retirement from community of practice leadership "gives people a set opportunity to move on and consider other ways in which to live out their gifts in service to the church and the world."³⁵⁰ In caregiving ministry, those tasked with ministerial leadership can encourage newcomers and old-timers alike to move fluidly along a trajectory of participation, asking some to take on new roles, and inviting others to relinquish long-held positions so as to make room for new members. Lave and Wenger's identification of this disruptive force in the community of practice offers ministers a significant insight. Viewing a caregiving ministry as a community practice renders the learning arc visible and encourages those in ministerial leadership both to promote newcomers' development and to anticipate that the potentially disruptive insights new members may bring will require the community to develop a practice for grappling with its own flexibility and transformation.

³⁴⁹ Lave and Wenger, *Situated Learning*, 57.

³⁵⁰ Regan, *Where Two or Three Are Gathered*, 57.

4.2.3 Communities of Practice, Communities of Christian Discipleship

Adopting the community of practice framework enables us to more closely attend to the situated learning that takes place through participation in ministry in the local church. Regan explains that the particular identity and competency that communities of practice at the parish level foster are those of Christian discipleship and increasingly proficient participation in the universal church's mission of evangelization. Regan writes, "it is our relationship with Jesus, our commitment to the community of faith, and our capacity to participate in the mission of the church – that is, our life of faith – that is fostered and enhanced by our connectivity with smaller groups within the parish."³⁵¹ When conceptualized as communities of practice, each ministry becomes visible as the site in which Christians manifest their faith and also more deeply come to know it. The community of practice framework enables the parish or diocese to develop well-articulated, multi-valent, dynamic, and purposeful ministries through which all participants can grow in their Christian discipleship. They do so by attending purposefully to the three features of engagement, enterprise, and repertoire.

Regan argues that ministries must attend not only to their stated ministerial purpose, but also to the cultivation of four specific traits in order to function as Christian communities of practice. Hospitality, conversation, followership, and discernment mark ministries that authentically demonstrate and develop participants' faith and foster their able participation in the universal mission of the church.

Hospitality: Hospitality characterizes the disposition of the community of practice. Pointing to the scriptural account of the Judgment of Nations (Mt 25:31-46), in which Jesus teaches that recognizing and attending to the needs of suffering people will be the metric by which the

³⁵¹ Regan, *Where Two or Three Are Gathered*, 28.

“sheep” are separated from the “goats,” Regan explains that hospitality is the very “foundation on which the Christian is judged.”³⁵² It is expressed in the community’s acts of welcome and care, and it is shown by the community’s attentiveness to its context. Hospitable communities of practice not only greet those with whom they interact in a gracious and loving way, they foster inclusivity that extends to the excluded and the marginalized in their parishes and communities.³⁵³ Undoubtedly, hospitality must be a hallmark of the synodal community of practice charged with encountering lonely, marginalized, isolated, suffering people and attending to them with loving kindness.

Conversation: Conversation describes the dynamics of engagement between the community’s participants. Regan defines conversation as the “*sustained, engaged, and critical interchange* between two or more people constituted by *active listening* and *respectful dialogue*.”³⁵⁴ It is through conversation that the members of the community of practice will name its purposes, question its assumptions, propose new directions, challenge one another, gather information, plan, and interact with the world beyond its borders. Gathering those activities within a frame of conversation anchors the relationships of the members of the community *ad intra* and *ad extra* in a Christian disposition of humility, compassion, and respect. Moreover, Regan notes, “providing the time and the context for meaningful conversation sets a framework within which the Spirit can work;” a necessary condition for any community of faith that seeks to cooperate with God’s grace active in the world.³⁵⁵ For the encountering, caring community of practice, the commitment to conversation as the signature mode of interpersonal communication places the

³⁵² Regan, *Where Two or Three Are Gathered*, 77.

³⁵³ Regan, *Where Two or Three Are Gathered*, 82.

³⁵⁴ Regan, *Where Two or Three Are Gathered*, 98.

³⁵⁵ Regan, *Where Two or Three Are Gathered*, 82.

essential practices of joint discernment, dialogue, and theological reflection in a larger frame that allows the diversity, disunity, disagreement, and multiple viewpoints that inevitably arise within all groups to be expressed within the ministry without fragmenting the unity of their shared enterprise.

Followership: Regan names the third characteristic of the parish community of practice “followership.”³⁵⁶ She explains that although “the words *follower* and *disciple* are basically interchangeable in this context,”³⁵⁷ followership attends to the reality that in any Christian community of practice, following, rather than leading, describes the positionality of most persons within the group of disciples. Cultivating the receptive, cooperative, yet critical agency required to participate productively in the community of practice and so join in “the process of interpreting and giving life to the shared vision”³⁵⁸ is a central task of members, irrespective of the particularities of their joint enterprise or the structure of leadership within the community. In any joint lay and professional venture, questions of leadership and followership may arise. As the Synod on Synodality’s ongoing discussions regarding leadership, authority, and decision-taking make clear, these are central and contentious questions within the contemporary church. Regan’s highlighting of this characteristic reinforces the qualities of openness, flexibility, and humility that every member of this cooperative enterprise must cultivate in order for the community of practice to seek and serve suffering people who may be wary and unsure of how ministerial initiatives could help them in their struggles.

Discernment: If the joint enterprise and shared repertoire of a community of practice speak to

³⁵⁶ Regan, *Where Two or Three Are Gathered*, 109.

³⁵⁷ Regan, *Where Two or Three Are Gathered*, 117.

³⁵⁸ Regan, *Where Two or Three Are Gathered*, 128.

what the community *is* doing and how its members *can* accomplish their work, discernment is the foundational practice the community employs to determine what members are *called* to do, begin, cease, resist, or cultivate. Through discernment, the community of practice collectively attends to its members, its context, its Christian tradition, its scripture, and, most significantly, to the inspiration of the Spirit. Each individual in the community of practice likewise cultivates a personal disposition toward discernment.³⁵⁹ The nimble responsiveness that the community of practice devoted to caring needs to perform its work effectively can only be realized if the community is likewise devoted to allowing the sustained (and sustaining) practice of discernment to shape its praxis.

4.2.4 Theological Reflection in the Community of Practice

With an understanding that ministries can be conceptualized as communities of practice whose repertoires must incorporate hospitality, conversation, followership, and discernment, parishes and dioceses can begin the work of constructing or adopting a ministry of pastoral care for hurting families within their midst. The persistence of suffering in our world attests to the great need for such ministry.

How can ministry professionals and laity together enact a Christian praxis attuned to discerning, encountering and attending to the particular instances of suffering located in their communities? From grief and loss, to illness, injury, or addiction, to intimate partner violence, joblessness, or homelessness, trauma and pain take many shapes in contemporary life. Their instances can be so varied as to defy universalizing answers to these questions. Yet, in every community, the particular sufferings that arise can be observed, recognized, and met with care.

³⁵⁹ Regan, *Where Two or Three Are Gathered*, 138.

In naming for themselves their joint enterprise, developing their shared repertoire, and navigating their mutual engagement, the members of a nascent ministry of encounter and care learn together “what to do” and “how to do it” for their context. Together in conversation, guided by a commitment to cultivating the “open eyes” Metz insists upon³⁶⁰ and the discerning hearts Regan argues for, they can consider such initial questions as “what suffering plagues our community?”, “who needs our care?” and “what kind of compassion and care can we offer to them?”

These questions point to the need for a further practice, one that I argue is essential to Christian pastoral caregiving ministry: the work of theological reflection. This core practice is necessary to anchor the work and hence the identity of the community of practice’s members in (1) deliberate attention to God’s suffering people, (2) a Christ-like commitment to compassion, and (3) a recognition that the work of discipleship is never a solitary endeavor, but always a partaking in the communal mission of the church. With the mutually constructed knowledge that arises through their practice of theological reflection, they can then move, as followers of Christ, into ministerial works contoured by graceful hospitality – works that they anticipate can console, support, and help the struggling ones whose needs they have come to see.

The work of theologian Richard Osmer offers parish communities of practice a model for establishing, guiding, and refining such theologically-informed practice. Osmer identifies a simple sequence of four questions that can guide the theological reflection process: “What is going on?” “Why is this going on?” “What ought to be going on?” and “How might we respond?”³⁶¹ Addressing these questions from the perspective of faith, parish communities of

³⁶⁰ Johann Baptist Metz calls for the church to greet suffering with an embodied praxis grounded in discernment and expressed through compassionate action. He argues that Christians must be binocular in their focus, and cultivate a “mysticism of open eyes.” See Johann Baptist Metz, *A Passion for God*, ed. and trans. J. Matthew Ashley (New York: Paulist Press, 1998), 163.

³⁶¹ Richard Osmer, *Practical Theology: An Introduction* (Grand Rapids, MI: Eerdmans Publishing Co, 2008), 4, location 88 of 3256, Kindle edition.

practice undertake and accomplish the “four core tasks of practical theological interpretation: the descriptive-empirical task... the interpretive task... the normative task... [and] the pragmatic task.”³⁶² In the language of situated learning, answering these questions permits the community of practice to define its enterprise, determine the boundaries of its work, identify and/or construct the elements of its shared repertoire, and evaluate its endeavor in order to evolve its practice continually.

Osmer’s four-question model asks the community of practice to seek for the connection between its own specific context, its joint enterprise and the larger mission of the church. To grapple with the model’s questions, the community must deliberately reflect upon its own experiences, name its challenges and successes, and articulate a future its members hope to move toward. To function as a place where its members can grow in their identity as disciples, I argue, the Christian community of practice must provide them with regular opportunities for this structured reflection and support the development of their expertise in addressing Osmer’s questions from the standpoint of faith.

The questions illustrate Wenger’s insight regarding the interconnectedness of theory and practice in the life and work of the community of practice. “Practice is not immune to the influence of theory, but neither is it a mere realization of theory, or an incomplete approximation of it. In particular, practice is not inherently unreflective.”³⁶³ Adopting this type of reflective method enables the community of practice to deliberately and dialogically bring its beliefs, commitments, and practice into alignment. It also supports the community’s ongoing learning, by allowing an opportunity for the crystallization of insights. Practical theologian Colleen

³⁶² Osmer, *Practical Theology*, 4 location 88 of 3256, Kindle edition.

³⁶³ Wenger, *Communities of Practice*, 48.

Griffith notes that practice can be a portal to “new realms of understanding,”³⁶⁴ but knowledge gained in practice can remain implicit and intuitive. Deliberate reflection is necessary. Griffith explains that practice “can give rise to new knowing that can better orient existential lives. But the agents of practice, the ones with the concrete histories and distinct abilities to incorporate the knowing in practice, must choose to bring consciousness and will to their participation.”³⁶⁵

Reflecting together on what they have experienced in praxis through the lens of faith can help members of the community to make the implicit knowledge they are developing, regarding ministry and Christian discipleship alike, explicit. In turn, this new knowledge can increase the community’s ability to witness authentically to the good news it is called to share.

In the next section, I turn to the main enterprise of the pastoral caregiving community of practice, the relationship of care. I offer theorizing frameworks for the caregiver/care receiver relationship and for the process of caregiving, from ideation to reception. These models serve as springboards and for the pastoral caregiving community of practice to use as it develops its caregiving repertoire and also as evaluative paradigms for the community to employ as it reflects upon its praxis.

4.3 Care as an Element of Repertoire in the Community of Practice – Nel Noddings, Joan Tronto, and the Frameworks of the Ethic of Care

In a community of practice devoted to pastoral caregiving ministry to families, caring activity will necessarily be a central element of the shared repertoire. But, as we have repeatedly discussed, the circumstances in which families dwell, the types of caregiving ministrations that

³⁶⁴ Colleen Griffith, “Practice as Embodied Knowing,” in *Invitation to Practical Theology: Catholic Voices and Visions*, ed. Claire Wolfteich (New York: Paulist Press, 2014), 60.

³⁶⁵ Griffith, “Practice as Embodied Knowing,” 64.

they may find helpful, the resources for caring available in the local church, and the gifts, competencies, and expertise of the members of the faith community who will serve in this ministry will vary widely. In this dissertation, I have argued that paying serious attention to these particularities and allowing them to shape ministerial action is theologically warranted and practically necessary. Yet, I have argued as well that the particular expressions of care in each local setting are manifestations of the one mission of the church, and they must be recognizable as such. We can ask, then, in the face of the many ways that people experience suffering within their families, and in light of the many possible ways the church can attend to them, what must any caring response encompass in order to express God's love for God's people authentically?

The Lukan pericope known as the parable of the Good Samaritan (Luke 10: 25-37) offers a starting point from which to consider what such loving care entails.³⁶⁶ In the parable, a lawyer approaches Jesus and asks what he must do to inherit eternal life (v. 25). In a short exchange, Jesus refers the lawyer to the Levitical injunction to "love your neighbor as yourself" (Lev 19:18). As he is posing his question "to test Jesus" (v. 25), the lawyer presses further and asks "who is my neighbor?" (v. 2). In reply, Jesus tells his listeners the story of a man beset by robbers, beaten severely, and left near to death (v. 30). A priest and a Levite pass the (presumably Jewish) victim by, and a Samaritan draws near (vv 31-33). In contrast to the priest and the Levite, the Samaritan (recognizable by Jesus' audience as a foreigner) allows his own journey to be interrupted, his own heart to be moved, and his own actions to be directed by the

³⁶⁶ For a fuller treatments of the literary, historical, narrative and theological dimensions of the Lukan pericope, see Kenneth E. Bailey, *Poet and Peasant: A Literary-Cultural Approach to the Parables in Luke* (Grand Rapids, Michigan: William B. Eerdmans, 1983); Joseph A Fitzmeyer, *The Gospel According to Luke (X-XXIV)*, vol. 28, *The Anchor Bible* (Garden City, NY: Doubleday, 1985); Luke Timothy Johnson, *The Gospel of Luke*, vol. 3, *Sacra Pagina Series*, ed. Daniel J. Harrington (Collegeville, MN: Liturgical Press, 1991); John P. Meier, *A Marginal Jew: Rethinking the Historical Jesus*, vol. 5, *Probing the Authenticity of the Parables* (New Haven; London: Yale University Press: 2016); Charles Talbert, *Reading Luke: A Literary and Theological Commentary on the Third Gospel* (Macon, GA: Smyth and Helwys, 2002); and Robert Tannehill, *Luke: Abingdon New Testament Commentaries* (Nashville, TN: Abingdon Press, 1996).

wounded man's needs. He acts, Jesus teaches, as a loving "neighbor" (Lk 10:36) by giving personal, active, responsive, sustained care to the suffering man. Jesus instructs his listeners to "go and do likewise," setting a standard for neighbor-love that is defined by encounter, active engagement with suffering, and the willful self-donation of energy and resources.

In this pericope, the Samaritan and the victim are held together in a relationship of care. Although they are strangers to one another, the Samaritan willingly assumes a caregiving role. Their situation parallels contemporary ministry in the local church, where caregivers do not necessarily have preexistent relationships with those who seek or need pastoral care. Nevertheless, pastoral caregivers responding to the imperative of neighbor-love are called to caregiving relationship.

I contend, therefore, that one final theoretical element is necessary for the construction of a synodal, trauma-aware, relational caregiving community of practice that can witness faithfully to the Gospel, in a manner consistent with the caregiving the Lukan Good Samaritan passage depicts. I propose that the ethic of care pioneered by twentieth-century American philosopher, educator, and ethicist Nel Noddings and further developed by political theorist Joan Tronto offers a framework that can function as the theoretical basis for the flexible, responsive, and particular caring ministerial initiatives traumatized families require. Noddings and Tronto offer a core set of principles that outline the foundational responsibilities, relations, and trajectories inherent to ethical caring, a paradigm that recognizes tending to the suffering other as moral imperative. By configuring their practice of care according to these principles, pastoral caregiving communities of practice can weave the distinct, diverse caring actions that their ministry performs into a consistent whole that evinces a deep commitment to the well-being of suffering families. Following the frameworks, communities of practice can build a caring

ministry that coherently expresses the practical, embodied, relational, responsive neighbor-love to which Jesus exhorts all his disciples (Lk 10:37).

4.3.1 Noddings' Model of Caring Relationship

Noddings proposes that all people share a fundamental need for care. “To receive and to be received, to care and be cared-for: these are the basic realities of human being and its basic aims.”³⁶⁷ Consequently, reception and care are “the human condition that we, consciously or unconsciously, perceive as good.”³⁶⁸ Ethical behavior consists in acting toward the good, and as reception and care are the sine qua non of goodness, Noddings argues, to act ethically is to align one’s interior disposition and one’s outward action with that ethical ideal.³⁶⁹ To act ethically, she explains, we must first “picture ourselves as one-caring” and then act towards others in accordance with that self-understanding.³⁷⁰

For Noddings, care is not a specific behavior, but rather, a relationship. Individual acts of care take place within the relationship. Caring actions are highly particular and contextual, shaped by the unique subjectivities and circumstances of those in the relationship, but they are offered and received within the frame of a consistently configured relationship that exists between the one-caring and the one-cared-for. Caring, Noddings explains, “involves two people. It is complete when it is fulfilled in both.”³⁷¹ While care acts can take many forms, “invariant” characteristics describe each party’s roles and responsibilities within their relationship.³⁷² Below,

³⁶⁷ Nel Noddings, *Caring: A Feminine Approach to Ethics and Moral Education* (Berkeley, CA: University of California Press, 1984), 173.

³⁶⁸ Noddings, *Caring*, 5.

³⁶⁹ Noddings, *Caring*, 5.

³⁷⁰ Noddings, *Caring*, 5.

³⁷¹ Noddings, *Caring*, 69.

³⁷² In describing the partners in the caring relationship, Noddings uses the feminine pronouns “she/her” to distinguish linguistically the one-caring from the one-cared for, whom Noddings designates with the masculine

I offer a discussion of these particular dimensions of each party's functions and duties, presenting first the one-caring and second the one-cared-for. As the next section will demonstrate, the roles complement one another. While the one-caring exercises agency in choosing to care and performing caring, the one-cared-for likewise is an active subject in the relationship. The one-cared-for exercises a regulating power within the caregiving/receiving dynamic, as the one-cared-for is the one who determines whether or not any offered care is received.

One-Caring: The caring relationship begins in an encounter that elicits response. The one-caring, confronted with the need of a potential cared-for, responds affectively and cognitively with “the feeling, ‘I must do something.’”³⁷³ This could be a spontaneous conviction, the incipient impulse of “natural caring.”³⁷⁴ Alternatively, the affective response could be more cultivated; seeing another's need, the one-caring might recognize “something must be done”³⁷⁵ yet not feel a spontaneous impulse to attend to the need. The desire to pursue goodness and act in accordance with the image of the ethical self, however, can stimulate “ethical caring”³⁷⁶ in which one deliberately decides, “I” am the one who “must do something.” In both instances, the one-caring is willingly emotionally receptive to the cared-for.

The one-caring's emotional receptivity is accompanied by a broader receptivity of consciousness through which she allows herself to be engrossed and motivationally displaced by the concerns of the cared-for. In this interior state, the one-caring is wholly absorbed in the

pronouns “he/him.” I employ that convention for consistency with Noddings' work in this discussion, however, it is important to note that Noddings asserts that women and men alike can give and receive care; gender is not an essential determinant of one's role as one-caring or one cared-for.

³⁷³ Noddings, *Caring*, 14.

³⁷⁴ Noddings, *Caring*, 5.

³⁷⁵ Noddings, *Caring*, 81.

³⁷⁶ Noddings, *Caring*, 5.

predicament of the cared-for.³⁷⁷ Recognizing him fully as subject, she adopts his “frame of reference” and allows her energy and resources to be “directed toward the welfare, protection, or enhancement of the cared-for.”³⁷⁸ The generous self-donation to the cared-for is a fundamental attribute of caring.

The one-caring complements her openness to and regard for the cared-for with an assessment of the cared-for’s needs and the ways in which she can best meet them. This deliberation requires her to consider the concrete particularities both of the cared-for’s circumstances and of her own resources.³⁷⁹ The one-caring discerns her response both rationally and affectively. As feminist philosopher and ethicist Virginia Held explains, “the ethics of care... values emotion”³⁸⁰ as a resource for moral decision-making. Noddings notes that it is “in this subjective-receptive mode that I see clearly what I have received from the other,” but it is the task “of my reasoning powers to figure out what to do once I have committed myself to doing something.”³⁸¹

Reception and deliberation culminate in an intentional, specific course of action through which the one-caring embodies her care. From responding to the cry of one’s own infant, to volunteering in a local literacy initiative, to caring for an elderly parent during a terminal illness, the one-caring “is *present* in her acts of caring”³⁸² to the real and particular needs of the cared-for. She conveys that presence through both her receptive attitude and her actions.

It is important to note that for Noddings, the one-caring is oriented toward actively promoting the good of the one cared-for. “When we see the other’s reality as a possibility for us,

³⁷⁷ Noddings, *Caring*, 19, 57.

³⁷⁸ Noddings, *Caring*, 24, 23.

³⁷⁹ Noddings, *Caring*, 35.

³⁸⁰ Virginia Held, *The Ethics of Care: Personal, Political, and Global* (Oxford, UK: Oxford University Press, 2006), 10.

³⁸¹ Noddings, *Caring*, 35.

³⁸² Noddings, *Caring*, 19 [emphasis in original].

we must act to eliminate the intolerable, to reduce the pain, to fill the need, to actualize the dream. When I am in this sort of relationship with another, when the other's reality becomes a real possibility for me, I care."³⁸³ To see a need and not act is to not care.

For the one-caring, care combines an awareness of another's need with action taken to alleviate that need. The one-caring understands the context within which this dynamic occurs to be a relationship. Caring is "the commitment to act in behalf of the cared-for, a continued interest in his reality throughout the appropriate time span, and the continual renewal of commitment over this span of time."³⁸⁴ Noddings notes that while care can take many forms, and two different caring-ones may legitimately respond to the same cared-for with decidedly different caring solutions, "caring is always characterized by a move away from the self,"³⁸⁵ and it always "involves engrossment"³⁸⁶ of the one-caring's attention with the plight of the cared-for. To care, Noddings explains, "is to act with special regard for the particular person in a concrete situation,"³⁸⁷ which necessarily means, "to act not by fixed rule but by affection and regard."³⁸⁸ Noddings notes that without that warmth, "the one who is the object of caretaking feels like an object"³⁸⁹ and caring has not truly occurred. Care, for Noddings, is intensely relational and never merely instrumental.

It is important to note that, for Noddings, the one-caring may not personally know the one cared-for prior to their caring relations. As a social being, every individual dwells "at the center of concentric circles of caring"³⁹⁰ comprised of family and friends. These circles are complemented by formal relationships with others who the one-caring may not know with the

³⁸³ Noddings, *Caring*, 14.

³⁸⁴ Noddings, *Caring*, 16.

³⁸⁵ Noddings, *Caring*, 16.

³⁸⁶ Noddings, *Caring*, 17.

³⁸⁷ Noddings, *Caring*, 24.

³⁸⁸ Noddings, *Caring*, 24.

³⁸⁹ Noddings, *Caring*, 65.

³⁹⁰ Noddings, *Caring*, 46.

same degree of intimacy. Examples include friends of friends, associates of one's own business colleagues, and alumni of one's alma mater. These unknown people are linked peripherally to the one-caring and may elicit in the one-caring a natural sense of care toward them. Strangers, however, present the one-caring with the question of care without an established, a priori affective connection. "I can remain receptive," Noddings asserts even to the "stranger, the one who comes to me without the bonds established in my chains of caring."³⁹¹ The one-caring can choose to permit her own engrossment with a stranger's needs and willingly allow self-displacement so that she can donate her energies to the stranger's affairs. This is the case, for Noddings, of ethical caring. Ethical caring describes the receptive manner in which people in caregiving ministry can meet those for whom they would offer care.

One Cared-For: Noddings is clear that the caring relationship requires the active involvement of the cared-for. He must willingly receive the care that the one-caring offers. "The cared-for responds to the presence of the one-caring. He feels the difference between being received and being held off or ignored."³⁹² The cared-for is particularly attuned to the one-caring's emotional receptivity; "when this attitude is missed, the one who is the object of caretaking feels like an object," rather than as a cared-for other.³⁹³ When the cared-for does not sense any affective engagement on the part of the one-caring, no care is received. The caring relationship is incomplete. Noddings warns her readers of the potential for this dynamic to arise in caregiving institutions and organizations when cared-fors are treated uniformly as representatives of a "type" (e.g., "the homeless") rather than as individuals presenting with a common need. This warning has resonance for the praxis of caregiving in faith communities whose ministries serve

³⁹¹ Noddings, *Caring*, 47.

³⁹² Noddings, *Caring*, 60.

³⁹³ Noddings, *Caring*, 65.

vulnerable, traumatized populations in large or institutional settings such as homeless shelters or refugee centers.

The cared-for does not necessarily express his reception of care directly to the one-caring. It is not the cared-for's role to intentionally support her by affirming her care as appreciated. His response is made in the way he “‘grows’ and ‘glows’”³⁹⁴ as a result of the one-caring's care. The cared-for's increased well-being signals his reception to the one-caring and completes their caring relationship. In traumatic contexts, “glowing” may not aptly characterize the movement toward healing, as it suggests a visible, discernible improvement. As we will see in Chapter Five, change may take time to emerge and may be expressed in forms such as expressions of hopefulness, less crying, or a willingness to engage for longer periods of time, but it may also not be readily apparent to the ones-caring. Determining how to assess reception is a necessary task for the caregiving community of practice.

Each person depends upon the other in the caring relationship. Needing some type of support, the cared-for is vulnerable to the one-caring's willingness to pursue the ethical ideal and engage in a caring relationship. Pursuing goodness, the “one-caring is also oddly dependent upon the cared-for,” as she cannot participate in the goodness of caregiving without the cared-for's vulnerably sharing his need and receiving her care.³⁹⁵

Noddings' model of caring relationship is predicated upon proximity between the one-caring and the cared-for. The one-caring's inner and material resources are limited. She cannot authentically care for all would-be cared-fors. “We cannot love everyone,” Noddings writes; to suggest otherwise is to confuse the costly work of caring-for with the far cheaper caring-about

³⁹⁴ Noddings, *Caring*, 67.

³⁹⁵ Noddings, *Caring*, 48.

that is equivalent to sympathy.³⁹⁶ Proximity serves as a necessary criterion to ensure that the one-caring can encounter another and receive him in the way that “is integral to the attainable ideal.”³⁹⁷ The constraint of proximity permits the one-caring to offer her engrossment, motivational displacement, and committed actions and to be attuned to signals of the cared-for’s “happy growth before her eyes.”³⁹⁸

While proximity may appear to offer an excuse not to extend one’s self too deeply to care for distant others, it functions more strongly to insist that the needs of near ones cannot ethically be ignored. This criterion affirms deep responsibility for one’s neighbor, the very responsibility that functions as the centerpiece of the Lukan parable of the Good Samaritan.

Noddings’ model makes plain that caring takes place in the context of a personal relationship in which the one-caring and the cared-for mutually offer one another the gift of recognition. Caring requires from the one-caring the ability to see the needs of another, the compassion to be moved by that need, and the determination to act to ameliorate it. It requires from the one-cared for acceptance of the care and recognition of that receipt. If the one-caring and the cared-for are so distantly related as to be abstractions to one another, they cannot be in caring relationship. Caring requires the one-caring to care for “the proximate other... the one who addresses me, the one under whose gaze I fall.”³⁹⁹

4.3.2 The Arc of Care – Joan Tronto and the Four-Stage Model

Feminist scholar Joan Tronto expands upon Noddings’ work in several ways that are of particular relevance to caregiving ministry. First, although she agrees with Noddings that ethical

³⁹⁶ Noddings, *Caring*, 112.

³⁹⁷ Noddings, *Caring*, 113.

³⁹⁸ Noddings, *Caring*, 181.

³⁹⁹ Noddings, *Caring*, 113.

care consists of relationship characterized by engrossment and action on the part of caregivers and by the reception of care on the part of care-receivers, she notes that care need not be dyadic.⁴⁰⁰ Although Noddings' model of the caregiving relationship helpfully elucidates the differing responsibilities and dispositions that characterize the caregivers and care-receivers, it is not necessarily the case that all ministerial caregiving initiatives will take the form of 1:1 interactions. Tronto notes that the provision of ethical care can be a shared, social practice. That is, ethical caring can be performed by the members of a group as well as by individuals. Tronto's model is thus well-suited to describe the provision of care as performed by a caregiving ministry community of practice. Second, she notes that care's cultural dimensions must be acknowledged and permitted to shape care. "The activity of caring is largely defined culturally, and will vary among different cultures."⁴⁰¹ What constitutes caring action to caregivers may not correspond to the understandings of care that care receivers bring to their encounter, and these preconceptions can have strong cultural determinants. Cultural sensitivity and intercultural competence are thus necessary elements for the caregiving community of practice to incorporate into its repertoire.

Additionally, Tronto proposes that caregiving is a relational process that can be modeled with a framework that describes a temporal arc stretching from care's inception to conclusion. This model distinguishes care into four distinct phases. Although these phases include tasks that Noddings' model assigns to caregivers and care receivers, Tronto's model makes clear that ethical caregiving orders these actions into an identifiable sequence. Consequently, Tronto's model can offer communities of caregiving practice a practical guide for evaluating the comprehensiveness of their caregiving efforts.

⁴⁰⁰ Joan Tronto, *Moral Boundaries: A Political Argument for an Ethic of Care* (New York: Routledge, 1993), 102-103, location 1670 of 5117, Kindle edition.

⁴⁰¹ Tronto, *Moral Boundaries*, 103, location 1692 of 5117, Kindle edition.

Tronto names these phases “caring about, taking care, care-giving, and care-receiving.”⁴⁰² Caring about is a phase of recognition in which needs are identified and in which an individual or community determines whether they ought to make a response of care. Taking care, as a second step, “involves assuming some responsibility for the identified need and determining how to respond to it.”⁴⁰³ Care-giving is the third phase, in which active care is provided by one(s)-caring. The final phase, care-receiving, is the one in which the primary actor is the one(s) cared-for. Tronto explains that although caregivers may complete the first three phases, identifying needs, determining a response, and then providing care consistent with those judgments,

perceptions of need can be wrong. Even if the perception of a need is correct, how the care-givers choose to meet the need can cause new problems. A person with mobility limitations may prefer to feed herself, even though it would be quicker for the volunteer who has stopped by with the hot meal to feed her. Whose assessment of the more pressing need – the need for the volunteer to get to the next client or the meal recipient’s need to preserve her dignity – is more compelling?⁴⁰⁴

Care cannot be considered a successful process unless the care-receivers would concur that their needs, as they would identify them, have been met.

Tronto notes that these phases call for four concomitant “ethical elements of care.”⁴⁰⁵ These are attentiveness, responsibility, competence, and responsiveness. As did Noddings, Tronto insists that care must begin in attentiveness to the particular needs of others. “If we are not attentive to the needs of others, then we cannot possibly address those needs,”⁴⁰⁶ she writes. It is important to note, however, that one’s vantage point determines one’s vision. Attentiveness in the community of practice, then, must be a community-wide responsibility. In the case of familial trauma, needs can often go unrecognized, as these experiences of trauma are not

⁴⁰² Tronto, *Moral Boundaries*, 105, location 1715 of 5117, Kindle edition.

⁴⁰³ Tronto, *Moral Boundaries*, 106, location 1737 of 5117, Kindle edition.

⁴⁰⁴ Tronto, *Moral Boundaries*, 107, location 1760 of 5117, Kindle edition.

⁴⁰⁵ Tronto, *Moral Boundaries*, 126, location 2067 of 5117, Kindle edition.

⁴⁰⁶ Tronto, *Moral Boundaries*, 126, location 2067 of 5117, Kindle edition.

necessarily widely experienced. The parents of children with profound disability, the spouses of people living with dementia, or the newly resettled refugee family who have recently emigrated from a war-ravaged land may occupy locations that no one in the caregiving community of practice shares. The community of practice devoted to caregiving must make it possible, then, for those who have lived experience with these circumstances to present their needs and to share their evaluation of caregivers' efforts. Attentiveness includes an awareness that what is hidden may need to be sought.

Similarly, responsiveness and responsibility characterize both Noddings' and Tronto's models. Tronto's naming of these two elements echoes Noddings' insistence that to care is to allow oneself to be moved by others' suffering and to take committed, defined, action toward ameliorating it.

The fourth element Tronto identifies, competence, identifies a place for specific training in caregiving praxis within the repertoire of the community of practice. Tronto explains, "Making certain that the caring work is done competently must be a moral aspect of care if the adequacy of the care given is to be a measure of the success of care."⁴⁰⁷ Particularly when inviting vulnerable people into contexts of care, it is essential that those who minister have the competence to provide the care they offer. Incorporating preparation explicitly into the repertoire, articulating the scope of the community's praxis, and ensuring that caring activities are consistent with these explicitly articulated boundaries are thus necessary works for the community of practice to attend to.

Tronto explains that for caring to have "integrity,"⁴⁰⁸ each of these elements and moments must be present in ethical caring practice. "Good care requires that the four phases of

⁴⁰⁷ Tronto, *Moral Boundaries*, 133, location 2180 of 5117, Kindle edition.

⁴⁰⁸ Tronto, *Moral Boundaries*, 136, location 2226 of 5117, Kindle edition.

the care process must fit together into a whole.”⁴⁰⁹ Her model proposes that integrity functions as an analytic criterion for communities of practice to use in their evaluation of their caring praxis. Are there identifiable times, places, and procedures within the ministry for the activities of caring about, taking care, care-giving, and care receiving? Do members cultivate, individually and collectively, attentiveness, responsibility, responsiveness, and competence? How? Which of the activities of caregiving ministry express the community’s commitment to these ethical characteristics? Does the repertoire of the community contain resources to strengthen these attributes? Does the community set aside time to reflect on its own practice, to consider the integrity of its efforts? How does the community of practice seek out, attend to, and incorporate the insights and evaluations that those who need care might offer?

Taken together, Noddings’ and Tronto’s models allow us to see that while caring ministry can consist of myriad relationships and acts, an underlying framework can unite them into a coherent, ethical whole. Caring is a practice, Noddings and Tronto agree, and it is a practice whose foundations are a recognition of human vulnerability; the universal need for relationship, belonging, and reception; and a principled commitment to supporting the well-being of suffering others. Noddings and Tronto show that caring is active, embodied, attentive, responsive, and ongoing. It consists of discrete, though connected, movements, each of which must be attended to for caring to reach its own aims.

A Caution: Scholars note that the ethic of care is a contested topic. Its premises and its potential implications have attracted feminist critique. These criticisms include concerns about the ethic of care’s possible inherent gender essentialism, as in its earliest formulations the ethic of care was posited as “feminine in the deep classical sense – rooted in receptivity, relatedness, and

⁴⁰⁹ Tronto, *Moral Boundaries*, 136, location 2226 of 5117, Kindle edition.

responsiveness.”⁴¹⁰ Additional critiques address the ethic of care’s potential to perpetuate the historically disproportionate imposition of caring labor on women, particularly women of color and poor women and the danger that its focus on the alleviation of individual suffering obscures the ethical imperative for initiating structural change at the institutional and societal level.⁴¹¹ Disability scholars note that the ethic of care can perpetuate the marginalization and disempowerment of persons with disabilities by centering caregivers as ones who hold the responsibility for identifying need and designing responses.⁴¹²

While it is beyond the scope of this dissertation to examine each critique in fulsome detail, it is important to recognize that caring is a complex, nuanced endeavor. Noddings’ and Tronto’s models offer a scaffold with which to construct and evaluate the caring practice itself. However, communities of practice that perform care must pay heed to the potential that caring practice has to wound care receivers and caregivers alike, and seek to work actively against those possibilities. They must consider, when they reflect upon their practice, such questions as “Are we creating structures and processes that respect the subjectivity of caregivers and care receivers?” and “How do we attend to the cultural dimensions of our work, particularly in parishes that serve diverse cultural communities?”⁴¹³ Grappling with these questions together is one way in which the community of practice serves to form its members in faith.

In Chapter Five, I will examine the caregiving relationships and caregiving stages of two

⁴¹⁰ Noddings *Caring*, 2.

⁴¹¹ For an overview of the ethic of care, its situatedness within the larger discourse of feminist ethics, and the critiques which it has given rise to, see Kathryn Norlock, “Feminist Ethics,” In *The Stanford Encyclopedia of Philosophy*, ed. Edward N. Zalta, (Summer 2019), accessed online October 10, 2022, <https://plato.stanford.edu/archives/sum2019/entries/feminism-ethics/>. For a fuller discussion of the ethic of care, its historical development, contemporary formulations and scope, its application in diverse global contexts, and its challenges, see Marian Barnes, Tula Brannelly, Lizzie Ward and Nicki Ward, *Ethics of Care: Critical Advances In International Perspective* (Bristol, UK: Policy Press, 2015).

⁴¹² Jonathan Herring, “The Disability Critique of Care,” *Elder Law Review* 8 (2014).

⁴¹³ For a discussion of intercultural competence and pastoral caregiving, see Emmanuel Y. Lartey, *In Living Color: An Intercultural Approach to Pastoral Care and Counseling* (London: Jessica Kingsley Publishers, 2003).

communities of practice. In that investigation, I will employ Noddings' and Tronto's models as analytical lenses, but I will also present insights that emerge from that qualitative analysis that will enable me to make an additional critique of these frameworks. I will also propose amendments that will make these models even more suitable for the particular work that is Christian pastoral caregiving ministry.

4.4 Conclusion

In this chapter, I have drawn on the twin theories of situated learning and the ethic of care to propose that a pastoral caregiving ministry designed to meet the needs of families enduring ongoing distress and traumatic injury can be a place where the ministry's caregiving participants learn to care through the situated practice of care. I have also argued that the ministry, conceptualized as a community of practice, can be a place where participants' Christian identity as disciples can be developed through the experience of active participation in the missional work of care, particularly when caregiving is organized according to the framework that the ethic of care, as conceptualized by Noddings and Tronto, proposes.

In the community of practice, participants engage in the activities that comprise the main work of their joint enterprise. The community of practice model makes clear that learning is a key outcome of their work together. By paying attention to (1) the elements of practice that shape that learning, (2) the insights and knowledge that arise in the course of reflection on practice, and (3) the ways in which that constructed knowledge can be employed by the community to improve its praxis, pastoral caregiving ministry can be deliberately designed so as to promote the ability of caregivers to witness authentically to God's love for hurting people.

To promote the twin aims of strengthening competence and identity, the ministerial

community of practice must recognize both caregiving and growth in Christian identity as equally legitimate aspects of its ministerial enterprise. With that awareness, the participants in the ministry can deliberately construct a repertoire whose elements support these two ends. These elements can include practices for learning and enacting discernment, time and procedures for regular, structured dialogue and a method for theological reflection. They can also include training in caring practices to promote caring competency, and the formal structuring of relationships between caregivers and care receivers according to Noddings' relational model. Finally, the repertoire can include employing Tronto's model of the caregiving process as a general template or guide. In naming the four successive movements of care and identifying the ethical dispositions necessary to enact them, Tronto's model offers communities of practice a framework for considering the individual elements that will comprise the arc of their caring and also for evaluating their efforts' overall integrity – two tasks that the ministry must attend to in order to meet its caregiving aims.

I opened this chapter by asking how the local church can best offer pastoral care to suffering families. With the final two heuristics discussed here, the community of practice and the ethic of care, we can now begin to construct an answer to this question. In Chapter 5, I will present two case studies of extant communities of practice devoted to the pastoral care of people who have endured grave troubles in their families. I will employ the several theoretical lenses presented in Chapters One through Four to analyze the praxis and the learning enacted in these communities, with the ultimate aim of constructing a robust framework for parishes to use when designing and evaluating new ministry initiatives to meet the needs of the families who need their care.

CHAPTER FIVE

“We’re Walking the Talk:”⁴¹⁴

A Qualitative Examination of Two Caregiving Communities of Practice

Bear one another’s burdens, and in this way you will fulfill the law of Christ.
Galatians 6:2

5.1 Introduction

In the preceding four chapters we have considered, from various theoretical perspectives, the pastoral caregiving needs of families whose lives have been disarranged by traumatic suffering and the question of how the local church can minister to families with competence, compassion, and authentic Christian witness. I have drawn upon the fields of theology, education, and trauma studies to argue that each of these domains offers insights that, when synthesized, support a particular model of care: a trauma-aware, relational, synodal, pastoral caregiving praxis enacted by a community of practice in the local church.

In the present chapter, I offer a qualitative analysis of two existing models of pastoral caregiving that attend to people enduring familial traumas, the Brighton Visitation Ministry (BVM) and the Linden Day Away Ministry (LDAM).⁴¹⁵ In a small-scale study, I interviewed 10 people about their experiences as caregivers and care receivers in the ministries. Using a semi-structured format, I asked participants to reflect upon either the BVM’s or the LDAM’s praxis, pedagogy, ecclesial self-understanding, and organizational configuration. I supplemented the interviews with an examination of material artifacts created by each ministry. Analyzing these

⁴¹⁴ June Hudson, LDAM diocesan coordinator, interview with author, May 13, 2020.

⁴¹⁵ As will be discussed in more detail in Section 5.2, each ministry’s name and participants and other identifying details have been anonymized to protect the confidentiality of the people who participated in this research study. Linden Day Away Ministry and Brighton Visitation Ministry are pseudonyms I constructed to obscure the identity of these two nationally-known ministries.

multiple streams of data, I find nine common themes among the two ministries, three themes each related to care, synodality and learning (see Table 5.1). The themes complement, nuance, and deepen the conclusions I developed via the deductive analysis presented in Chapters One through Four. They offer implications for the design and implementation of new pastoral caregiving initiatives in the church more broadly, as they highlight nine aspects of practice that communities of practice must deliberately consider and attend to as they establish caregiving ministries aimed at supporting men, women, and children struggling to cope with traumatic suffering and chronic distress.

Table 5.1: Qualitative Themes of Study

Care	Synodality	Pedagogy & Learning
The Triadic Caring Relationship	Walking Together and The Unique Contributions of The Clergy	Caregiving Ministry Knowledge Has Two Dimensions – Caring Practice Knowledge and Logistical Knowledge
Care As Four-Fold Hospitality	Walking Together and The Unique Contributions of The Laity	Hybrid Pedagogical Methods Undergird the Construction of Caregiving Competence
Attentive Listening as Vehicle Through Which Burdens Are Shared	Missional Engagement – The Field Hospital as Living Ecclesiology	Follow The Program or Making Change – Adaptation Is Synodal Learning

5.1.1 Conceptual Framework

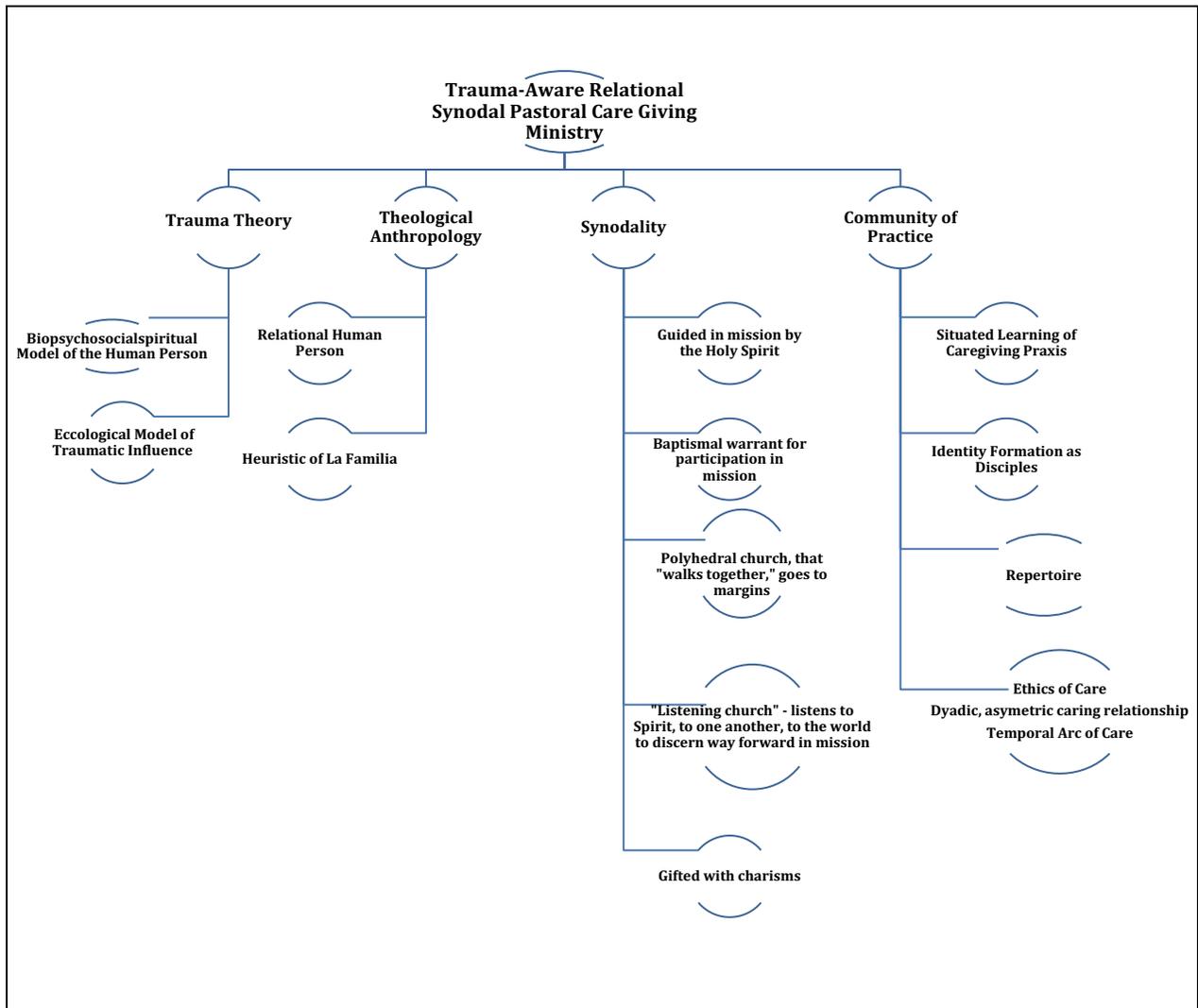
The conceptual framework undergirding this qualitative study is derived from the theoretical heuristics discussed in the preceding chapters. Supporting the dissertation as a whole, this framework also shapes my study’s design. As I discuss below, the conceptual framework guided the framing of my research questions, the development of interview questionnaire instruments, data analysis, and interpretation of data. Each aspect of the conceptual framework is detailed more fully in its corresponding chapter (see Table 5.2).

Table 5.2: Conceptual Framework Elements, Articulated by Chapter

Chapter One	Chapter Two	Chapter Three	Chapter Four
Biopsychosocial Spiritual Model of Human Welfare	Relational Theological Anthropology	Synodal Ecclesiology	Situated Learning Theory and the Community of Practice
Ecological Model of Traumatic Influence	Mujerista Understanding of Family as <i>la familia</i>		Ethics of Care

These discrete conceptual elements can be displayed as a unified conceptual framework that supports the constructive/evaluative framework for trauma-aware, relational, synodal pastoral caregiving ministry that will be presented in Chapter Six (see Figure 5.3).

Figure 5.3: Integrated Conceptual Framework



5.1.2 Theoretical Orientation

Practical Theology: As a practical theologian, I am committed to the perspective that the lived practice *of* the church can be a fundamental source of insight *for* the church. Practical theology seeks to examine critically the actual practices of individuals and communities of faith in order to learn from them and to propose constructive amendment to Christian praxis.⁴¹⁶ Practical

⁴¹⁶ Anne Marie Dillen and Robert Mager, “Research in Practical Theology: Methods, Methodology, and

theologians Kathleen Cahalan and Bryan Froehle explain, “The goal is to engage concrete lived realities and the theories embedded in them, as well as theories outside them, to help understand what faith is, and how it is lived, in and through practice.”⁴¹⁷

In their practices, faith communities embody and witness to what they believe. They give concrete expression, for example, to their ecclesiology, their theological conception of the human person, their beliefs about God’s love for all of God’s creation, and their understanding of how their baptismal vocation calls them to witness to and express God’s love to the world. Practical theology attends to these expressions and seeks to uncover the many dimensions of faith-understanding they communicate. The study of practices and the insights they encode thus enriches theology. At the same time, in reflecting critically on practice through the lenses of theology and other disciplines, practical theologians can critique practice and suggest ways in which faith communities can refine their praxis and bring about ever closer alignment between the church’s profession of faith and the faith the local church expresses in its actions.

Qualitative Inquiry: To gain understandings of lived religious experience, practical theology employs the methods of qualitative inquiry. Practical pastoral theologian Bonnie Miller-McLemore notes, “Methodologically practical theology begins with the concrete and local.”⁴¹⁸ Qualitative inquiry allows researchers to bring the concrete praxis of specific faith communities into clear focus through systematic, deliberate, reflective methods. Qualitative inquiry is aimed toward the development of trustworthy findings, so that by examining a particular instance and gaining an understanding of it, insights might emerge that can apply more generally to similar

Normativity,” in *Invitation to Practical Theology: Catholic Voices and Visions*, ed. Claire E. Wolfteich (New York, NY: Paulist Press, 2014), 301-328.

⁴¹⁷ Kathleen A. Cahalan and Bryan Froehle, “A Developing Discipline: The Catholic Voice in Practical Theology,” in *Invitation to Practical Theology: Catholic Voices and Visions*, ed. Claire E. Wolfteich (New York, NY: Paulist Press, 2014), 43.

⁴¹⁸ Bonnie J. Miller-McLemore, “The Contributions of Practical Theology,” in *The Wiley Blackwell Companion to Practical Theology*, ed. Bonnie J. Miller-McLemore (Malden, MA: Wiley Blackwell, 2014), 7.

sites or populations.⁴¹⁹ In the case of practical theology, qualitative inquiry of specific communities' ministerial practice seeks to illuminate aspects of their endeavors so that particular amendments to praxis might be made to ministerial praxis in the church more broadly.

Practical pastoral theologian and psychotherapist Daniel Schipani points to the qualitative method of case study as “one of the most widely used and valued ways of doing practical theology.”⁴²⁰ This method of qualitative investigation permits “critical and constructive reflection on ecclesial and ministry practice... by focusing intensely on a particular case that is approachable from diverse perspectives.”⁴²¹ A case can be understood as a “bounded system (i.e. a setting or a context)”⁴²² in which the practice under investigation takes place. Within the universe of case study types, instrumental case studies attend to a particular issue or aspect of the case.⁴²³ Researchers study the issue by examining several sources of case-specific data, including “observations, interviews, audiovisual material, and documents and reports.”⁴²⁴ When qualitative researchers investigate a phenomenon by examining its operation across “multiple bounded systems (cases),”⁴²⁵ the resultant study is more precisely identified as a multiple-case or collective case study.⁴²⁶

In this chapter, I employ the theoretical orientations of practical theology and qualitative inquiry to offer a modified, collective, instrumental case study of the Brighton Visitation Ministry (BVM) and the Linden Day Away Ministry (LDAM).

⁴¹⁹ Gretchen B. Rossman and Sharon F. Rallis, *An Introduction to Qualitative Research: Learning in the Field*, 4th ed. (Los Angeles: Sage, 2017), 54-55.

⁴²⁰ D. Schipani, “Case Study Method,” in *The Wiley Blackwell Companion to Practical Theology*, ed. Bonnie J. Miller-McLemore (Malden, MA: Wiley Blackwell, 2014), 91.

⁴²¹ Schipani, “Case Study Method,” 91.

⁴²² John W. Creswell, William E. Hanson, Vicki L. Clark Plano and Alejandro Morales, “Qualitative Research Designs: Selection and Implementation,” *The Counseling Psychologist* 35, no. 2 (March 2007): 245.

⁴²³ Creswell et al, “Qualitative Research Designs,” 245.

⁴²⁴ Creswell et al, “Qualitative Research Designs,” 245.

⁴²⁵ Creswell et al, “Qualitative Research Designs,” 245.

⁴²⁶ Creswell et al, “Qualitative Research Designs,” 246.

5.2 Research Methodology

5.2.1 Research Aims

My purpose in studying both the Brighton Visitation Ministry and the Linden Day Away Ministry was to determine how these two ministries shape their pastoral care initiatives, train ministry participants to offer competent care, and conceptualize and implement ministerial collaboration among their members. While the particular findings of any qualitative study are not fully generalizable, I sought to identify the features participants themselves considered to be efficacious in order to identify factors in these two ministries that could be of relevance more broadly to pastoral caregiving ministry in contexts of familial trauma.⁴²⁷

Practical theologians John Swinton and Harriet Mowat describe generalizable relevance as “transferability.”⁴²⁸ They explain that the insights attained through qualitative research, while drawn from a specific set of data sourced from a particular context, can be fruitfully applied, or transferred, to new contexts where they “resonate with the experiences of others in similar circumstances.”⁴²⁹ In this study, my overall aim was to discern inductively caregiving, pedagogical, and ecclesiological insights of transferable relevance that could function as elements in my proposed evaluative/constructive framework for parishes to use as they initiate trauma-aware, relational, synodal, pastoral caregiving ministries.

More specifically, within each of these three categories, my aims were as follows:

⁴²⁷ Johnny Saldaña and ebrary Inc., *Fundamentals of Qualitative Research* (New York: Oxford University Press, 2011), 126.

⁴²⁸ John Swinton and Harriet Mowat, *Practical Theology and Qualitative Research* (London, SCM Press, 2006), 47.

⁴²⁹ Swinton and Mowat, *Practical Theology and Qualitative Research*, 47.

Pastoral Caregiving: I sought to determine how the Brighton Visitation Ministry and the Linden Day Away Ministry offer pastoral caregiving responses to people suffering from traumatic injury or chronic distress. My purpose was to learn how these ministries define care and to uncover the aspects of their caring practices that caregivers and care receivers identify as efficacious and healing.

Pedagogy: I sought to learn how these ministries, functioning as communities of practice, train ministry participants to engage in caring praxis. My purpose was to determine the key features of the ministries' pedagogical methods that promote ministers' caregiving competency and Christian identity.

Ecclesiological Expression: Third, I sought to identify the ecclesiology that structures and is expressed by the Brighton Visitation Ministry and the Linden Day Away Ministry, so as to discern the synodal dimensions of their organization and practices. In particular, I aimed to discern the ways in which synodal self-understanding and synodal ministerial practice influence how the ministries share the caregiving knowledge they constructed through practice with the broader church.

5.2.2 Research Questions

To accomplish my research aims, I formulated three primary research questions and nine associated sub-questions.

1. How do the Brighton Visitation Ministry and the Linden Day Away Ministry promote healing in situations of family trauma and chronic familial distress?
 - a. How do caregivers in the BVM and the LDAM understand healing?

- b. How do care receivers in the BVM and the LDAM understand healing?
 - c. How do these ministries foster relationships between caregivers and care receivers?
 - d. What features of the caregiving relationships in these ministries promote familial healing and flourishing?
2. How do the Brighton Visitation Ministry and the Linden Day Away Ministry train caregivers to offer pastoral care?
- a. In what ways do these ministries function as communities of practice, where situated learning takes place?
3. How do the Brighton Visitation Ministry and the Linden Day Away Ministry express synodality?
- a. Is the ministry structured in a hierarchical or horizontal manner?
 - b. What is the collaboration like between lay volunteers, ordained ministers, and lay ministry professionals?
 - c. Do care receivers and caregivers share feedback with one another regarding efficacy, care-giving needs, and learning? How?
 - b. Do participants (caregivers and care receivers) share what they learn with other parishes or at the diocesan level?

5.2.3 Participants

Brighton Visitation Ministry: The first case I studied was the Brighton Visitation Ministry offered at Our Lady of Good Remedy parish, a Roman Catholic diocesan parish serving 2,700 families located in a suburban New England community. Our Lady's BVM initiative is an affiliate of the Brighton Visitation Ministry, an international network of local faith communities

who minister to the pastoral needs of their communities using a program developed by the Brighton Visitation Ministry-USA (BVM-USA).⁴³⁰

Our Lady of Good Remedy parish established its Brighton Visitation Ministry program in 2012. At present, the parish BVM program team consists of four Brighton Team Guides and 25 pastoral caregivers known as Brighton Visitors. For this study, I interviewed Deacon Matt Kirk, the director of Our Lady's Brighton Visitation Ministry and a trained Brighton Team Leader; Betty Flowers and Dorothy Sun, two trained Team Leaders who also serve as Brighton Visitors, and one care receiver, Alyssa Bailey.

Linden Day Away Ministry: The second case I studied was the Linden Day Away Ministry (LDAM) program. Through a ministry of in-person retreats and virtual programming, LDAM serves the spiritual needs of parents grappling with the loss of a child. The LDAM is a non-profit ministry directed by Jack and Patti Baker, a married couple whose son's death was the catalyst for the LDAM's 2009 inception.

As directors of the Linden Day Away Ministry, the Bakers oversee the daily operation of the ministry's central organizing body, LDAM-HQ. Housed at a suburban Catholic shrine in New England, LDAM-HQ offers retreats, coordinates an ongoing roster of virtual programs for parents, (including half-hour online mini-retreats, online reflection talks and discussion groups, and monthly support emails), and partners with parishes and dioceses who choose to develop LDAM retreat teams and offer retreats to grieving parents in their area.⁴³¹

⁴³⁰ In Section 5.3.1, below, I will offer a fuller description of the Brighton Visitation Ministry-USA program and the relationship between Our Lady of Good Remedy parish's Brighton Visitation Ministry initiative and BVM-USA.

⁴³¹ In Section 5.3.2, below, I will offer a fuller description of LDAM-HQ, the LDAM program model, and the relationship between parish and diocesan LDAM retreat teams and LDAM-HQ.

For this project, I interviewed the founding directors of the LDAM, Jack and Patti Baker; two diocesan LDAM coordinators, Phoebe Applegate and June Hudson; and two care receivers, Danica Smith and Lydia McManus, each of whom attended LDAM retreats following the death of their child.

5.2.4 Data Collection

Qualitative researcher and cognitive scientist Robert Yin notes, “case study evidence can come from at least six sources: documents, archival records, interviews, direct observations, participant-observation, and physical artifacts.”⁴³² For this study, I interviewed ten individuals participating in the BVM and LDAM. I supplemented the interviews with online documents and printed documents created by LDAM-HQ and BVM-USA as well as with participant observation.

Interviews: I conducted nine semi-structured interviews with ten individuals (sample size n=10). To guide the interviews, I developed three interview protocols: one each for “director,” “caregiver,” and “care receiver.” Corresponding to these three protocols, I developed six interview questionnaire instruments – three for use with the Brighton Visitation Ministry (director, caregivers, and care receivers) and three for use with the Linden Day Away Ministry (directors, caregivers, and care receivers). Copies of the six interview instruments can be found in Appendix B. Research participants included four Brighton Visitation Ministry participants and six Linden Day Away Ministry participants (see Figure 5.4).

432 Robert K. Yin, *Case Study Research and Applications: Design and Methods*, 6th ed. (Thousand Oaks, CA: SAGE Publications, 2018), 110.

Table 5.4: Number of Interview Participants By Ministry and Category

	Brighton Visitation Ministry	Linden Day Away Ministry	Total Research Participants By Category
Director(s)	1	2 (joint interview)	3
Caregivers	2	2	4
Care Receivers	1	2	3
Total	4	6	N=10

Each interview lasted approximately one hour and was recorded with a non-internet capable portable digital voice recorder. Two interviews (with the Director of BVM and the joint interview with the Directors of LDAM) took place in person at the research participants’ ministry offices. The remaining seven interviews were conducted via Zoom or telephone.

On March 19, 2020, the World Health Organization declared the COVID-19 outbreak a pandemic. The governor of the Commonwealth of Massachusetts enacted a state-wide stay-at-home order on March 24, 2020 in response to rising rates of infection.⁴³³ Restrictions on in-person gatherings remained in force during the data-collection phase of my research. Consequently, I modified my interview method and offered research participants a choice of meeting either by telephone or Zoom video-conference.

Documents: I consulted the BVM-USA and LDAM-HQ websites to obtain background information about each ministry’s mission, history, organizational structure, and program

⁴³³ Commonwealth of Massachusetts, “Covid-19 State of Emergency,” Mass.gov, accessed on April 13, 2023, at [https://www.mass.gov/info-details/covid-19-state-of-emergency#limits-on-gatherings-\(archive\)-](https://www.mass.gov/info-details/covid-19-state-of-emergency#limits-on-gatherings-(archive)-)

features. I also examined print documents, including the LDAM’s self-published *Retreat Team Guidebook* and BVM-USA’s instructional and promotional materials.

Participant Observation: I attended a four-hour introductory workshop for the Brighton Visitation Ministry at Our Lady of Good Remedy parish. This observation functioned to provide background information about the Brighton Visitation Ministry. As a workshop attendee, I joined in the workshop’s discussions, prayers, and activities. Methodologically, I recorded my observations of the workshop with handwritten notes, after securing permission to do so from the parish BVM program director Deacon Matt Kirk and from the BVM-USA workshop facilitator and discussing with my tablemates the parameters within which my note-taking would fall (see Ethical Considerations, below).

In addition to furnishing background information for each ministry, the documents I collected and the participant-observation I conducted functioned as corroborating evidence to the data I collected during my interviews. The potential triangulation that multiple sources of data afford was sought intentionally, in order to increase the validity of the findings of this study.⁴³⁴

Table 5.5 Timeline of Data Collection

Date	Event
September 5, 2019	Email Deacon Matt Kirk, director of Brighton Visitation Ministry Our Lady of Good Remedy parish, to request permission to attend Our Lady’s Brighton Visitation Ministry Introductory Workshop on September 7, 2019 in the capacity of a doctoral researcher/observer.
September 5, 2019	Email approval received from Deacon Kirk
September 7, 2019	Attend Brighton Visitation Ministry Workshop at Our Lady of Good Remedy parish, conduct observation.

⁴³⁴ Yin, *Case Study Research and Applications*, 286.

December 30, 2019	Submit IRB Application to Boston College Institutional Review Board, requesting approval to conduct qualitative study consisting of semi-structured interviews with 10 participants (total) in the Brighton Visitation Ministry and Linden Day Away Ministry
January 13, 2020	IRB Approval Received from Boston College Office for Research Protections Institutional Review Board
February 1, 2020	Send email recruitment letter to Jack and Patti Baker, Directors of Linden Day Away Ministry, requesting interview
February 13, 2020	Send email recruitment letter to Deacon Matt Kirk requesting an interview
February 16, 2020	In-person interview with Deacon Matt Kirk. Request Deacon Kirk's assistance in recruiting Brighton Visitation Ministry care receivers and/or caregivers as research participants.
February 26, 2020	In-person interview (joint) with Jack and Patti Butler Request Jack and Patti Baker's assistance in recruiting Linden Day Away Ministry care receivers and caregivers as research participants.
March 19, 2020	Receive email from Jack and Patti Baker with contact information of Linden Day Away Ministry participants who have agreed to participate in this study
March 20, 2020	Receive email from Deacon Matt Kirk with contact information of Brighton Visitation Ministry participants who have agreed to participate in this study
March 24, 2020	Massachusetts Governor Charles Baker announces stay-at-home advisory. In-person interviews suspended.
March 23 – May 1, 2020	Recruitment email correspondence with Linden Day Away Ministry participants and Brighton Visitation Ministry participants
April 16, 2020	Telephone interview with Danica Smith, Linden Day Away care receiver
April 17, 2020	Zoom interview with Lydia McManus, Linden Day Away care receiver

April 28, 2020	Zoom interview with Dorothy Sun, Brighton Visitation Ministry Team Leader and Visitor
April 30, 2020	Telephone interview with Phoebe Applegate, Linden Day Away Ministry diocesan coordinator
May 8, 2020	Zoom interview with Betty Flowers, Brighton Visitation Ministry Team Leader and Visitor
May 13, 2020	Zoom Interview with June Hudson, Linden Day Away Ministry diocesan coordinator
May 26, 2020	Telephone Interview with Alyssa Bailey, Brighton Visitation Ministry care receiver

5.2.5 Recruitment Methods

I recruited the ten research participants I interviewed via the technique of snowball sampling.⁴³⁵ As each of the ministries I researched serves the needs of vulnerable and suffering people, ensuring the privacy and protection of care receivers is a paramount ministerial concern. As a researcher, I hold protection of vulnerable individuals to be a cardinal imperative. The method of snowball sampling, in which a researcher asks certain initial research participants to recommend other potential research participants, functions as a protection for vulnerable persons. Snowball sampling allowed me to safeguard the agency and privacy of potential research participants, as it enabled me to approach care receivers with a request to participate in my research project through the confidential mediation of ministry program directors.

To recruit the study's first research participants, I emailed initial requests for interviews to Deacon Matt Kirk, director of the Brighton Visitation Ministry at Our Lady of Good Remedy

⁴³⁵ Sharon M. Ravitch and Matthew Riggan, *Reason and Rigor: How Conceptual Frameworks Guide Research*, 2nd ed. (Los Angeles: SAGE, 2017), 61-62.

Parish, and to Jack and Patti Baker, the founders of the Linden Day Away Ministry and directors of the central ministry body LDAM-HQ, using the published addresses listed on the ministries' websites. Deacon Matt and Patti Baker consented via return email to participate in my project. When I arrived to conduct my interview with Patti Baker, Jack Baker was also present and the Bakers granted me a joint interview.

I conducted in-person interviews with Deacon Matt and the Bakers. At the conclusion of these interviews, I asked each director if they would be willing to identify ministry caregivers and care receivers who could potentially participate in my research study. I also requested that the directors approach these potential research participants on my behalf, in order to safeguard privacy. I supplied the directors with recruitment request letters to share my request with caregivers and care receivers.

Snowball sampling yielded a total of seven additional research participants. Each director facilitated introductions with caregivers, who in turn facilitated introductions to care receivers. Deacon Matt directed me toward two BVM caregivers at Our Lady of Good Remedy parish, while the Bakers directed me toward two diocesan ministry professionals who coordinate LDAM retreat ministry for separate dioceses in the state of New York. I emailed requests for participation to the identified potential research participants and received their consents for interviews. These caregivers, in turn, directed me toward care receivers, one in the BVM at Our Lady of Good Remedy, and two care receivers who attended LDAM retreats and subsequently sought to bring retreats to parishes in Massachusetts and New York.

5.2.6 Research Participants

I recruited research participants via snowball sampling; however, I designed the categories of participation I sought purposively.⁴³⁶ As my investigation centered upon dynamics of care, learning, and synodality, prior to recruiting research participants, I first identified the categories of participation in the ministries that would correspond to these dynamics.

Drawing upon the dyadic caring relationship modeled by Nel Noddings (as described in Chapter Four), I identified “caregivers” and “care receivers” as participants in caring relations. In the BVM, “caregiver” designates both Brighton Team Leaders and Brighton Visitors. In the LDAM, “caregiver” designates retreat ministry coordinators and retreat team members.

Lave and Wenger’s community of practice model (see Chapter Four) names teachers and learners as old-timers and newcomers. I thus identified ministry “program directors” as ones who would guide the learning in each ministry and I identified “care givers” (whether “volunteers” or “ministry professionals”) who were new to the ministry community of practice as learners.

Finally, synodality outlines a vision of the ordained and the laity, ministry professionals and volunteers working together to pursue mission. I thus identified “laypersons”, “clergy”, “ministry professionals” and “volunteers” as synodal participant categories. “Laypersons” encompasses all care receivers, as well as some caregivers.

To ensure that I investigated the nature of caring, learning, and synodality within each ministry from these multiple perspectives, I intentionally sought to interview research participants from each category – caregivers, care receivers, program directors, laypersons, clergy, ministry professionals, and volunteers. This approach permitted triangulation of interview

⁴³⁶ Rossman and Rallis, *An Introduction to Qualitative Research*, 122.

data, which I sought in order to strengthen the reliability and validity of my descriptions and analysis.⁴³⁷

Ten research participants were interviewed for this study, inclusive of two men and eight women. The pool of 10 participants consisted of four people affiliated with the Brighton Visitation Ministry and six people affiliated with the Linden Day Away Ministry. All participants self-identified their religious affiliation as Catholic.

A complete list of research participants, their positionality within these categories, and their demographic characteristics can be found in Appendix A of this dissertation.

5.2.7 Data Analysis Method

To analyze the interview data, I created verbatim transcripts of each audio-recorded interview. I analyzed the transcripts using a systematic process of iterative coding, categorization, analytic memo-writing, and theme development.

I coded each interview transcript with initial attribute codes to identify participant characteristics.⁴³⁸ I then coded each transcript using an eclectic, first cycle coding approach.⁴³⁹ In order to establish a coherence with the conceptual framework of this study, I applied *in vivo*, structural and concept codes to transcript data during the first round of coding.

In vivo coding allowed me to highlight the words of the research participants themselves in my initial codes, preserving their distinctive voices and interpretations of the phenomena we discussed.⁴⁴⁰ Methodologically, this choice supported the synodal participation I sought when I recruited research participants. I selected *in vivo* coding to prioritize the unique voices and

⁴³⁷ Norman Denzin and Yvonna S. Lincoln, eds., *Strategies of Qualitative Inquiry* (Thousand Oak, CA: SAGE, 1988), 46.

⁴³⁸ Johnny Saldaña, *The Coding Manual for Qualitative Researchers*, 3rd ed. (Los Angeles: SAGE, 2016), 84.

⁴³⁹ Saldaña, *The Coding Manual*, 213.

⁴⁴⁰ Saldaña, *The Coding Manual*, 107.

perspectives of clergy and laity, ministry professionals and volunteers, men and women, caregivers and care receivers in my analysis. In this way, the synodal concept of the People of God walking together with one another and with those to whom they minister shapes not only the design of this study, but also the methods of analysis.

The structural codes I applied identified data corresponding to the theoretical concepts named in my research questions and conceptual framework.⁴⁴¹ I created and applied initial concept codes to data selections to create an analytical link between sections of data in each ministry that appeared to share initially emergent meanings.⁴⁴² After applying initial, first cycle codes, I constructed analytic memos for each transcript, identifying potential categories and concepts and noting possible conceptual links between interviews.⁴⁴³

I then coded the transcripts a second time, developing a common set of pattern codes that I applied to each transcript. Qualitative researchers Miles, Huberman, and Saldaña describe pattern codes as “explanatory or inferential codes, ones that identify an emergent theme, configuration or explanation.”⁴⁴⁴ As they gather smaller, first cycle codes into larger conceptual units, pattern codes perform a reducing, clarifying function. Miles, Huberman, and Saldaña note that pattern codes are particularly useful in cross-case analysis for “surfacing common themes”⁴⁴⁵ pertaining between cases.

I then analyzed the coded data, grouping my findings into three meta-categories consistent with the aims of this study, Care, Pedagogy, and Synodality. In my interpretation of the data, I developed nine themes within these metacategories. The results of my analysis are

⁴⁴¹ Saldaña, *The Coding Manual*, 99.

⁴⁴² Saldaña, *The Coding Manual*, 119.

⁴⁴³ Kathy Charmaz, *How To Write Memos*, 2003.

⁴⁴⁴ Matthew B. Miles, A. Michael Huberman and Johnny Saldaña, *Qualitative Data Analysis: A Methods Sourcebook*, 3rd ed. (Thousand Oaks, CA: SAGE Publications, 2014), 86.

⁴⁴⁵ Miles, Huberman, and Saldaña, *Qualitative Data Analysis*, 86.

discussed below, in Section 5.3 (Data Presentation and Analysis) and Section 5.4 (Interpretation of Data).

5.2.8 Research Ethics

As this study entailed research with human subjects, I sought and received approval from the Institutional Review Board of Boston College. Upon receipt of permission to advance with my project, my primary ethical concerns were to secure the informed consent of all participants and to protect the privacy and confidentiality of the research participants with whom I worked.

Consent: For each interview that I conducted, I supplied the research participant with an IRB-approved informed consent form that described my study's purpose, requested their participation, and explained how I would safeguard the interview data. Each research participant signed and returned the consent form to me prior to our beginning their interview. To obtain consent for my observation, I sought and received, via email, advance permission from the program director of the Our Lady of Good Remedy parish BVM program to attend the Introductory Workshop. While at the workshop, I informed the BVM-USA presenter that I was attending the workshop as a doctoral researcher and obtained permission to observe the workshop.

Privacy and Confidentiality: To safeguard the privacy and confidentiality of each interview participant, I created unique numeric identifiers and pseudonyms for each interview participant, ministry organization, ministry founder, and parish ministry site (see Figure 5.4). To safeguard the privacy and confidentiality of the information my research yielded, I identified myself as a note-taking doctoral researcher to each person I spoke with at the Introductory Workshop,

recorded no identifying information about the workshop participants or the discussions they shared with me, and anonymized the data I present here.

Figure 5.4 Research Participation By Ministry and Position

	Brighton Visitation Ministry (Our Lady of Good Remedy Parish)	Linden Day Away Ministry
Director(s)	Deacon Matt Kirk (1.1)	Jack Baker (2.1.2) Patti Baker (2.1.2)
Caregivers	Dorothy Sun (1.2.1) Betty Flowers (1.2.2)	Phoebe Applegate (2.2.1) Lydia McManus (2.2.2)
Care Receivers	Alyssa Bailey (1.3.1)	Danica Smith (2.3.1) Lydia McManus (2.3.2)

5.2.9 Researcher Reflexivity and Positionality

As a lay Catholic woman and practical pastoral theologian whose academic pedigree includes a professional ministry degree (Master of Divinity), I bring to this study religious, academic, professional, and gender identities that position me in a particular way relative to the questions I am investigating. As a lay Catholic educated entirely in the years following the Second Vatican Council, I share the synodal endorsement of a theology of baptism that empowers and charges the laity with a responsibility for the mission of the church. This theological orientation is not necessarily problematic; however, it does call upon me to guard against the temptation to presume that the research participants in this study share my ecclesiological position.

As a practical pastoral theologian, I see pastoral care as a significant work of the church

in the twenty-first century, am favorably disposed to ministerial efforts that give pastoral caregiving prominence within the faith community and endorse the practical theological method as a powerful heuristic and theoretical orientation through which to examine the caregiving praxis of faith communities. As a woman, I likewise value models of ministry that offer women and men alike egalitarian opportunities for participation and service. These characteristics may predispose me to find the Brighton Visitation Ministry and the Linden Day Away Ministry to be promising exemplars of Catholic collaborative pastoral caregiving praxis.

As a university-educated, white researcher who lives in the Northeast, my class, ethnicity, and social location are similar to those of the research participants in this study. Our commonality along these vectors may predispose each of us to regard the purpose, structure, methods, and outcomes of the Brighton Visitation Ministry and the Linden Day Away Ministry in a similar way. The potential for common perspectives may offer us a communicative bridge in that it may allow me to accurately interpret implications encoded within interview data. However, the possibility that our perspectives are quite similar also highlights a significant limit to this study. Were I to include research participants who did not share my positionality, I might find perspectives that differed significantly from those I encountered with this research population, and thus find my data analysis and interpretation leading me to propose different recommendations for the practice of trauma-aware, relational, synodal pastoral caregiving ministry.

5.2.10 Limits of Study

Two final limits to this study must be acknowledged.

Small Sample Size: This qualitative study is characterized by a small sample size, n=10. Each interview lasted about one hour. The participants represent only a fraction of people who participate in the Brighton Visitation Ministry and the Linden Day Away Ministry. The viewpoints from which these individuals assess the ministries are necessarily limited. As such, the individuals with whom I spoke cannot be wholly representative of the range of viewpoints and assessments that characterize the caregivers and care receivers in these ministries.

Homogeneity of Research Population: The research participants shared several characteristics in common. Each participant speaks fluent English, dwells in the Northeastern United States, and is actively affiliated with the Catholic Church. They range in age from middle-aged to senior citizens. The homogeneity of the sample does not reflect the diversity of age, race, linguistic identity, geography, and educational attainment that characterizes the church more broadly.

5.3 Data Presentation and Analysis – Brighton Visitation Ministry and Linden Day Away Ministry

5.3.1 Brighton Visitation Ministry – Who Are They? What Do They Do?

The Our Lady of Good Remedy parish Brighton Visitation Ministry program is an affiliate of Brighton Visitation Ministry-USA (BVM-USA). Founded in 1975 by Protestant pastor and clinical psychologist Rev. Paul Martin, BVM-USA is an interdenominational, Christian educational foundation that trains clergy and lay leaders in the Brighton Visitation Ministry method of collaborative pastoral caregiving.⁴⁴⁶

⁴⁴⁶ Note: As with the names of the ministries investigated and the names of research participants, the name of the founder of BVM-USA has been replaced with a pseudonym (Rev. Paul Martin) to protect participant confidentiality.

Structure: Structurally, Brighton Visitation Ministry is comprised of four distinct but interrelated groups.

1. Brighton Visitation Ministry-USA

BVM-USA is the “not-for-profit, trans denominational, religious and education organization”⁴⁴⁷ chartered by Martin in 1978. The BVM-USA staff of 40 people oversees the mission, vision and direction of the international Brighton Visitation Ministry program. Their signature training program at the time of this study was the weeklong, in-person Team Leader Training Course. Held several times per annum at sites across the United States, the course addresses the building blocks of developing a BVM program in local congregations or parishes. These include: “building awareness and ownership for [their] Brighton Visitation Ministry; recruiting, selecting, and training Brighton Visitors; identifying people in need and matching them with Brighton Visitors; and providing regular supervision and continuing education for Brighton Visitors.”⁴⁴⁸ BVM-USA also develops print and online resource materials, produces training DVDs, and offers real-time support to Brighton Visitation Leaders in congregations.

BVM-USA affiliates with local congregations and parishes through the process of enrollment. With the payment of a one-time \$1,675 fee, congregations join the comprehensive Brighton Visitation Ministry system.⁴⁴⁹ In return, they receive “a proven system for lay caring ministry, access to high-quality training and resources, regular updates and ministry ideas; [and]

⁴⁴⁷ Brighton Visitation Ministries-USA, “An Inside Look at Brighton Visitation Ministry,” Brighton Visitation Series Introductory Booklet, 27.

⁴⁴⁸ Brighton Visitation Ministries-USA, “An Inside Look at Brighton Visitation Ministry.”

⁴⁴⁹ Brighton Visitation Ministries-USA “Enrollment Booklet,” 2.

ongoing consultation and support.”⁴⁵⁰ In many ways, the relationship between each congregation and BVM-USA is analogous to the for-profit model of franchise. Each congregation operates its Brighton Visitation Ministry independently, following the BVM-USA master blueprint.

2. Brighton Team Leaders

A team of trained Brighton Team Leaders directs an individual faith community’s autonomous Brighton Visitation Ministry. Typically, the pastor or another ministry professional and a small number of lay volunteers serve as Brighton Leaders. They attend the BVM-USA training course⁴⁵¹ and return home equipped to recruit and train Brighton Visitors – lay volunteers from their congregation who wish to participate in the ministry of pastoral caregiving. Brighton Team Leaders match trained Brighton Visitors with care receivers and meet with Brighton Visitors to provide ongoing supervision at bi-weekly small group sessions known as “peer group.” At Our Lady of Good Remedy, four individuals have participated in Team Leader Training: Deacon Matt Kirk, Hal Winston, Betty Flowers, and Dorothy Sun. Deacon Matt Kirk directs the BVM program and matches care receivers with Brighton Visitors. Hal, Betty and Dorothy train and supervise the Brighton Visitors.

3. Brighton Visitors

Brighton Visitors are the men and women who meet one-on-one with care receivers. They participate in “fifty hours of biblically based, psychologically sound, highly enjoyable training in Christian caregiving”⁴⁵² provided by their parish or congregational Brighton Team Leaders. Brighton Visitors train as a cohort, and their preparation includes twenty-five modules

⁴⁵⁰ Brighton Visitation Ministries-USA, “Enrollment Booklet,” 2.

⁴⁵¹ Brighton Visitation Ministries-USA, “Guide to Brighton Visitation Series Leaders’ Training Courses” Booklet, 4.

⁴⁵² Brighton Visitation Ministries-USA, “An Inside Look at Brighton Visitation Ministry,” 8.

of pastoral caregiving instruction and the study of Martin’s manual for lay pastoral caregiving, *Christian Caregiving – A Way of Life*. At Our Lady of Good Remedy Parish, the training takes place bi-weekly, “usually from October to May.”⁴⁵³

Once their training is complete, a Brighton Visitor is assigned a care receiver. Brighton Visitors pray, share Scripture, and talk about God with their care receivers. The pair meets for weekly visits for as long as the care receiver’s pastoral need persists, “to listen, care, encourage, and provide emotional and spiritual support.”⁴⁵⁴ Brighton Visitors also meet twice monthly as a group with Brighton Team Leaders for peer supervision.⁴⁵⁵

BVM-USA highlights contexts of familial trauma as ones in which Brighton Visitation Ministry is particularly needed. They minister to people enduring grief, caregiving for disabled family members, domestic violence, crisis pregnancy, divorce, and chronic illness.⁴⁵⁶ Brighton Visitors, BVM-USA notes, are “the After People. They are ready to come alongside you – or your friends, neighbors, coworkers or relatives – and provide comfort and support for as long *after* as needed.” In our interview, Dorothy Sun, a Brighton Team Leader and Brighton Visitor at Our Lady of Good Remedy Parish, explained Our Lady’s BVM team follows “the general guidelines that BVM-USA gives you, which is, you know, meet with the person, usually about an hour, once a week, and for about a year, but it can be extended or can be shortened, based on circumstances.”⁴⁵⁷

Brighton Visitation neither purports nor aspires to offer or replace professional mental health counseling. Brighton Visitors are trained to suggest referrals to counseling professionals when they sense such a referral could be beneficial to their care receivers. Deacon Matt Kirk

⁴⁵³ Betty Flowers, BVM Team Leader and Visitor, interview with author, April 19, 2020.

⁴⁵⁴ Brighton Visitation Ministries-USA, “An Inside Look at Brighton Visitation Ministry,” 15.

⁴⁵⁵ Brighton Visitation Ministries-USA, “An Inside Look at Brighton Visitation Ministry,” 15.

⁴⁵⁶ Brighton Visitation Ministries-USA, “An Inside Look at Brighton Visitation Ministry,” 4.

⁴⁵⁷ Dorothy Sun, BVM Team Leader and Visitor, interview with author, April 28, 2020

from Our Lady’s parish, explained, “It’s compassionate listening, is really what it comes down to. We are not professional counselors. We let everybody know that we are not.”⁴⁵⁸

4. Care Receivers

Care receivers are adult men and women matched with Brighton Visitors. While they are typically members of the congregation that offers a Brighton Visitation Ministry, care receivers are not required by BVM-USA to be members of their Brighton Visitor’s church, nor are they required to hold any religious affiliations. At Our Lady’s, however, Brighton Visitors are paired only with care receivers who are affiliated with the parish. Deacon Matt shared that while people from neighboring parishes are welcome to train and serve as Brighton Visitors with the Our Lady BVM program, potential volunteer caregivers are told, “You would be assigned as a Brighton Visitor for Our Lady parish” and asked, “Are you okay with that?” prior to their acceptance into the fifty-hour training program.⁴⁵⁹

5.3.2 Linden Day Away Ministry – Who Are They? What Do They Do?

The Linden Day Away Ministry serves parents grieving the death of a child. Their mission is twofold. They endeavor to “(a) serve the spiritual needs of grieving parents whose children of any age have died of any cause, no matter how long ago or how ‘religious’ the parent feels and (b) help interested parents and diocesan personnel bring this ministry to their own parishes or regions.”⁴⁶⁰

The ministry was founded in 2008 by Patti and Jack Baker, parents whose adult child

⁴⁵⁸ Deacon Matt Kirk, BVM director, interview with author, February 16, 2020.

⁴⁵⁹ Deacon Matt Kirk, BVM director, interview with author, February 16, 2020.

⁴⁶⁰ Linden Day Away Ministry, *Retreat Team Guidebook* (Pilot Printing, 2017), 7.

died in 2002. In the Linden Day Away Ministry *Retreat Team Guidebook*, Baker and Baker write, “In 2008 we heard the call of the Holy Spirit and worked with Franciscan Friars ... to develop what is now known as the Linden Day Away Ministry. It is very much a ministry *for* grieving parents offered *by* grieving parents, with help from spiritual leaders and parish and/or diocesan personnel.”⁴⁶¹

In 2012, the Bakers formally established the Linden Day Away Ministry-HQ as an independent, non-profit ministry. Prior to the COVID-19 pandemic, LDAM-HQ hosted two in-person retreats annually, a one-day retreat at the ministry’s home shrine and a weekend retreat held at a retreat center. Each retreat is described to parents who register to attend as “a very special time for you to focus on your specific spiritual journey in grieving the loss of your child’s earthly presence.”⁴⁶²

Structure:

LDAM-HQ and Affiliated Parish/Diocesan LDAM Retreat Ministry

Just as parishes and congregations enroll in the BVM to bring Brighton Ministry to their faith community, parishes and dioceses partner with LDAM-HQ to construct independent LDAM retreat teams who are trained to offer LDAM retreat ministry in their local churches. LDAM-HQ supplies training, resource material, and ongoing logistical supports to local LDAM ministry teams. Supports include centralized registration, access to the LDAM-HQ website to publicize upcoming retreats, retreat material templates, and guidance and advice. The LDAM-HQ does not charge partnering parishes and dioceses for training, resources, or support. Since

⁴⁶¹ LDAM, *Retreat Team Guidebook*, 4.

⁴⁶² LDAM, “Appendix 10,” in *Retreat Team Guidebook*, 105.

LDAM’s founding, retreat teams operating in twelve dioceses, as well as in parishes in five states,⁴⁶³ have served “over a thousand parents from twenty-six states, Canada and Ireland.”⁴⁶⁴

Caregivers – The Retreat Team

Each retreat, whether hosted by LDAM-HQ or by a parish or diocese that has brought the LDAM to their region, is conducted by a retreat team that consists of six to ten caregivers. These include Parent Partners, clergy, ministry professionals, spiritual directors, and parish or diocesan volunteer team members. The logistics of running the retreat can be complex and the members of the team play a variety of roles, as can be seen in Table 5.7. All members of the retreat team can be understood as caregivers in this pastoral caregiving ministry.

Table 5.5: LDAM Retreat Team Roles⁴⁶⁵

Role	Duties	Held By
Registration Coordinator	Registers parents for Retreat Prepares Retreat Materials	LDAM Parent Partner or Parish/Diocesan Volunteer Team Member
Retreat Leader	Supervises logistics of Retreat Day – keeps schedule, coordinates site set up and clean up	LDAM Parent Partner or Parish/Diocesan Volunteer Team Member
Site Liaison	Directs inquiries to Registration Coordinator	Parish or Diocesan Personnel
Spiritual Leader	Offers Opening Reflection	Priest, Deacon, Vowed Religious, Spiritual Director, Pastoral Associate
Parent Witness	Offers Parent Witness Talk	LDAM Parent Partner
Hospitality Coordinator	Coordinates donation of food or supervises catering. Meals	Parish Volunteer, Parish/Diocesan Volunteer

⁴⁶³ At present, LDAM offers retreats in conjunction with the Archdioceses of Boston, New York, Newark, Omaha, Los Angeles, and Washington DC, as well as the dioceses of Albany, Madison WI, Richmond VA, Orlando FL, Wheeling-Charleston WV, Amarillo TX, and individual parishes in CT, RI, AR, and AZ. See: Linden Day Away Ministry, “Programs,” accessed Dec 12, 2022, at <https://www.ldam.org/programs/>.

⁴⁶⁴ Linden Day Away Ministry, “What We Do,” accessed Dec 10, 2022, at <https://www.ldam.org/what-we-do/>.

⁴⁶⁵ Table 5.5 Source: LDAM, *Retreat Team Guidebook*, 106-107.

	include breakfast, lunch, dinner, and coffee and snacks	Team Member
Spiritual Director	Ongoing support during day. Offers Spiritual direction sessions	Certified Spiritual Director
Mass Celebrant, Confessor	Provides sacraments of Eucharist & Reconciliation	Ordained priest(s)
Ancillary Parish/Site Volunteers	Prayer Shawl Ministry, Music Ministry, Prayer Group Ministry	Ministry Volunteers who Do NOT serve on the Retreat Team itself

Every LDAM retreat is “offered *for* grieving parents *by* grieving parents and spiritual leaders;” thus a significant feature of the LDAM retreat is that each retreat team includes Parent Partners.⁴⁶⁶ Parent Partners are retreat team members who first attended an LDAM retreat as care receivers and now volunteer as pastoral caregivers. Every LDAM retreat, whether at LDAM-HQ or in an affiliated parish or diocese, includes presentations made by Parent Partners. The LDAM website explains that Parent Partners are men and women, “all who have lost a child, and so know something of the pain you feel. They are knowledgeable bereavement companions who use their personal experience to accompany you in your spiritual journey of processing and dealing with the many feelings that accompany the death of your child.”⁴⁶⁷

Care Receivers – The Parent Retreat Attendees

The attendees at the program are grieving parents and visiting ministry professionals who are considering bringing the ministry to their parish or diocese. The grieving parents are the sole care receivers. Jack Baker explains, “We have had many requests, you know, to do ministry to siblings. And I believe that is a real issue.... We focus upon parents, because that’s what we

⁴⁶⁶ LDAM, *Retreat Team Guidebook*, 8.

⁴⁶⁷ Linden Day Away Ministry, “Frequently Asked Questions,” accessed February 14, 2023, at www.ldam.org/faqs.

know. And that's what we can do."⁴⁶⁸ Within the paradigm of caregiving, the visiting ministry professionals play the role of observer, and hold no caregiving role.

The Retreat Day

The LDAM signature program is the one-day, in person retreat. The retreat day follows a structured pattern. Morning events include an opening prayer service, spiritual reflection talk, and group discussion. Following lunch, the retreat schedule includes a Parent Witness talk offered by Parent Partners, small and large group discussion time, personal time for writing letters to one's child or God, spiritual direction, the sacrament of reconciliation, and the Come Away With Me Journey. The retreat day closes with mass, dinner, and a closing prayer service. Timing of the elements can be modified so that the events are spread across a weekend, although the one-day format is preferred for financial reasons. Cost is a relevant factor for most participating parishes and dioceses, as is the availability of caregivers. LDAM founder Patti Baker notes, "Most of the dioceses that we're in, the one-day [format] works in a parish and it's substantially cheaper"⁴⁶⁹ to hold a one-day event. The cost of the retreat to parents is typically "\$25 a person, \$40 bucks a couple... It's just an amount that puts a little skin in the game, and yet is affordable for most people."⁴⁷⁰ LDAM-HQ virtual events are free to attendees.

Although all of the day's activities are crafted as individual moments in a larger arc of care, three moments of the day mark key elements in the caregiving praxis of the LDAM. These are the candle ceremony held during the opening prayer service, the Parent Witness talk, and the

⁴⁶⁸ Jack Baker, LDAM-HQ director, interview with author, February 26, 2020.

⁴⁶⁹ Patti Baker, LDAM-HQ director, interview with author, February 26, 2020.

⁴⁷⁰ Jack Baker, LDAM-HQ director, interview with author, February 26, 2020.

Come Away with Me Journey.⁴⁷¹

The candle ceremony acknowledges personally each parent and the child they lost. Prior to the retreat, parents are asked to submit a photo of their child to the retreat team. The team affixes the photographs to glass devotional holders containing white eight-day sanctuary candles. On the morning of the retreat, the team places the candles together on a table in the chapel or church in which the opening prayer service will be held. During the service, parents are invited one by one to approach the table and light their child's candle.⁴⁷² The candles remain lit throughout the day and parents are welcome to return to the sacred space as frequently as they choose.⁴⁷³ The candles signify the light of Christ, recall God's presence in the lives of the parents and children, and attest to the eternal life of the sons and daughters. Each candle offers tangible witness to the beloved child a parent has lost, and together, the candles signify that the parents are no longer alone in their grief. Phoebe Applegate, a diocesan coordinator for LDAM in New York State explains, "everyone starts to see this beautiful picture of, you know, this child, and what's his name, and it goes with this person... I think one of the main portions of grieving parents' journey is a feeling of being alone. And now they see, look at this. It's not just me."⁴⁷⁴

The second key element of the day is the Parent Witness talk, a ten to fifteen minute presentation offered by a Parent Partner. The talk's emphasis is the parent's personal experience with the spiritual and faith dimensions of grieving a beloved child. In guiding Parent Partners to prepare these talks, the LDAM *Retreat Team Guidebook* notes:

Witnessing at our retreats is an extremely important segment. Parents who are hurting, doubtful, or confused want to hear from others who walk this same path, and in so doing, confirm that their personal experiences are not unusual or abnormal. If and when asked to

⁴⁷¹ As with all identifiable nomenclature pertinent to the two ministries I investigated, the name "Come Away With Me Journey" is a pseudonym. My description of the Journey, however, reflects the actual practice of the LDAM.

⁴⁷² LDAM *Retreat Team Guidebook*, 87.

⁴⁷³ LDAM *Retreat Team Guidebook*, 89.

⁴⁷⁴ Phoebe Applegate, LDAM diocesan coordinator, interview with author, April 30, 2020.

be a Retreat Witness, do not think that you're expected to be a pillar of faith, or have found all the answers all of us seek. What others want to hear is your honest story – how you've been affected, how you've coped, what you've found, where you've been, and where you are now and why – particularly as these experiences relate to your *spiritual* life and growth.⁴⁷⁵

This is a moment in the day when grieving parent(s) who serve on the retreat team as caregivers share their own story with parents who attend the retreat as care receivers.

The third hallmark component of the retreat day is the “Come Away With Me Journey.” In this activity, parents are invited to spend about thirty to forty minutes in pairs, taking a walk together. They are paired with one another by lot; a retreat team member places names in a bowl and draws out two at a time. The Holy Spirit is invoked to guide the selection. The LDAM *Retreat Guidebook* offers a sample prayer the retreat team can use before pairing parents, requesting the Holy Spirit to grant God's “active participation in choosing those of us who need to be with each other during this time.”⁴⁷⁶ Parents are encouraged to share with one another about their children and about their spiritual journey in the wake of their children's death.

The LDAM recognizes the Journey as a time when God accompanies the parents as they keep company with one another. “We fully believe that the Holy Spirit is here active among us today. It is He who will accompany you along your [Journey] and use you, if you so let Him, to be His instruments of peace and consolation. We believe that there is something He wants you to say, or to hear, over the course of your walk. It may not be evident to you now, or even for many years, but there is a reason and a purpose for whom you'll be paired with.”⁴⁷⁷ Although both parents sharing the Journey are care receivers, they are accompanied by the caregiving God, who cares for them through each other.

⁴⁷⁵ LDAM, “Parent Witnessing Overview, Appendix 14,” *Retreat Team Guidebook*, 134.

⁴⁷⁶ LDAM, “One Day Retreats,” *Retreat Team Guidebook*, 32.

⁴⁷⁷ LDAM, “Appendix 5,” *Retreat Team Guidebook*, 92.

5.4 Interpretation of Data – Caring, Learning, and Synodality in the Community of Practice

In the interviews I conducted with the participants of the BVM and the LDAM, I pursued three questions. I sought to understand the ministries' dynamics of (1) care, (2) learning, and (3) synodality, as they were experienced and understood by both caregivers and care receivers, in order to learn what their lived experiences with the practices of caring, learning to care, and collaborating in caregiving within a faith community might contribute to an evaluative/constructive framework for new caregiving ministry. Nine themes emerged from this undertaking, three regarding each meta-category. In this section, I offer a discussion of these themes, noting how they deepen or nuance the theoretical claims I have presented in the preceding chapters. Each of these themes holds implications for structuring pastoral caregiving ministry in the context of familial trauma, as will be discussed further in Chapter Six.

5.4.1 Caring

Within the category of caring, three themes emerged. The first theme applies to the participants in the caring relationship. For the LDAM and the BVM, there are three partners in care: care receivers, caregivers, and God. The second theme describes the character of caregiving in traumatic contexts. The interview participants with whom I spoke offered a picture of ministry whose distinctive nature is abundant, four-fold hospitality. The third theme addresses the act of caring itself and makes the claim that listening is a primary method by which caregivers can help to bear the traumatic burdens care receivers carry.

The Caring Relationship as a Triad: In Chapter Four, we discussed Noddings’ model of care, which posits the caregiving relationship as a dyad comprised of caregiver and care receiver. In both the BVM and the LDAM, the caregiver/care receiver dynamic is evident. In the BVM model, individual Brighton Visitors, trained and supported by Brighton Team Leaders, meet weekly with individual care receivers. In the LDAM model, the retreat team’s members work together to care for each of the grieving parents who attend retreats, demonstrating that the caregiving role within the dyad can be assumed by a collective of caregiving individuals.

Both ministries, however, emphasize that Christian caregiving relationships are triadic, comprised of three distinct parties, care receiver, caregiver, and God. Just as caregivers and care receivers inhabit distinct roles, God participates uniquely in the caregiving relationship. Brighton Team Leader Dorothy Sun explains, “Part of the fifty hours of training [for Brighton Visitors] is to make sure you know that you are not the cure; you are not going to cure this person’s problem. God is the one that does that.”⁴⁷⁸ Co-founder of LDAM Jack Baker attests to God as the principal caregiver, noting, “We have come to the realization that all we’re doing is logistics. And the Holy Spirit does all the work at the retreat.”⁴⁷⁹ LDAM diocesan coordinator June Hudson emphasizes that God is very present to retreat participants, and this closeness is most apparent in the Come Away with Me Journey. “That’s what the Come Away With Me Journey is all about. Jesus is with us in the, in the walk.”⁴⁸⁰ Actively present, God is the source of healing.

Caregivers recognize their work as cooperation with God. Dorothy Sun notes that bi-weekly BVM peer group meetings of Brighton Team Leaders and Brighton Visitors “start with a

⁴⁷⁸ Dorothy Sun, BVM Team Leader and Visitor, interview with author, April 28, 2020.

⁴⁷⁹ Jack Baker, LDAM-HQ director, interview with author, Feb 26, 2020.

⁴⁸⁰ June Hudson, LDAM diocesan coordinator, interview with author, May13, 2020.

prayer and end with a prayer and we always light a candle and know that God is with us. So you have the Holy Spirit coming there too and give us some help when we need it.”⁴⁸¹ LDAM coordinator Phoebe Applegate attests to God’s inspiration and aid: “I learned pretty quickly that if I didn’t align myself, like, to the, like, the Holy Spirit, that I could get extremely sad. Or feel extremely inadequate. Like, how can I, as, I don’t care how degreed you are, like, how can I as a parent of three, you know, support a person who’s lost a child? How could I do that at all?”⁴⁸² Brighton Team Leader and Visitor Betty Flowers adds, “The Holy Spirit works through Brighton Ministry to connect us with the people that we are meant to be caring for.”⁴⁸³ God is the one who guides and sustains caregivers in their ministry, supplying direction, wisdom, and strength.

Care receivers, too, identify God as uniquely present in the caregiving relationship. Danica Smith, a grieving mother who attended LDAM retreats and sought to bring the ministry to her Massachusetts parish, chose to attend her first retreat because she sought God’s care. “Anything that was, you know, referred to as God healing, I was thirsty for.”⁴⁸⁴ Alyssa Bailey, a BVM care receiver, explains that she was seeking specifically pastoral care in the wake of a family crisis. “I didn’t want to work with a psychologist. Because it felt more of something like a spiritual thing.”⁴⁸⁵ She was drawn to BVM, she explains, by God. “It’s almost like it, I feel like it was God. Like God leading me to find this.”⁴⁸⁶ For persons seeking pastoral care, these ministries demonstrate, God can be the one whose loving care is most sought.

⁴⁸¹ Dorothy Sun, BVM Team Leader and Visitor, interview with author, April 28, 2020.

⁴⁸² Phoebe Applegate, LDAM diocesan coordinator, interview with author, April 30, 2020.

⁴⁸³ Betty Flowers, BVM Team Leader and Visitor, interview with author, May 8, 2020.

⁴⁸⁴ Danica Smith, LDAM care receiver, interview with author, April 16, 2020.

⁴⁸⁵ Alyssa Bailey, BVM care receiver, interview with author, May 26, 2020.

⁴⁸⁶ Alyssa Bailey, BVM care receiver, interview with author, May 26, 2020.

Care As Abundant, Four-fold Hospitality: In her discussion of the Christian community of practice, Jane Regan identifies hospitality as a core disposition. She observes, “It is the willingness to offer hospitality and to recognize that the other is in need that is the basis of the Christian calling.”⁴⁸⁷ Hospitality can be understood as a requisite hallmark of communities of practice that respond to the pastoral caregiving needs of families living in the aftermath of trauma. Trauma researcher Judith Herman notes, however, that, as a consequence of their traumatic experience, “traumatized people feel utterly abandoned, utterly alone, cast out of the human and divine systems of care and protection that sustain life. Therefore, a sense of alienation, of disconnection, pervades every relationship, from the most intimate familial bonds to the most abstract affiliations of community and religion.”⁴⁸⁸ In offering hospitality to those who have experienced trauma, caregiving ministries must recognize that potential care receivers perceive themselves to be dwelling in context of isolation, rejection, and disconnection. To bridge that distance, the hospitality they extend through their caregiving must be perceptible to care receivers whose ability to receive it has been compromised significantly.

LDAM and BVM caregivers minister to people who suffer multiple forms of the alienation that Herman describes. Phoebe Applegate, diocesan LDAM coordinator, identifies isolation as a primary affliction that many grieving parents endure. “I think one of the main portions of grieving parents’ journey is a feeling of being alone, a feeling of like, why me, or you know, just a real aloneness, a sense of being alone.”⁴⁸⁹ At times, parents can feel that God has purposely turned away from them. Danica Smith, a grieving mother, explained that in losing her

⁴⁸⁷ Jane Regan, *Where Two or Three Are Gathered: Transforming the Parish through Communities of Practice* (New York: Paulist Press, 2016), 76-77.

⁴⁸⁸ Judith Herman, *Trauma and Recovery: The Aftermath of Violence – From Domestic Abuse to Political Terror* (New York: Basic Books, 1992), 53.

⁴⁸⁹ Phoebe Applegate, LDAM diocesan coordinator, interview with author, April 30, 2020.

daughter, “I felt frightened that I was being punished in some way.”⁴⁹⁰ Other parents, Jack Baker notes, have separated themselves from a relationship with God and the church. At retreats, they will “come and say... I haven’t been to church in, you name it, ten, twenty, thirty years. Because I’ve been so angry at a God who would permit this type of evil.”⁴⁹¹ Alyssa Bailey, a BVM care receiver, describes a sense of alienation from other Catholics that arose as she struggled with divorce: “You feel so much shame when your marriage fails” that “you don’t feel that comfortable going to the church.”⁴⁹² Danica Smith also notes that the faith community can be a source of alienation when they fail to support grieving parents. “The church didn’t do much for me.... It’s the dearth of it [that] was astounding to me.”⁴⁹³

To counteract the disconnection and alienation that contour the daily lives of the people they seek to help, the LDAM and the BVM offer care that is marked by an “extravagant”⁴⁹⁴ hospitality. Four movements characterize this abundance. First, these ministries seek out hurting people. Second, they draw close to the suffering care receivers with personal attention. Third, they offer an ongoing accompaniment. Fourth, they facilitate the restoration of relationships, within families, with the local church, and with God.

The hospitality that the two ministries extend to care receivers begins with welcoming outreach. Deacon Matt Kirk shares, “we ask everybody who’s involved to keep their eyes open for people who are hurting. It could be a neighbor who’s very sick. It could be a couple that splits.” In addition to notices in the parish bulletin and regular preaching about the BVM, Deacon Matt will telephone parishioners “if so and so looks like he or she is hurting for any

⁴⁹⁰ Danica Smith, LDAM care receiver, interview with author, April 16, 2020.

⁴⁹¹ Jack Baker, LDAM-HQ director, interview with author, February 26, 2020.

⁴⁹² Alyssa Bailey, BVM care receiver, interview with author, May 26, 2020.

⁴⁹³ Danica Smith, LDAM care recipient, interview with author, April 17, 2020.

⁴⁹⁴ Regan, *Where Two or Three Are Gathered*, 77.

reason whatsoever”⁴⁹⁵ and invite them to participate in Brighton Ministry. Similarly, each person who registers for an LDAM retreat receives an initial phone call prior to the retreat day. June Hudson, an LDAM diocesan coordinator, explains that this reaching out serves to counter the isolation many parents feel. “That initial connection is imperative to help them feel as though, ‘somebody knows me, knows my story, and they’re going to welcome me.’”⁴⁹⁶ LDAM diocesan coordinator Phoebe Applegate affirms the significance of the initial LDAM phone call to registered parents, “I or the leader or maybe someone in my office will do what’s called the pastoral phone call. We reach out to them. And this is an important phone call. This is the beginning of the relationship.”⁴⁹⁷ Each participant is welcomed into the caregiving relationship personally, whether in the BVM 1:1 model of caring interaction or in the LDAM model of a team-provided retreat for a group.

The LDAM and the BVM each offer care that emphasizes being with the care receivers in their experience. This is care that draws close and deliberately stands in opposition to the isolation that trauma provokes. June Hudson, diocesan LDAM coordinator, describes the ethos pervading each LDAM retreat as deeply attentive. “The amount of personalized attention that is given to each participant and somebody is there all the time to lend a hand, an ear, ‘how can I be helpful?’ We try to surround them with caring love while they’re here.”⁴⁹⁸ Lydia McManus echoes this sentiment. “What it basically boils down to is they just really care. They spend a lot of time getting to know each and every one of the parents, and what happened to their child, and where they are prior to attending the retreat. And it requires a lot of love, and a lot of care to put

⁴⁹⁵ Deacon Matt Kirk, BVM director, interview with author, February 16, 2020.

⁴⁹⁶ June Hudson, LDAM diocesan coordinator, interview with author, May 13, 2020.

⁴⁹⁷ Phoebe Applegate, LDAM diocesan coordinator, interview with author, April 30, 2020.

⁴⁹⁸ June Hudson, LDAM diocesan coordinator, interview with author, May 13, 2020.

that time into really focusing on where they are, what they've been through, and what their reservations are."⁴⁹⁹

In Brighton Ministry, this closeness is facilitated by the personalized attention BVM Team Leaders give to choosing which caregiver will serve as a Brighton Visitor to each care receiver. Care receivers are often paired with caregivers who have personal experience with circumstances like those of the care receiver. Dorothy Sun explains, "Deacon Art is the one who actually makes the assignments. But I know he looks at our story, you know, what our life experience has been, you know, what struggles we may have had in our lives, and kind of tries to pair them with somebody who's going through the same thing. So if there's been a loss, like a spouse or a child, that's factored in. A divorce is, you know, any kind of loss."⁵⁰⁰ Describing her Brighton Visitor's year-long care as she navigated a difficult divorce, Alyssa Bailey noted, "It's almost like [she] went through it with me."⁵⁰¹

The LDAM and the BVM each recognize a need for pastoral caregiving ministry to be configured as ongoing, long-term accompaniment. The traumatic experiences with which their care receivers contend have long-lasting and at times irreversible effects. Deacon Matt Kirk explains that in the BVM, "the degrees of hurt are extensive," and care receivers "need help, they need help and we try and be there to help them through it."⁵⁰² It is for this reason that the average BVM caregiving relationship lasts for a full year. At Our Lady parish, Deacon Matt notes, BVM relationships generally follow this guideline, "ideally, about a year with a care receiver... Some of them last two or three years, some of the only last a few months."⁵⁰³ Dorothy Sun, BVM Team Leader and Visitor, notes that the duration of the caregiving relationship is characterized

⁴⁹⁹ Lydia McManus, LDAM care receiver, interview with author, April 17, 2020.

⁵⁰⁰ Dorothy Sun, BVM Team Leader and Visitor, interview with the author, April 28, 2020.

⁵⁰¹ Alyssa Bailey, BVM care receiver, interview with author, May 26, 2020.

⁵⁰² Deacon Matt Kirk, BVM director interview, with author, February 16, 2020.

⁵⁰³ Deacon Matt Kirk, BVM director interview, with author, February 16, 2020.

by a responsiveness to care receivers' particular needs for accompaniment but also by an abiding concern for the wellbeing of the care receivers.

This program is kind of set up for a year. Now, it does not have to go that long. If they're doing fine you can start talking about, "Gee you know I really think you're in a in a good place. Let's space this out to every other week. Let's space this out to maybe, maybe a month. Let's go out for coffee and you know maybe in a month let's find the date" and then you start winding down but it's only with their okay that you do that. And I have found a couple of times that I have wrapped up with someone and I always check back in with them you know you're not obligated to do that but I think it's a really good thing to do to keep in touch with them and I've had a couple who I could see as struggling again. I said, "Alright let's go back. Let's go back and meet you know let's try every other week and see how that goes." So then you're back into the official program of Stephen Ministry.⁵⁰⁴

This commitment to ongoing care likewise characterizes the LDAM. Founding LDAM director Patti Baker emphasizes that although a particular parish may only have the resources to offer one retreat annually, grieving parents' pastoral caregiving needs cannot be met with a ministry of limited duration. "That's why we say that this is an ongoing ministry for grieving parents. It's not a one and done thing. So our hope and prayer is that parishes, as I said, would offer one retreat a year and then supplement it. It's not just for newly bereaved parents."⁵⁰⁵

LDAM-HQ invites all grieving parents to participate in monthly virtual gatherings that feature talks by LDAM spiritual leaders or Parent Partners followed by open discussion. LDAM-HQ also recommends that parishes and dioceses who partner with LDAM augment their retreat offerings with segmented loss groups, one-hour lunch retreats, adoration, social events, and *Lectio Divina* gatherings designed specifically for grieving parents to gather more regularly with LDAM caregivers and with one another.⁵⁰⁶

In meeting traumatized people with welcoming, personal, attentive, ongoing care, LDAM and BVM work to restore care receivers into relationships, with others, with the faith

⁵⁰⁴ Dorothy Sun, BVM Team Leader and Visitor, interview with author, April 28, 2020.

⁵⁰⁵ Patti Baker, LDAM-HQ director, interview with author, February 26, 2020.

⁵⁰⁶ LDAM, *Retreat Team Guidebook*, 50.

community, and with God. Alyssa Bailey explains that through the caring interventions of her Brighton Visitor and Deacon Matt, her felt sense of exclusion from parish belonging was overturned. Her Brighton Visitor introduced her to parish resources, including Al-Anon and a parish ministry that supplied her with Christmas gifts for her children. Deacon Matt assured her repeatedly, “You’re welcome here.”⁵⁰⁷ Their caring initiatives gave rise to a sense of inclusion for Alyssa. They communicated to her, “you’re not shunned, you don’t have a scarlet letter.”⁵⁰⁸ These ministerial connections facilitated her comfort in returning to parish liturgical life. The Brighton Visitation Ministry functions “to reestablish the sense of family and community” that traumatic experience ruptures, Alyssa explains. Now, she notes, “When I want to pop in [to mass], I don’t feel like the outsider.”⁵⁰⁹

For parents at the LDAM retreat, the collective experiences of the prayer service and the Eucharistic liturgy likewise foster a feeling of healing relatedness among care receivers. Diocesan coordinator June Hudson explains, “It’s one thing to go to church on Sunday. And, but, it’s another thing to feel as though you’re now really part of church. And you’re part of church with all other people who have experienced something similar to what you’ve experienced. And you’re not only healing together, but going forth together as well.”⁵¹⁰ Lydia McManus asserts that at retreats, “I feel the grace and the power of confession and of community, I mean, after all, the church is the community, and to have this community that really understands your struggles, I think that it’s very, very significant.”⁵¹¹ Patti Baker describes the relationships that the LDAM retreat fosters between parent attendees.

⁵⁰⁷ Alyssa Bailey, BVM care receiver, interview with author, May 26, 2020.

⁵⁰⁸ Alyssa Bailey, BVM care receiver, interview with author, May 26, 2020.

⁵⁰⁹ Alyssa Bailey, BVM care receiver, interview with author, May 26, 2020.

⁵¹⁰ June Hudson, LDAM diocesan coordinator interview with author, April 17, 2020.

⁵¹¹ Lydia McManus, LDAM care receiver, interview with author, April 17, 2020.

With grieving parents, it really doesn't matter how old the child was, you know, whether it was a miscarriage, or a 61 year old who died of a heart attack, doesn't matter how they died. And, on some level, how long ago, if it's very, very recent, but normally, it doesn't matter how long ago, there is this instant bond which, which you don't get with the loss of a spouse or, or a sibling, because of all the variables. And there are a lot of variables, but, but for some reason, that hole in your heart is the same and you feel drawn to each other. Without, without even speaking, in some cases. So those bonds are, are very tight, very tight, very strong and very tight.⁵¹²

The retreat also offers a consistent message that vitally contradicts the experience of divine absence. Danica Smith explains that LDAM ministry attests to God's nearness and love for parents and their children. "God doesn't abandon us. Just hearing that, you know, you are not alone is huge."⁵¹³

Listening as Means to Share Burdens: Listening is a primary act of caregiving in the ministerial repertoire of both the LDAM and the BVM. Although BVM-USA describes the role of the Brighton Visitor as meeting with a "person experiencing a life crisis... on a weekly basis to listen, care, encourage, and provide emotional and spiritual support,"⁵¹⁴ Brighton Team Leader Betty Flowers describes BVM's praxis in this way: "It's nonjudgmental listening."⁵¹⁵ Fellow BVM Team Leader Dorothy Sun agrees that listening is the quintessential element of caregiving. "I think listening is the biggest thing. You know, you let them talk... I don't think there's anybody that's going to go in and write a resume for somebody and say, here, this is what you need to do. You know, it's never, never that. Never that."⁵¹⁶ BVM care receiver Alyssa Bailey points to listening as the primary axis of her relationship with her BVM caregiver. At their

⁵¹² Patti Baker, LDAM director, interview with author, February 26, 2020.

⁵¹³ Danica Smith, LDAM care receiver, interview with author, April 16, 2020.

⁵¹⁴ Brighton Visitation Ministries-USA, "What Is A Brighton Visitor?" accessed online Feb. 27, 2022, at <https://www.BVM-USA.org/Brightonministry/default.cfm/1596>.

⁵¹⁵ Betty Flowers, BVM Team Leader and Visitor, interview with author, May 8, 2020.

⁵¹⁶ Dorothy Sun, BVM Team Leader and Visitor, interview with author, April 28, 2020.

weekly caregiving meetings, “we just talked about the trauma, you know, of what had happened to me. And she was just, ... she was there for me, like just to listen”⁵¹⁷

LDAM diocesan coordinator Phoebe Applegate notes that the LDAM retreats “offer a place for participants to express themselves, like either in a spiritual way, or an emotional way, or you know, even physically, and not be judged by their answer. So that’s really important, that they’re not judged.”⁵¹⁸ In listening to care receivers, without judgment or prescriptive solutions, caregivers acknowledge care receivers’ distress as legitimate, significant, and deserving of the caring ministration of the church.

Listening is the primary vehicle for sharing in care receivers’ burdens. BVM caregiver Betty Flowers notes, “It really allows us to be there for people who are in crisis, without making judgments about them, and just to be there and share their pain and help them get through the difficulties of life.”⁵¹⁹ As companions, caregivers can assist care receivers in shouldering their challenges by giving care receivers a space in which to express themselves without worrying that their stories will cause alienation and further isolation. Dorothy Sun notes, “the care receiver knows that they’re talking to a non-judgmental non-family member, and they really open up, you know. But that trust, that trust has to be number one, before that happens. But I think that’s the most healing path. You know, they trust us. They know that we really care.”

Phoebe Applegate highlights the centrality of listening to the ethos of the LDAM retreat ministry. “Every one listens. And so you know, it’s just, it’s a real listening spot, because I think these grieving parents have not been listened to, even by their most closest people in their lives, you know.”⁵²⁰ Lydia McManus, speaking from her perspective as a grieving parent, agrees. “You

⁵¹⁷ Alyssa Bailey, BVM care receiver, interview with author, May 26, 2020.

⁵¹⁸ Phoebe Applegate, LDAM diocesan coordinator, interview with author, April 30, 2020.

⁵¹⁹ Betty Flowers, BVM Team Leader and Visitor, interview with author, May 8, 2020.

⁵²⁰ Phoebe Applegate, LDAM diocesan coordinator, interview with author, April 30, 2020

really get the sense that people really care and want to be there for you, wherever you are. If you're angry or you're upset, that's okay. Tell us about it. And so I think that can help people a great deal."⁵²¹ Through a praxis of attentive listening, caregivers demonstrate receptivity, a willingness to embrace the suffering care receiver in their present pain, and to companion them as they move through their suffering. When I asked LDAM diocesan director June Hudson for one word that describes the care that LDAM offers to grieving parents, she equated care with listening. LDAM care, she explains, is "compassionate care. Compassionate listening."⁵²²

5.4.2 Synodality – Robust Synodality Is the Basis for Robust Ministry

The LDAM and the BVM are examples of collaborative ministries. Lay men and women, ordained clergy, volunteers, and ministry professionals work together in each of these ministries to attend to hurting people in their faith communities and offer care. Given our discussion of synodality in Chapter Three, the LDAM and BVM can be recognized theologically as examples of enacted synodality. Empowered by the Holy Spirit through their baptism to participate in mission, disciples in the BVM and the LDAM join one another in ecclesial ministries of care that seek to express the Good News by attending lovingly to people who suffer. In interviewing the men and women who participated in the LDAM and BVM as caregivers and as care receivers, the insight emerged that a robust synodality is operative in and forms the foundation for the robustness of each of these ministries. In particular, two dimensions of synodality characterize their work: a synodal practice of "walking together" that allows laity and clergy to bring distinctive, necessary gifts into synergistic collaboration; and an understanding of their ministries as paradigmatic of contemporary missional engagement.

⁵²¹ Lydia McManus, LDAM care receiver, interview with author, April 17, 2020.

⁵²² June Hudson, LDAM diocesan coordinator, interview with author, May 13, 2020.

Walking Together: Caregivers in each ministry speak with an awareness that, through their ministries, they instantiate the synodal church. Dorothy Sun, a BVM caregiver, notes, “we all come from different backgrounds and each one has a gift to offer.”⁵²³ Her recognition of the giftedness of each ministering caregiver and the understanding of the diversity of gifts as a strengthening resource for mission is characteristic of synodality. June Hudson, who coordinates retreats for a New York diocese, points to collaboration as an additional dimension of synodality. “I think it [the LDAM] really puts forth the true understanding of how our church operates in terms of having clergy and lay people working together.”⁵²⁴ Phoebe Applegate, diocesan coordinator of the LDAM, explains:

You have lay people who are, you know, going through the experience that can help the clergy, but the clergy can also help the lay people with the sacraments.... And it just, it goes together. I mean, it’s not a hierarchy sense at this retreat. Everyone’s on equal ground. Yes. You know, obviously, the priest has to offer mass and the sacrament of confession. But beyond that, we’re all coming together as children of God, period.⁵²⁵

The retreats are a site in which the polyhedral nature of the church as the People of God, sharing their gifts as they walk together in mission, is evident. Danica Smith, as an LDAM care receiver, notes,

If it’s just run by parents you get too many stories where people just want to talk about their child. And there’s no cohesive program. If you just get priests, you know, they can talk about the Scripture and theology, and, you know, be very comforting, but they don’t have the experience of losing a child. And you know, pastoral ministers, who don’t have the experience, can help to facilitate the program to stay on track, with a faith-based healing, instead of it becoming a, floundering into just a support group.⁵²⁶

Her remarks attest to the synodal participation that undergirds the distinctive care that collaborative pastoral caregiving ministry provides. Alyssa Bailey, as a care receiver, appreciates

⁵²³ Dorothy Sun, BVM Team Leader and Visitor, interview with author, April 28, 2020.

⁵²⁴ June Hudson, LDAM diocesan coordinator, interview with author, May 13, 2020.

⁵²⁵ Phoebe Applegate, LDAM diocesan coordinator, interview with author, April 30, 2020.

⁵²⁶ Danica Smith, LDAM care receiver, interview with author, April 16, 2020.

this synodal dimension of Brighton Visitation Ministry. “I like not having the hierarchy. I like how it’s all sort of who is best for the job.”⁵²⁷

There is a clear sense among caregivers and care receivers that the plurality of gifts the caregivers bring to their ministry and the collaborative dynamic that characterizes their joint work attest to the ecclesiology the church professes. They recognize the alignment of ministerial praxis with synodal ecclesial self-understanding as a key strength of these two ministries.

Clergy – Their Unique and Necessary Contributions: The uniquely necessary, yet distinctive contributions of clergy and laity to the ministries’ efficacy emerged in interviews as well. Clergy are recognized, in particular, as figures whom care receivers trust. Their trustworthiness has three distinguishable dimensions. First, priests and deacons are seen as persons whose position as ordained ministers grant them pastoral trustworthiness. Deacon Matt explained that in his role as deacon, he found potential care receivers often welcomed the phone calls he made inviting them to consider participating in Brighton Visitation Ministry. “When you reach out, as with a clergy mantle, as a deacon, or priest or a bishop has, it has a little bit of a credibility thing that kind of helps people to be more receptive to talk to you about what you’re doing.”⁵²⁸ Care receivers recognize ordained men as ones whose offer of care has warrant. Their unsolicited offer of pastoral care is legitimate and appropriate, and thus clergy can play an important role in initiating care by proactively welcoming isolated, marginalized or alienated people into pastoral caregiving relationships. Betty Flowers affirms pastoral trustworthiness also offers potential care receivers a degree of confidence in seeking out pastoral care. “For people coming forward and saying, ‘I think I would like to have Brighton Visitor,’ I feel like people’s comfort level with going to a

⁵²⁷ Alyssa Bailey, LDAM care receiver, interview with author, May 26, 2020.

⁵²⁸ Deacon Matt Kirk, BVM director, interview with author, February 16, 2020.

member of the clergy would be better than going to a lay person. And so our hope is that we will always have a member of the clergy able to do that.”⁵²⁹

Second, the clergy’s magisterial authority is recognized as a source of doctrinal trustworthiness. In the LDAM, grieving parents are often plagued by frightening, urgent questions. Grieving mother Lydia McManus explains that during retreat discussion periods, “The priest... would speak with the parents and parents were able to ask him the things that you normally wouldn’t get to ask in another setting. They would ask, ‘Did God do this to me?’ You know, things that are very damaging, but that grieving parents carry with them.”⁵³⁰ The opportunity to engage directly in theological conversation with priests, who can speak with doctrinal knowledge buttressed by magisterial authority about Catholic beliefs regarding death, salvation and eternal life, grants grieving parents a trustworthy way to put their minds at ease. June Hudson notes that priestly doctrinal trustworthiness can function to not only allay distress, but to anchor hope. She explains that this is of immense significance to grieving parents.

A lot of lay people look to our pastors, the ordained, to reveal the teachings of our church as they relate to death and resurrection. And, and many times, people will ask a question, you know, in their group settings. ‘Well, how do I know that my child is in heaven?’ Or, how do you know, more theological questions. And they’ve been so wonderful, in being able to explain the teachings and also give them a sense of hope. So in that way, it, because I think hope for a lot of those parents is about hope that they’ll see their children again, one day, in heaven.”⁵³¹

Phoebe Applegate emphasizes that in pastoral conversations at the retreat, clergy can offer fearful parents reassurance. Clergy, she explains, “are not parents, they’re not grieving parents. So how do you as a clergy, you know, minister to these people? And they come to these retreats and they say, “I, I am so sorry. And I could never be supporting a God who takes a child, but

⁵²⁹ Betty Flowers, BVM Team Leader and Visitor, interview with author, May 8, 2020.

⁵³⁰ Lydia McManus, LDAM care receiver, interview with author, April 17, 2020.

⁵³¹ June Hudson, LDAM diocesan coordinator, interview with author, May 13, 2020.

what I do know is this” and then they sit and then they listen.”⁵³² This assertion, that God is not one who harms or punishes parents by “taking” their children carries particular trustworthiness when uttered by clergy, because it is buttressed by their magisterial authority.

The third dimension of priestly trustworthiness operative in these ministries is associated with ecclesial decision-making authority. The founding directors of the LDAM ministry, Jack and Patti Baker, explain that in their efforts to bring their ministry to new parishes and dioceses, pastors, pastoral associates, and diocesan personnel can have questions and concerns about the ministry. Although the ministry professionals are welcome to attend LDAM retreats to learn more about the ministry, independent evaluation of the ministry is important to these potential caregivers. When grieving parent Lydia McManus recommended the LDAM ministry to her bishop, he tasked diocesan staff with learning more about the ministry. In the course of the staff’s three-month investigation, Patti Baker explains, “they called every retreat we ever gave. They really vetted us.”⁵³³ At the conclusion of their study, the bishop endorsed the ministry and instituted a pilot program in the diocese. He wrote a letter to the Bakers praising the LDAM ministry. The LDAM guidebook notes that such episcopal letters are “extremely important in establishing the credibility of the ministry among various dioceses and other Catholic entities.”⁵³⁴ The trustworthiness of episcopal judgments made by bishops in the exercise of their decision-making authority within their diocese functions somewhat as imprimatur, sanctioning a ministry and thus communicating its validity and trustworthiness to other parishes and dioceses who may wish to adopt it.

⁵³² Phoebe Applegate, LDAM diocesan coordinator, April 30, 2020.

⁵³³ Patti Baker, LDAM-HQ director, interview with author, February 26, 2020.

⁵³⁴ LDAM, *Retreat Team Guidebook*, 83.

Laity – Their Uniquely Necessary Contributions: Like priests, deacons, and bishops, lay men and women play unique roles in caregiving ministry by virtue of their ecclesial position. First, care receivers recognize the life experiences of lay caregivers as a source of trustworthy guidance. Brighton Team Leader and Brighton Visitor Betty Flowers explains, “I think we live in a society where people kind of want you to, they give more credibility to somebody who has experienced what they have... In some ways, our general culture has incorporated that sense that validity comes from shared experience, not just from book knowledge, and I think you can get that a little more easily with the lay population.”⁵³⁵ Alyssa Bailey appreciates the life experiences of her Brighton Visitor, an older married woman who has raised a family, and she identifies them as conferring a trustworthy expertise. “She’s a mother, with children. So I felt like she was a great match. I felt like she knew her stuff without acting like she knew her stuff.”⁵³⁶

Although each Brighton Visitors has participated in Brighton Visitation Ministry-USA’s professionally designed fifty-hour ministerial training course and partakes in ongoing continuing education modules that follow the BVM-USA curriculum, their shared life experiences function powerfully as a kind of authority for lay caregivers. It grants them wisdom. Brighton Team Leader and Brighton Visitor Dorothy Sun summarizes this dimension laity bring to ministry succinctly. “Not taking anything away from clergy, but I think lay people get it.”⁵³⁷ Their wisdom is grounded not only in educational preparation, but also in lived circumstances that can be similar to those of the care receivers, so their caregiving support is seen as arising from a place of accurate understanding.

In a similar way, parents attending the LDAM prize the shared experiences of Parent Partners and other parent attendees. In hearing Parent Partners Witness talks, grieving parents

⁵³⁵ Betty Flowers, BVM Team Leader and Visitor, interview with author, May 8, 2020.

⁵³⁶ Alyssa Bailey, BVM care receiver, interview with author, May 26, 2020.

⁵³⁷ Dorothy Sun, BVM Team Leader and Visitor, interview with author, April 28, 2020.

find their own experiences normalized. Jack Baker explains, “We’ve had people tell us, ‘You know, I’m so glad I came, because I learned I’m not crazy. You know, other people are experiencing what I’m experiencing. The fact that I pull off on the side of the road and start beating the steering wheel and crying is, is okay. Other people have done that.’”⁵³⁸ Bereaved parents experience a measure of relief when they can recognize commonalities between their grief and the grief of other parents who have lost a beloved child.

In the case of the LDAM, parents’ sharing of their experience makes a contribution to caregiving that cannot be supplied by other caregivers. LDAM care receiver Lydia McManus explains, “We kind of know how to talk to one another, and support one another in a way that other people may not know how to. So that’s very meaningful, very, very meaningful.”⁵³⁹ According to diocesan coordinator Phoebe Applegate, a felt sense of relatedness pertains among grieving parents that stands in contradistinction to parents’ more typical experience of being ignored or avoided by people who “don’t know how to deal with someone who has lost a child, [who] are worried about hurting their feelings, so they stay away.”⁵⁴⁰ McManus notes, “I think that just, when you look at another parent that has lost a child, there’s an understanding and a connectedness. That’s something that’s automatic.”⁵⁴¹

The shared experiences that caregivers bring to their caregiving reassure care receivers that they will be understood and accepted. The care receivers I interviewed feared judgment and exclusion from the faith community if the traumatic experience they endured was one (such as divorce) that occupies a space of contested acceptance in the faith community and one for which the care receiver could be considered culpable. If their traumatic experiences had resulted in

⁵³⁸ Jack Baker, LDAM-HQ director, interview with author, February 26, 2020.

⁵³⁹ Lydia McManus LDAM care receiver, interview with author, April 17, 2020.

⁵⁴⁰ Phoebe Applegate, LDAM diocesan coordinator, interview with author, April 30, 2020.

⁵⁴¹ Lydia McManus, LDAM care receiver, interview with author, April 17, 2020.

being avoided or misunderstood by family and friends, as was the case for bereaved parents, care receivers feared a similar pastoral rejection. The anticipation of a negative response can prompt a hesitancy to seek pastoral care. When caregivers have themselves experienced the life events that care receivers are presently inhabiting, care receivers can trust that their own traumatic suffering will be understood, and that they will be accepted and cared for in a way that does not exacerbate their pain.

A second aspect of shared experience between lay caregivers and care receivers is its implication for hope. Trauma is characterized by the experience of psychic overwhelm. Afflicted individuals can “experience shock, profound confusion, a sense of helplessness, anxiety, intense fear, and depression”⁵⁴² and struggle to cope with the responsibility of their daily lives. Betty Flowers explains that the acceptance, understanding, and support that lay Brighton Visitors offer to their care receivers allows a sense of hopeful agency to emerge.

I always feel like, when people are put in a position where they have to articulate to another person what the problem is, or what they’re feeling, that there’s a, there’s a part of, what goes in the process is, it organizes for the person in their own mind what it is they’re dealing with. And oftentimes in that process, you end up feeling a little bit more on top of the issue. And that engenders hope that, ‘You know, maybe this is not beyond me.’ And it’s certainly not. And, ‘Maybe if I also have this supportive person here with me, then, that gives me double the ammunition to deal with this than I thought I had in the first place.’⁵⁴³

Bereaved mother Danica Smith notes that the dimension of the LDAM retreat she found most healing was the presence of other grieving parents. “Just being able to be with other parents who understood this loss and who were surviving. Because I wasn’t sure I was going to.”⁵⁴⁴

Elaborating on the effect of solidarity, she explains, “The trauma is just so deep and so isolating, that to be with other parents in a place of faith, and to see that they’ve experienced the same

⁵⁴² John P. Wilson and Thomas A. Moran, “Psychological Trauma: Posttraumatic Stress Disorder and Spirituality,” *Journal of Psychology and Theology* 26, no. 2 (1998): 171.

⁵⁴³ Betty Flowers, BVM Team Leader and Visitor, interview with author, May 8, 2020.

⁵⁴⁴ Danica Smith, LDAM care receiver, interview with author, April 16, 2020.

thing, with a similarly deep reaction is just empowering for survival.” Witnessing the ability of other parents to endure grievous loss offered Danica the possibility of envisioning a future in which she too could navigate life in the wake of her child’s death. Danica contrasted the post-traumatic coping that other parents modeled with her own hopeless and overwhelming state. They modeled survival, not only existence. “Survival is with hope.”⁵⁴⁵

Missional Engagement – The Field Hospital as Living Ecclesiology: The participants of the BVM and the LDAM highlight their ministries as vital works of mission in the contemporary synodal church. LDAM care receiver Danica Smith describes the connection between the Linden Day Away Ministry and the church’s mission of evangelization as “completely intertwined.”⁵⁴⁶ Highly visible works of the church, ministries communicate an ecclesiological claim. For the BVM and the LDAM, pastoral caregiving ministry is the embodiment of the church that goes forth to the margins seeking wounded people, and offering them love and compassion as a sign of God’s love.

In an interview in 2013, Pope Francis introduced his vision for the church: “I see clearly that the thing the church needs most today is the ability to heal wounds and to warm the hearts of the faithful it needs nearness, proximity. I see the church as a field hospital after battle.”⁵⁴⁷ The field hospital, the Pope insists, is responsive to the immediate needs of wounded people. Its task is to “Heal the wounds, heal the wounds.”⁵⁴⁸ Phoebe Applegate, LDAM diocesan coordinator, when asked how the LDAM expressed the mission of the church, replied,

⁵⁴⁵ Danica Smith, LDAM care receiver, interview with author, April 16, 2020.

⁵⁴⁶ Danica Smith, LDAM care receiver, interview with author, April 16, 2020.

⁵⁴⁷ Pope Francis, interview with Antonio Spadaro, in “A Big Heart Open To God: An Interview with Pope Francis,” *America* Sept 19, 2013, <https://www.americamagazine.org/faith/2013/09/30/big-heart-open-god-interview-pope-francis>.

⁵⁴⁸ Pope Francis, interview with Antonio Spadaro, “A Big Heart Open To God.” <https://www.americamagazine.org/faith/2013/09/30/big-heart-open-god-interview-pope-francis>.

Well, I think, you know, Pope Francis's theme of accompaniment and, you know, the field hospital. You know, we're accompanying these, these individuals. I think that's the aim of any ministry, is accompaniment, is healing. We are the hands and feet of Jesus now, what the church is, and that's what we're doing. We're reaching out, we're supporting, we're pointing them towards the resurrection, toward Jesus, toward God, you know, in a gentle way, in a supportive way."⁵⁴⁹

Dorothy Sun, Brighton Team Leader, appealed to the same metaphor to describe the BVM's engagement with ecclesial mission. "Field hospital. That's certainly what we are."⁵⁵⁰ Deacon Matt Kirk points to the Brighton Visitation Ministry as a quintessential form of gospel witness. "I think that what we do is as essential, if not more so, than anything else that Our Lady of Good Remedy parish does, to be there to evangelize, to bring people closer to the Lord... Brighton Visitation Ministry is bringing the love of Jesus to people with a compassionate listening."⁵⁵¹

The identification of their ministries as exemplars of the church's engagement in mission suggests that for the caregivers in the BVM and the LDAM, pastoral caregiving ministry is a site in which the church's lived ecclesiology and its professed ecclesiology are in alignment.

Diocesan coordinator June Hudson describes this cohesiveness.

Well, I think we're walking, walking the talk, you know, in terms of being present to one another. You know, I think Pope Francis has been really good about being one with the disenfranchised, being one with the people who are grieving the, the people who are experiencing, you know, that might be downtrodden or whatever they're experiencing in their life. Remember to be one, they're our brothers and sisters... I think Pope Francis is asking us to get in their shoes, be as close to them as you possibly can, however you can do that. So in terms of loss and grief, I think Linden Day Away Ministry does that.⁵⁵²

This understanding is shared by care receivers and caregivers. Care receiver Alyssa Bailey describes Brighton Visitation Ministry as an authentic expression of mission because of the cohesion between its praxis and the teachings of Jesus. "It's the true purpose, caring for people the way that you wanted to be cared for; it's without being like on a pedestal or a soapbox. It's,

⁵⁴⁹ Phoebe Applegate, LDAM diocesan coordinator, interview with author, April 30, 2020.

⁵⁵⁰ Dorothy Sun, BVM Team Leader and Visitor, interview with author, April 28, 2020.

⁵⁵¹ Deacon Matt Kirk, BVM director, interview with author, February 16, 2020.

⁵⁵² June Hudson, LDAM diocesan coordinator, interview with author, May 13, 2020.

you know, doing what you know, really, what God, and Jesus preaches. You know, don't judge, and be there for each other and love each other and care for each other."⁵⁵³ When asked if she sees Brighton Visitation Ministry as connected to evangelization, Alyssa affirms that connection; however, she stresses, "at the same time, we're doing it the right way, by just caring for people."⁵⁵⁴ Jack Baker emphasizes the connection between mission and ministry as central to the self-understanding of the LDAM. "We view this [ministry] as part of the New Evangelization."⁵⁵⁵

In the present moment, the church is engaged in the multi-phase, multi-year Synod on Synodality. Its stated aim is "to provide an opportunity for the entire People of God to discern together how to move forward on the path towards being a more synodal Church in the long-term."⁵⁵⁶ The reflections on the strong correspondence of these ministries to the mission of the church suggest that care receivers and caregivers alike have a lived understanding of the synodal church. This lived understanding, which arises from their praxis, can be a rich source of insight regarding the blessings and challenges of incarnating synodality in the faith community, if communities of practice develop practices to recognize and share their learning beyond their ministries' borders.

5.4.3 Pedagogy – Needed Heterogeneity and Fruitful Tension in Learning

The LDAM and the BVM function as communities of practice, as described by the theories of Lave and Wenger discussed in Chapter Three. Situated learning takes place in each ministry, arising as caregivers train deliberately for their caregiving roles and continuing as they

⁵⁵³ Alyssa Bailey, BVM care receiver, interview with author, May 26, 2020.

⁵⁵⁴ Alyssa Bailey, BVM care receiver, interview with author, May 26, 2020.

⁵⁵⁵ Jack Baker, LDAM director, interview with author, February 26, 2020.

⁵⁵⁶ Synod 2021 2024, "What is Synodality?" accessed online February 22, 2023, at <https://www.synod.va/en/what-is-the-synod-21-24/about.html>.

actively minister to care receivers. Each ministry recognizes explicitly attending to caregivers' learning as an essential task, as specific ministerial knowledge is viewed as necessary for competent pastoral caregiving ministry with vulnerable, suffering people. Local churches that adopt Linden Day Away Ministry or Brighton Visitation Ministry spend time in their communities of practice intentionally training new members. It is this aspect of learning, the learning that takes place during designated training time, that interview participants turned to most readily when we discussed learning in BVM and LDAM.

Viewed through the heuristic of the community of practice, the interview participants most often spoke of their community of practice's teaching and learning repertoire. They discussed what more experienced caregivers in the ministry teach to new caregivers in formal training, shared the ways in which that training is structured, and named the tension that can arise when local communities of practice find the repertoire received from the national ministry organization in need of change. In the domains of learning content and pedagogical methods, these discussions made clear that heterogeneity characterizes the pursuit of caregiving competence. These discussions also illuminated a connection between synodality and learning. For the LDAM and BVM programs at the local level, resolving the tension between receiving an established program and making changes to it is a place where the synodal habits of discernment and joint decision-making is exercised for the benefit of the local community of practice. Attending to these practices more closely, and sharing what is learned there in the spirit of synodal discussion, can allow local communities of practice to contribute their learning to the benefit of the church more broadly.

Content - The Two Dimensions of Caregiving Competence: The Brighton Visitation Ministry at Our Lady of Good Remedy parish and the LDAM welcome new members to their caregiving enterprises. Each ministry devotes considerable time to training new caregivers. For Brighton Team Leaders, Deacon Matt notes, the training course spans “seven days of training, it’s like seventy or eighty hours. It’s very extensive.”⁵⁵⁷ For Brighton Visitors, the fifty-hour training course at Our Lady of Good Remedy meets from October through May, “every week. It’s definitely every week unless there’s a hurricane or a blizzard.”⁵⁵⁸ The goal of this extensive training is the cultivation of caregiving competence. While ministering to vulnerable people is an endeavor that calls for skillful caregiving, the interview participants with whom I spoke emphasized that developing caregiving proficiency in LDAM and BVM programs requires mastering two distinct skill domains: care (how to minister to others) and logistics (how to administer with one another effectively).

The relationship between ministering and administration is one of edifice and foundation. That is, the caring that the communities of practice offers is built upon a foundation of structured, practical elements. A viable Brighton Visitation Ministry requires the Brighton Team Leaders to learn how to recruit, interview, and select Brighton Visitors; raise community awareness of the program to reach potential care receivers; interview care receivers and pair them with Brighton Visitors; teach the fifty-hour Brighton Visitor training course; and perform ongoing supervision to Brighton Visitor peer groups.⁵⁵⁹

The Brighton Visitor fifty-hour training “cover[s] topics such as listening, understanding difficult feelings, maintaining confidentiality, and ministering to people in specific situations,

⁵⁵⁷ Deacon Matt Kirk, BVM director, interview with author, Feb 16, 2020.

⁵⁵⁸ Dorothy Sun, BVM Team Leader and Visitor, interview with author, April 28, 2020.

⁵⁵⁹ Brighton Visitation Ministries-USA, “The Bridge Leaders Training Course,” accessed online Feb 28, 2023, at https://www.brightonvisitationministries.org/brightonvisitationministry/bridge_leaders_training_course.cfm.

including grief, divorce, medical crises, terminal or chronic illness, infertility and other family issues, and more.”⁵⁶⁰ However, as Brighton Visitors minister, they follow a structured process of documentation. Dorothy Sun notes, “There’s paperwork involved in everything.” They track their caring interactions using detailed recordkeeping.

There’s what is called a contact sheet and this is how you document your meetings, phone calls with your care receiver. So, like the first contact would be ‘Contact Number One’ and then two, three, four. ‘Initiated by,’ if I initiated it, would be ‘by a Brighton Minister.’ Every once in a while you get a call from the care receiver, so it would be ‘initiated by the care receiver.’ How long was this? The date? And then ‘how long was this call?’ and some calls, like right now, I’m meeting over the phone with my care receiver. So it’s usually an hour, 45 minutes, an hour, hour and 10. And then there’s a column on the other end of that contact sheet, where you document what you talked about. Now, that’s not shared with anybody. That’s for your information. So you know where your care receiver is at that point, and kind of how you need to gear that next conversation.⁵⁶¹

“Paperwork” is an element of every caregiving encounter. Brighton Visitors must be adept at the logistics of record-keeping, as these records not only document practice, but offer foundational support for subsequent interactions.

Training for the Linden Day Away Ministry likewise has a dual focus. Parishes or dioceses wishing to establish a retreat ministry must learn both how to minister to grieving parents and how to run the retreat. Jack Baker explains that interested potential caregivers generally are grieving parents or ministry professionals who have attended a retreat and feel that it would meet a need in their faith community. The dual dimensions of enacting retreat ministry, caregiving and logistics, emerge as places where learning is necessary.

They go back filled with the Holy Spirit and they want to do this. But do what? And part of the problem is, you know, what we *do*. Okay, how do you promote it? How do you get the word out? How do you register people? How do you accept payment? How do you control cost? How do you set up candles? You know,

⁵⁶⁰ Brighton Visitation Ministries-USA, “Media Fact Sheet,” accessed online February 24, 2023, at <https://www.brightonvisitationministry.org/PDFs/SMiesMediaFactSheet.pdf?v=2021>

⁵⁶¹ Dorothy Sun, BVM Team Leader and Visitor, interview with author, April 28, 2020.

there's all that aspect of it. On the other hand, there is this fear. You're sitting here thinking, 'Oh my God, I'm now going to have a retreat with grieving parents. What's going to happen? And what if somebody goes off the reservation? And, you know, what do I do as leader if nobody says anything? And, you know, so you got two distinct issues that people are dealing with, that we kind of coach them through.'⁵⁶²

Baker's observation articulates the breadth of what retreat team members must learn. For the retreat to run smoothly, many logistics must be considered and attended to. "There's a lot of details to prepping for the Linden Day Away Ministry, there's materials, there's the candle. All of those materials that need to be, and then also there's interfacing with the participants prior to, and then gathering the retreat team,"⁵⁶³ explains diocesan coordinator Phoebe Applegate.

At the same time, the retreat team must learn how to receive grieving parents with the abundant hospitality and attentive listening that are hallmarks of the Linden Day Away Ministry. Lydia McManus explains that after her son's death she traveled from New York to Massachusetts to attend an LDAM retreat because she found that priests in her home area were not prepared to meet her caregiving need. "Most of the priests in the Archdiocese of New York are not trained necessarily on how to deal with the loss of children. And they mean well, but again, they weren't. They didn't know what to say. So you feel very often very abandoned, or, and alone in your journey."⁵⁶⁴ The knowledge-content that retreat team members need in order to offer competent care necessarily includes learning what to say and do, so that caregiving encounters do not increase the sense of isolation that grieving parents feel.

In her caregiving model, discussed in Chapter Four, Joan Tronto identifies four phases of care: caring about, taking care, caregiving, and care receiving. In the LDAM and the BVM models, taking care (defined in Tronto's work as a phase of determining *how* to meet care

⁵⁶² Jack Baker, LDAM-HQ director, interview with author, Feb. 26, 2020.

⁵⁶³ Phoebe Applegate, LDAM diocesan coordinator, interview with author, April 30, 2020.

⁵⁶⁴ Lydia McManus, LDAM care receiver, interview with author, April 17, 2020.

receivers' needs) is a work of the central ministry office. The Linden Day Away retreat and the 1:1 Brighton Visitor accompaniment ministry respond to pastoral needs with signature configurations of care. When a local faith community chooses to adopt one of these models as a way to meet their local care receivers' needs, they likewise engage in the care-taking phase of caring ministry.

To advance to the next phase of care in Tronto's model, the phase of active caregiving, those who would give care must develop the competency needed to do so. In BVM-USA and LDAM-HQ, participants are offered a "bifocal" training designed to develop caregivers' logistical proficiency alongside their skills in listening and accompaniment. The commitments these ministries make to these two heterogeneous areas of learning articulate the multiplicity of competencies encoded within the larger domain of caregiving and identify them as necessary dimensions to which parishes and dioceses must attend to when constructing or evaluating new pastoral caregiving ministry initiatives.

Methods of Learning - Two Modes of Knowledge Construction: The Brighton Visitation Ministry and the Linden Day Away Ministry employ a hybrid pedagogical approach. Each ministry combines direct instruction with situated, experiential learning, an approach that affords the ministries and its participants two benefits. First, a consistency across time and across multiple ministry sites is made possible by direct instruction. Second, the ability to minister dynamically in the inherently unpredictable, emotion-laden contexts of caregiving ministry is facilitated by experiential learning.

The Brighton Visitation Ministry primarily uses a pedagogy of direct instruction. Facilitators in the Team Leader training and Brighton Visitor training courses present a sequence

of lessons developed by BVM-HQ. Prior to class, learners are assigned pre-class readings and given printed lecture outlines that facilitate note taking. All materials are supplied by BVM-HQ. Commenting on the extensive resources learners are supplied with at the Brighton Team Leader Training course, Betty Flowers notes, “You get red folders and green folders and blue folders and yellow folders. And you’re pulling out all these papers to bring with you the next day. And then the classes are run with this. So, it’s really, it’s really rigid. But, all the material gets covered, and it’s a huge amount of material.”⁵⁶⁵ As the facilitators progress through their presentation, they solicit learner participation by asking targeted questions about the material under discussion.⁵⁶⁶ At the Team Leader Training course, participants learn to facilitate Brighton Visitation training modules. They rely on the *Leader’s Manual* to structure their lessons. The manual includes “more than 400 user-friendly documents organized into 67 color-coded file folders, complete lesson plans, and teaching presentations.”⁵⁶⁷ More resource library than reference book, the *Leader’s Manual* offers a centrally designed system for instruction. Attesting to the *Manual’s* breadth, Betty Flowers remarks, “We went home with 30 pounds of paperwork.”⁵⁶⁸

Learners also role-play, particularly in Brighton Visitation training classes, to practice the techniques presented in lessons. A lesson on grief, for example, includes a multi-part presentation covering the need for care, a Christian understanding of grief, the phases of grief, symptoms of grief, and guidance for effective ministering practices.⁵⁶⁹ Learners develop their skills in these practices, which include encouraging the expression of feeling, talking about the

⁵⁶⁵ Betty Flowers, BVM Team Leader and Visitor,, interview with author, May 8, 2020.

⁵⁶⁶ Brighton Visitation Ministry-USA, “Brighton Visitation Ministry Introductory Workshop: Presentation Outlines,” (2018), 7-19.

⁵⁶⁷ Brighton Visitation Ministry-USA, “An Inside Look at Brighton Ministry,” 13.

⁵⁶⁸ Betty Flowers, BVM Team Leader and Visitor, interview with author, May 8, 2020.

⁵⁶⁹ Brighton Visitation Ministry-USA, “Brighton Visitation Ministry Introductory Workshop: Presentation Outlines,” 7-19.

deceased, and encouraging “small steps” toward resuming an engagement with life, through role-play.⁵⁷⁰ Deacon Matt Kirk explains that after the lecture, “you break up into three people. You know, one is the Brighton Visitor, one is the care receiver. The third is an observer who points out how each one might have done a little bit better. Or sometimes it's just a one-on-one. And ah, you do that over and over again, with different scenarios, different situations that are presented in the booklets.”⁵⁷¹

The LDAM emphasizes situated learning as their preferred mode of instruction. They begin with observations; potential retreat team members are required to attend a retreat in an observational capacity to develop an understanding of the retreat’s elements and dynamics. Those desiring to serve as Parent Partners (parents who have attended a retreat once as participants), must attend a second retreat to fulfill this observational requirement. Observations are required for all potential caregivers, whether they desire to serve on the central LDAM-HQ retreat team or plan to establish or serve on a retreat team in their own parish or diocese. June Hudson, diocesan coordinator, explains, “That’s one of the protocols that Jack and Patti had instituted, that if you’re going to run a retreat, that you attend one first.”⁵⁷² She continues, offering an example.

So, if we have two retreats scheduled for next year, we tell the coordinating team members, whoever is going to be involved, that they should try to attend one of the two [retreats held] the year prior. And then, now they’ve been to a retreat, and sometimes they’ll attend two, you know, just to get a better sense, because again, that the emotions of the retreat run so deep that sometimes they can’t take it all in when they’re at their first retreat.⁵⁷³

⁵⁷⁰ Brighton Visitation Ministry-USA, “Brighton Visitation Ministry Introductory Workshop: Presentation Outlines,” 7-19.

⁵⁷¹ Deacon Matt Kirk, BVM director, interview with author, February 16, 2023.

⁵⁷² June Hudson, LDAM diocesan coordinator, interview with author, May 13, 2020.

⁵⁷³ June Hudson, LDAM diocesan coordinator, interview with author, May 13, 2020.

Observation is followed by group training that combines direct instruction with additional situated learning. For each site (parish or diocese) that initiates an LDAM retreat ministry, the Bakers provide bespoke training sessions. First, the Bakers hold a conference call with the new team. They offer a comprehensive presentation of the ministry, discussing logistical elements, caregiving practices, and key theological commitments.⁵⁷⁴ They use the LDAM's self-published *Retreat Team Guidebook* to structure their discussion. The *Guidebook* is a comprehensive and detailed description of the ministry's ethos and practices. It includes more than 100 pages of appendices that offer sample scripts, models of prayer services, suggested schedules, discussion guidelines, facilitation advice, budgets and templates, which LDAM-HQ advises local communities of practice to adopt for their own use.

As a second step, the Bakers travel with an LDAM-HQ retreat team to the new site and coordinate a retreat for the new team.⁵⁷⁵ The Bakers, Patti explains, "see ourselves as coaches. We are now working with 10 dioceses, in many parishes, and we go out, we're not rent-a-retreat. We go out as coaches and as mentors to any area, any diocese that's willing to or wants to adopt it and carry it forward."⁵⁷⁶

Ultimately, the new team assumes responsibility for the retreat ministry, although the Bakers in their capacity as the directors of LDAM-HQ remain available for practical advice and support. Patti Baker explains, "Usually we do the first one completely. And then the second one, we'll do it together. And then the third and subsequent ones, we can do an awful lot of it by conference calls on the phone, they have their team, and we just kind of mentor them through

⁵⁷⁴ The *Retreat Team Guidebook* includes a one page handout, to be shared with all attendees and team members, that cites 10 points from the *Catechism of the Catholic Church* which support the four foundational principles of the LDAM: (1) "For our children, life has changed – not ended." (2) "Our relationship with our children still exists and continues." (3) "Even if my child was not baptized, there is hope for salvation." (4) "We will be together again." LDAM, *Retreat Team Guidebook*, 151.

⁵⁷⁵ LDAM, *Retreat Team Guidebook*, 14.

⁵⁷⁶ Patti Baker, LDAM-HQ director, interview with author, February 26, 2020.

it.”⁵⁷⁷ LDAM-HQ also offers “central services,” including access to the LDAM online registration system and online Parent Questionnaire intake forms and inclusion in the monthly support email and anniversary remembrance card communication ministry that LDAM-HQ has developed as an ongoing ministry to parents who have attended any LDAM retreat.⁵⁷⁸

At present, the Bakers work individually with each diocese or parish that begins a retreat ministry; however, they see this model as insufficient for the ministry’s future. Patti Baker notes, “I think sooner rather than later, we are going to have to develop some type of formal training program... We’re going to be growing... We can’t be in two places, he and I can’t be in two places, so we may need to develop a formal training for current retreat leaders to carry it forward outside of New England.”⁵⁷⁹ The *Guidebook* serves as a first step in developing a general training program. Patti stresses that the manual “does literally have anything and everything that we do.”⁵⁸⁰

Two implications emerge from the hybrid training approaches of the LDAM and the BVM. The first is that direct instruction supports consistency. Direct instruction acts as a secure guide for nascent communities of practice who choose to adopt these ministries in their parish or diocese. Through class presentations, instruction manuals, resource materials, YouTube videos, guidebooks, and conference calls, LDAM- and BVM-directed instruction pedagogy offers learners an orderly, comprehensive presentation that illuminates the inner workings of the ministries. Their frameworks are clearly delineated, their procedural operations standardized, their participants’ roles and responsibilities are identified, and their particular practices of care (such as compassionate listening and abundant welcome) fully articulated. Patti Baker explains,

⁵⁷⁷ Patti Baker, LDAM-HQ director, interview with author, February 26, 2020.

⁵⁷⁸ LDAM *Retreat Team Guidebook*, 71-73.

⁵⁷⁹ Patti Baker, LDAM-HQ director, interview with author, February 26, 2020.

⁵⁸⁰ Patti Baker, LDAM-HQ director, interview with author, February 26, 2020.

“The whole thing is turn-key, basically.”⁵⁸¹ New communities of practice can offer their program with care that is consistent with the national organization’s aims and ways of proceeding.

LDAM-HQ and BVM-USA promote their caregiving initiatives via their websites and in other forms of promotional media. Danica Smith learned of the LDAM from “a brochure,”⁵⁸² and Lydia McManus “remembered reading about the Linden Day Away Ministry... and I looked up the information and I booked the retreat and I drove up to [it].”⁵⁸³ Promotional materials can introduce the ministries to potential caregivers and shape their expectation of care. Care receivers who read websites, flyers, brochures, bulletin inserts, and other forms of outreach media may approach caregiving ministries trusting that the materials have offered an accurate description of the care they will find at LDAM retreats and in 1:1 Brighton Visitation relationships. For traumatized individuals, whose ability to trust others, the faith community, and God has been eroded, a lack of correspondence between promise and praxis can reinforce distrust and compound their distress and isolation. A pedagogy of direct instruction offers communities of practice who attend to traumatized and vulnerable people a way to cultivate needed reliability.

The second implication of the LDAM’s and BVM’s hybrid model of pedagogy is that didactic modes of instruction, while necessary, are not sufficient for developing caregiving competence. In these two ministries, pastoral caregiving praxis places caregivers into direct encounters with hurting and grieving people. Their interactions necessarily will be spontaneous and unscripted. While each ministry offers specific guidance on ways to structure conversations, presentations, and discussions, the caregivers will be called upon in real-time to minister in contexts of emotional intensity with the skills and dispositions of receptivity, openness, empathy and warmth. Role-playing, in the BVM, brings this living dimension of ministry into training. It

⁵⁸¹ Patti Baker, LDAM-HQ director, interview with author, February 26, 2020.

⁵⁸² Danica Smith, LDAM care receiver, interview with author April 16, 2020.

⁵⁸³ Lydia McManus, LDAM care receiver, interview with author, April 17, 2020.

allows learners the opportunity to practice responding in dynamic ways to unpredictable peers who role-play as care receivers. Observation and facilitated participation in the LDAM allow caregivers to experience the highly emotional character of retreats. It permits them to witness how retreat team members communicate generous hospitality to parent attendees. In observing retreats in real time and then participating in a retreat facilitated by the experienced LDAM-HQ team, learners can experience the emotional response the retreat day elicits in them and begin to consider how they will minister in this emotionally-charged context before they assume full responsibility for administering a retreat ministry.

By incorporating situated learning and peripherality deliberately into their training models, the BVM and the LDAM emphasize that caregivers construct knowledge through experience that they cannot attain by listening to presentations and working with standardized instructional materials. Caregiving competence, these models suggest, requires praxis supported by robust modes of learning.

Balancing Tension - Making Change and Following the Program: A tension exists in the LDAM and in the BVM regarding the structured nature of training. Each ministry, as we have seen, is highly directive regarding the formation of new entrants into the ministry. Caregivers evaluate these methods positively. Regarding her own Brighton Team Leader weeklong training course, Betty Flowers offers, “It’s the most, probably, the most thought-out program I’ve ever attended.”⁵⁸⁴ Similarly, caregivers praise the *Retreat Team Guidebook* that the LDAM offers. Phoebe Applegate emphasizes, “It’s just, it has everything you need.”⁵⁸⁵ She explains, “You know, just the coordination of it all. I have not gone back and reworked any of the scripts. I have

⁵⁸⁴ Betty Flowers, BVM Team Leader and Visitor, interview with author, May 8, 2020.

⁵⁸⁵ Phoebe Applegate, LADM diocesan team leader, interview with author, April 30, 2020.

not, you know, changed the retreat in any way. I think it's, I think it's really well done."⁵⁸⁶

Dorothy Sun speaks to the bedrock reliability of the central BVM-USA organization. "You never doubt what Brighton Visitation Ministry-USA tells you."⁵⁸⁷ Yet despite their appreciation of the training programs and materials and their ongoing reliance on them, individual diocesan and parish-based communities of practice at times desire to make changes to elements of the ministries' standardized repertoire. Their innovation, insofar as it introduces a deviation from established practices taught during training, is not necessarily sanctioned by the centralized ministry offices. Consequently, the caregiving community of practice in the local church must discern for itself how to balance an adherence to the practice they have learned with a need for adaptations that they surmise will better meet their own needs.

Although the people I interviewed praised the pedagogy and practices of LDAM, they also noted that the programs' prescriptiveness can be restrictive or burdensome. Betty Flowers, Brighton Team Leader, discussing the method she learned for facilitating the Brighton Visitation fifty-hour train course, notes, "I think it provides a great framework. But I also feel like in some ways it's a very rigid protocol."⁵⁸⁸ She points in particular to the role-playing used in each lesson. "It's a very valid technique, I think. But it's used, I'm going to say, almost to a fare-thee-well."⁵⁸⁹

The BVM Team Leaders of Our Lady of Good Remedy parish have modified their fifty-hour training course to reflect their own assessment of how to best train new Brighton Visitors. These changes include reducing the amount of role-playing and increasing the amount of discussion time in class. "I think people come out of my training, maybe sometimes, with not as

⁵⁸⁶ Phoebe Applegate, LADM diocesan team leader, interview with author, April 30, 2020.

⁵⁸⁷ Dorothy Sun, BVM Team Leader and Visitor, interview with author, April 28, 2020.

⁵⁸⁸ Betty Flowers, BVM Team Leader and Visitor, interview with author, May 8, 2020.

⁵⁸⁹ Betty Flowers, BVM Team Leader and Visitor, interview with author, May 8, 2020.

much of those practice sessions. They do the practice sessions, but we might not do six of them in the class, we might do three or four and there's more of a free-flowing conversation," Betty explains.⁵⁹⁰ In making this amendment, she seeks to reduce learners' fatigue with role-playing, but also to increase their engagement with one another. "I feel like part of what you want to do, too, is create a sense of community within the training group. Because I think that'll serve you well over the long haul. People work together; it's sort of a way to begin that process. And people do get very close in the course of those classes."⁵⁹¹ In making these changes, the BVM team at Our Lady of Good Remedy exerted influence on the standard BVM-USA repertoire, adapting it so that the particular Brighton Visitation Ministry repertoire at Our Lady of Good parish was fit to that community of practice's needs.

Programmatic adaptation is not always countenanced by the central ministry organization. Jack Baker notes that as the LDAM ministry is adopted by more parishes and dioceses, "We're finding people want to kind of fool with our format. Like, we're going to Washington D.C. in two weeks and they didn't want to do dinner, because it's a cost."⁵⁹² Although financial limits might be important considerations to the local LDAM ministry, LDAM-HQ names programmatic integrity as the more important concern. They discourage change-making, for example, that would eliminate aspects of the retreat day.

We tell everybody, please trust us on what we're doing here. But we've, we've heard so many times from parents, how, "It is so wonderful to be able to share a meal with other people and talk about my kid, cry and laugh. I can't do it with my family. I can't do it with my friends. I can't do it anywhere. The opportunity to do that is just so wonderful." And yeah, so little things like that we have just learned, it's all part of the process.⁵⁹³

⁵⁹⁰ Betty Flowers, BVM Team Leader and Visitor, interview with author, May 8, 2020.

⁵⁹¹ Betty Flowers, BVM Team Leader and Visitor, interview with author, May 8, 2020.

⁵⁹² Jack Baker, LDAM-HQ director, interview with author, February 26, 2020.

⁵⁹³ Jack Baker, LDAM-HQ director, interview with author, February 26, 2020.

Patti Baker notes that for this reason, the *Retreat Team Guidebook* is shared with retreat teams only as part of their formal training. It is not available as a stand-alone resource. “The reason is, it would be easy to just take this and take bits and pieces. We’re becoming very concerned about what people are doing with it and calling it the Linden Day Away Ministry.”⁵⁹⁴

The tensions that the Bakers and Betty Flowers name suggest that local pastoral caregiving ministry communities of practice maintain an awareness of their community’s needs, even as they intentionally enroll in or collaborate with centralized ministerial initiatives such as the BVM-USA and LDAM-HQ. Attuned to their local context’s particularities, they make changes to the repertoire they receive. As the examples shared here demonstrate, enacted change can have multiple effects, shaping learning, engagement, and the provision of care itself.

Whether a change leads to successful or unsuccessful outcomes, however, changes to the community’s practice represent opportunities for situated learning. To recognize their own needs and the needs of their care receivers, caregiving communities of practice must engage in discernment. To adapt the standardized practices of the central ministry organizations, the local caregiving communities must exercise their own gifts and skills. Once enacted, a modification to practice brings changes to outcomes. These new results can be reflected upon, perhaps prompting more refining change. As the community of practice engages collectively in a cycle of practice, discernment, change, and reflection, its members synodally co-construct knowledge about ministerial praxis.

At present, neither BVM-USA nor the LDAM require the local churches they partner with to engage in self-reflection or self-evaluation. Nor do BVM-USA and LDAM ask the local churches using their models to share what they have learned through their ministerial experience

⁵⁹⁴ Patti Baker, LDAM-HQ director, interview with author, February 26, 2020.

with the central organization.⁵⁹⁵ Their models of information-sharing primarily flow in one direction, from the central organization to the participating local church ministry sites, via direct instruction and centralized support services. In a synodal church, however, a polyhedral model prevails. Viewing practice through the lens of synodality allows us to see that just as information can flow from the “top-down,” it can flow from the “bottom-up.” The knowledge that arises in the local pastoral caregiving community of practice through their engagement in mission is an important source of wisdom for the whole church. In considering together questions such as “how can we best prepare people for caregiving?” or “how can we best care for suffering people in our midst?” and acting upon that discernment, the local church attains practical knowledge that can benefit the church more broadly. The experiences of the people I interviewed suggest that the local caregiving community of practice can make synodality more manifest in the contemporary church through a two-step process. First, they can adopt practices of post-change reflection to make the knowledge they gain via ministry explicit. Second, they can work together to develop methods for sharing the knowledge they so construct widely – with other parishes, with their own diocese and with other dioceses.

5.4.4 Implications for the Trauma-Aware, Relational, Synodal Pastoral Caregiving Community of Practice

In our discussions of the caregiving practices, ecclesiology, and pedagogical practices of the Linden Day Away Ministry and the Brighton Visitation Ministry of Our Lady of Good Remedy Parish, the research participants in this qualitative study painted portraits of faith communities engaged in a praxis of pastoral caregiving that is rich and complex. Their

⁵⁹⁵ BVM-USA does provide a self-evaluation instrument to faith communities to use in assessing their own practice, however, the results of these evaluations are for the internal use of the local ministry. They are not a mechanism for offering BVM-USA feedback on participating churches’ experience of ministry.

experiences of pastoral caregiving are particular and uniquely their own. Yet, as the interview participants answered my questions, their own reflection on their practice generated insights, assessments, and ideas that often resonated with one another.

In these resonances, I discerned nine themes that, while not fully generalizable, are transferable to the context of pastoral caregiving ministry more broadly. Three are associated with caregiving – the triadic structure of the caregiving relationship; the understanding of trauma-aware care as an abundant, four-fold hospitality; and attentive listening as the vehicle for sharing care receivers’ burdens. Three pertain to the relationship of a robust synodality to a robust ministry – the unique contributions to care that the clergy can make when they walk together with laity in caregiving collaboration; the unique contributions that laity can make as they participate in mission with clergy in the ministry of pastoral caregiving; and the potential for the caregiving ministry to be a source of learning about joint participation in mission. Three refer to knowledge construction – caregiving competence rests on learning caregiving knowledge and logistical knowledge; caregiving learning necessitates a hybrid pedagogy of direct instruction and situated learning; and communities of practice are sites of adaptation and thus the knowledge they gain as they change is a resource for the synodal church. In the next chapter’s discussion of a framework for constructing and evaluating new pastoral caregiving initiatives, these nine themes will function as a source of practical considerations that communities of practice must attend to as they seek to undertake trauma-aware, relational, synodal, pastoral caregiving ministry.

CHAPTER SIX

The STAR Caregiving Community of Practice: a Model and Framework for Ministry Development

Blessed are they who mourn, for they shall be comforted.
Matthew 5:4

6.1 The STAR Caregiving Community of Praxis

From the earliest days of his pontificate, Pope Francis has summoned the church to renewal. He repeatedly urges the church to move outward, going forth in evangelizing mission, to attend to suffering people with compassion. He insists that if the church is to witness faithfully to God who is close to the brokenhearted, the church too must draw close to them and offer companionate solidarity. In this dissertation, I have argued that families who endure the distressing circumstance of traumatic suffering are in great need of such companionate pastoral care. Attending to them is a work of mission to which the church is particularly called in the present moment.

A challenge exists, however, to the development of pastoral caregiving ministry that can respond to this form of traumatic suffering – the very nature of private trauma is that isolates and marginalizes its victims, thus obscuring them and their needs from the view of others. The eruption of trauma in the daily lives of ordinary families is akin to a private storm, a roaring tornado that touches down *here*, obliterates *this* house, then lifts and screams away, leaving the neighboring homes untouched. Standing in the aftermath of such tempest, victims must navigate the world from a radically rearranged place, while bewilderingly the world about them continues on unchanged. The trauma that has surged into their experience is contained within the frame of

their homes and families, and so their pain and needs can go unnoticed, unacknowledged, unrecognized, or ignored by those around them. Additionally, traumatized people can be reluctant to seek care, as traumatic suffering impairs relationality and engenders feelings of disconnection and social isolation.

In this context of private, familial trauma, pastoral caregiving ministry in the local church must attend to several simultaneous aims. First, the parish or diocesan ministry must become attuned to the particular forms of suffering in its midst, suffering that may be hidden, visible only to some. Second, to evangelize faithfully, the ministry must attest to God's nearness and communicate God's desire to be with people in their suffering. Third, to be a true expression of the church, the ministry must manifest the church's inherent synodal nature. Fourth, to offer efficacious care, the ministry's praxis must be trauma-aware, attuned to the particular ways in which traumatic suffering impairs relationality, brings about isolation, and can initiate a cascade of compounding distress within a family's life. Finally, the ministry must strengthen its practitioners' ability to give witness to the gospel, so that as they participate in mission, their faith is both expressed and strengthened. Pastoral caregiving at the local level, whether in the parish or diocese, can best meet these complex criteria, I argue, when it is configured according to a particular model – that of a caregiving community of practice whose praxis is synodal, trauma-aware, and relational.

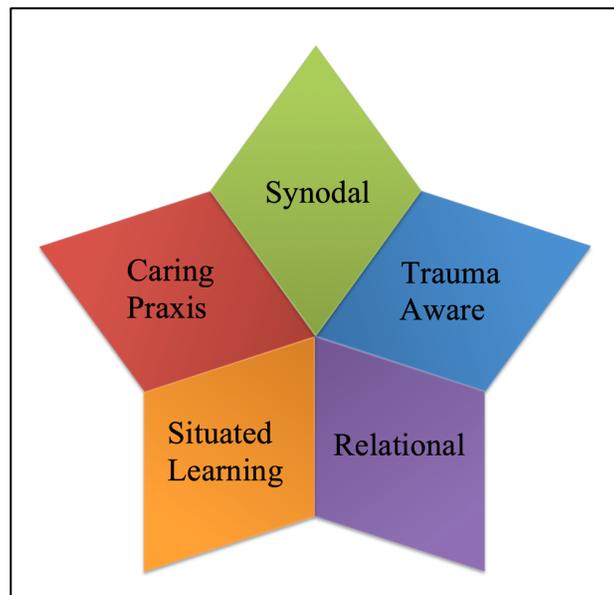
6.2 The STAR Caregiving CoP Model

The synodal, trauma-aware, relational caregiving community of practice model that I propose, the STAR caregiving CoP model, offers the local church a guide for the construction and evaluation of pastoral caregiving ministry initiatives for suffering families. Rather than

serving as singular, prescriptive solution for parish or diocesan needs, the model functions as generative framework that invites each local church to develop a praxis of caregiving that is attentive to the guidance of the Holy Spirit, dynamically responsive to the distinctive forms of suffering in their community, and reflective of its own members' specific gifts and talents.

Visually, the model can be represented with a star diagram (see Figure 6.1).

Figure 6.1: The STAR Caregiving Community of Practice



Five uniquely colored rhombuses represent the five distinct, necessary elements that characterize the STAR caregiving Community of Practice. The structural integrity of the star can be seen to rest upon the particular, discernible contribution of each rhombus, denoting that the ministering community of practice likewise requires each element in order to function as an integral whole. The star's greater geometric complexity relative to that of the constituent rhombuses reflects the synergy that is created when the ministering community of practice brings synodality, trauma-awareness, relationality, and situated learning together with its caregiving praxis.

The STAR caregiving CoP model is both descriptive and directive. Figure 6.1 depicts the STAR caregiving CoP as a “going concern,” a functioning entity. It articulates the five elements that the ministering community intentionally coordinates in order to offer a program of pastoral caregiving that can meet its many aims. The model also functions, however, as a framework that the local church can use to develop a STAR caregiving CoP. In this mode, the model is configured as a questionnaire instrument. The framework, which will be presented in more detail in Section 6.3 below, identifies five sets of questions the local church must consider in order to ensure that the ministry it constructs will express each of the model’s five dimensions.

The question-based framework is an effective instrument. That is, while it directs users’ attention to questions regarding their future ministry’s synodality, situated learning, and caregiving, the framework itself is an opportunity for situated learning, a place for synodal cooperation in mission, and a moment in the arc of pastoral caregiving. The use of the framework for ministry design is a collaborative endeavor. Rather than a “quick-start” guide or check-list for ministry professionals, the instrument is intended for use by a group of people (clergy, pastoral associates, lay volunteers), a nascent community of practice, that comes together either to address an already-identified pastoral need in the community or to consider the question of what suffering is present in their midst and in need of their ministering attentiveness. In working collaboratively to assess and plan their response, this community engages in the synodal work of preliminary discernment and decision-taking. They enact synodality and learn experientially about synodal functioning. In identifying needs and envisioning responses, the newly formed community of practice initiates its pastoral caregiving. They enact the first movements of Tronto’s model of care – naming whom they care about and establishing initial plans for how they will take care of them. Together, the members of the community of practice

begin to construct experiential knowledge of synodality and caregiving praxis as they establish their joint enterprise and consider the elements their caregiving repertoire will include.

6.3 The STAR Caregiving CoP Framework

The STAR caregiving CoP framework questionnaire instrument rests upon the five theoretical pillars that provide the conceptual framework for this dissertation – situated learning theory and the community of practice, ethical care, a relational theological anthropology, synodality, and trauma theory. As the framework is both instructive and constructive, each section of the framework instrument is comprised of two segments – a brief description of the associated theoretical pillar and a set of related questions for the community to consider as it develops new ministry initiatives.

6.3.1 The Community of Practice

The ministry in development is conceptualized as a community of practice. In its most general form, the community of practice is comprised of a set of individuals who share a joint enterprise. Its members may play different roles but they each recognize one another's forms of participation as legitimate; they are mutually engaged partakers in a joint enterprise. Members employ a particular repertoire, a set of common practices, tools, and materials, in the pursuit of their enterprise. As they undertake their work, the members of the community of practice construct knowledge necessary for the performance of their work and further they develop their identities as members of this community.

In the STAR caregiving community of practice, the questions to be considered relate to enterprise, repertoire, and learning.

Enterprise
What sufferings afflict families in the community where the community of practice intends to minister?
What particular form of suffering will the CoP address?
What are some ways that the CoP can address this suffering – what form(s) of caregiving might alleviate suffering?
Given these possible populations and responses, what will the caregiving enterprise of this community of practice be?

Repertoire
What practices will the CoP enact in its caregiving?
How will the CoP incorporate listening as a practice into caregiving?
How will the CoP express four-fold abundant hospitality?
What resources will the CoP use in enacting its caregiving?
Logistically, what must the CoP attend to in order to operate this ministry?

Learning
What must CoP members know to minister competently in this enterprise?
How will the CoP promote that competence – both in caregiving and in logistics?
What pedagogical methods will the CoP employ to train members in caregiving praxis?
How will the CoP prepare its members for ministering in dynamic encounters with care receivers in contexts characterized by emotion?
How will the CoP prepare its members to meet the need for ministerial consistency across time,

or across numerous ministry sites?
What practices of reflection will the CoP employ to aid members in constructing knowledge from their experiences in caregiving?
How will the CoP foster the discipling identity of its members?
How will the community reflect theologically on its experiences of synodal ministry?
What practices of knowledge-sharing will the community develop and use to bring their learning to the larger church?

6.3.2 Ethical Caregiving

In the STAR caregiving CoP model, caregiving is theorized with an ethic of care. Drawing on the work of Nel Noddings, caregiving is conceptualized as a personal relationship between caregiver(s) and care receiver(s). Caregivers respond to the particular needs of care receivers with emotional receptivity. They invest emotional and material resources to meet those needs, and, committed to the well-being of the care receiver, they take action to promote the care receivers' welfare and reduce their suffering. Care receivers participate in the relationship by disclosing their need and expressing willingness to accept caregivers' support. Care receivers are the arbiters of care, as care is not complete unless the care receivers sense authentic affective engagement on the part of the caregivers. This model is nuanced by an understanding of Christian caregiving relationships as triadic relationships among God, human caregivers, and human care receivers.

The phases of caregiving ministry are theorized according to the staged model of Joan Tronto. Tronto identifies caring about, taking care, caregiving, and care receiving as the four movements in caregiving. Identifying need, assuming a responsibility for the need and determining how to respond to it, actively caregiving for care receivers – these three phases are

the province of caregivers. The final phase is care reception, and in this stage, care receivers make a determination as to whether the care offered by caregivers has indeed met their needs.

In the STAR caregiving Community of Practice framework, the questions to be considered address roles in the caregiving relationship and the stages of caregiving.

Caregivers
Who will be providing care in this CoP?
Are there multiple caregiving roles? What are the roles?
How will prospective caregivers join this ministry?
How will caregivers express authenticity in their care?
How will caregivers express emotional receptivity to care receivers?
How will this CoP acknowledge God’s participation in the triadic caregiving relationship?

Care receivers
Who are the care receivers to whom the CoP will minister?
How will members of the CoP identify potential care receivers?
How will care receivers learn about this ministry?

Stages of Care
<u>Caring About</u> : How will the CoP decide whom it will care for? Who will be included in making this decision?
<u>Taking Care</u> : Given the possibilities for the ministry’s enterprise, what resources would the CoP require to be able to attend to it?
<u>Taking Care</u> : What resources does the CoP have available for taking care of suffering families?
<u>Taking Care</u> : Is it possible for the CoP to acquire additional resources? What are those resources? How might they be acquired?

<u>Caregiving</u> : What is the primary form of caregiving in this CoP?
<u>Receiving Care</u> : How will the CoP assess care receivers' evaluation of CoP's caregiving works?
<u>Receiving Care</u> : How will the CoP respond to the care receivers' evaluations?

6.3.3 Synodality

Through its structures and practices, the local church gives expression to its inherently synodal nature. Pastoral caregiving ministry that attends to familial distress, attuned as it is to the quotidian struggles of ordinary people, offers the local church an opportunity in which to make synodality manifest. To do so, the STAR caregiving CoP must attend to synodality's several dimensions. It must seek the guidance of the Holy Spirit, recognize and welcome the diverse charisms of the People of God into the ministry, cultivate collaboration among the People of God so that laity and clergy work together in pursuit of mission, and foster practices of discernment, listening, and dialogue. It also must acknowledge, through its practices, its relationship with the larger church. It must contribute to the larger church, particularly the fruit of its practical synodal learning, but it must also emphasize in its way of proceeding that its service to families is an expression of the larger church's care and concern.

In the STAR caregiving Community of Practice framework, the questions to be considered address how the ministry will embody synodality as it engages in its enterprise.

Synodality
How does the CoP practice jointly discerning the guidance of the Holy Spirit?
What are the CoP's practices for listening to one another? For dialogue?

How does the CoP listen to the <i>sensus fidei</i> operating in the population it will serve?
Who participates in the CoP? How do laity and clergy cooperate in the enterprise?
How is the intended work of the CoP related to the evangelizing mission of the church?
How does the CoP educate its members about the relationship between this ministry and the church's mission of evangelization?
How does this ministry allow for the expression of its members' gifts?
How does this ministry allow for the unique contributions of laity and of clergy, particularly with regard to pastoral authority, magisterial authority, decision-making authority, and the authority of shared experience?
How does the CoP "go forth" toward the marginalized, isolated, or alienated?
How does the CoP reflect on its own experiences of synodal cooperation? How does it share the fruit of that reflection with the broader church?
How might the CoP address caregiving needs liturgically, thereby communicating the concern of the larger church for the care receivers?
How might the relationship between the CoP and the larger church be affirmed liturgically? Might a commissioning rite for new CoP members be a practice in the CoP's repertoire?

6.3.4 Relationality

The STAR caregiving CoP's ministry, as a missional work of the church, is a work of evangelization. To give faithful witness to God, the CoP must authentically attest to who God has revealed God's self to be – the triune One who lovingly calls us to relationship. The CoP's evangelical witness is to God's relationality and the inherent relationality of each human person made in the *imago Dei*. It makes this testimony through caregiving praxis that centers the development of relationships between caregivers and care receivers and the restoration of care receivers' relationships with the faith community and with God. Additionally, the CoP must

attest to God’s ongoing, abiding, accompanying presence, and so its care must reflect a character of ongoing accompaniment.

Questions to consider in the category of relationality refer to the conceptualization, development, and maintenance of the many forms of relationship that characterize the STAR caregiving CoP.

Relationality
How will the CoP build relationships between caregivers and care receivers?
How will the CoP facilitate relationships between the care receivers and God?
How will the CoP facilitate relationships between the care receivers and the faith community?
How will the CoP develop relationships within the CoP, among its members?
How will the CoP support its members in deepening their relationship with God?
What practices will the CoP employ to configure the caregiving relationship as accompaniment?
How will the CoP offer care receivers ongoing accompaniment?

6.3.5 Trauma-Awareness

The forms of suffering that a family can encounter are legion, therefore the context in which the STAR caregiving CoP ministers cannot be defined with precision *a priori*. Is this a community affected by the opioid crisis, with many grandparents raising grandchildren robbed of their parents’ attention and care by addiction? Or a community in which many young children suffer from the incarceration of a parent? Are families in this area struggling with the loss of a child? With infant loss or stillbirth? Is adoption trauma a wound that families bear here? In a wealthy environment, such as a college campus, is there poverty hidden among affluence that

goes unnoticed? Has this community become a site where refugees settle? Are families struggling to care for aged parents with declining physical health or with dementia? Each faith community must discern the particularity of suffering in its midst that plagues families, yet they can do so with an awareness that a common thread of traumatic suffering runs through these experiences, and so trauma-awareness can contour caregiving praxis.

In particular, a trauma-aware CoP, cognizant that traumatic affliction can engender spiritual suffering, damage relationality, foster isolation, overwhelm victims and impair their capacity to cope with their circumstances, can shape its praxis to emphasize spiritual caregiving, connection, and burden-sharing relationships. The trauma-aware CoP also recognizes that people who suffer from traumatic experience reside in a complex ecology, interacting with family members, work colleagues, school personnel and classmates, friends and neighbors, as well as with medical professionals, mental health care professionals, and others who influence their recovery. The salience of this awareness is that the CoP can recognize its ministry as one vector in an array of potential supports. Defining the appropriate scope of the support it can offer is necessary work for the CoP.

Questions relevant to the pillar of trauma-awareness address preparation for ministering in traumatic contexts, identification of needs, scope of practice, and collaboration with ecclesial and secular caregiving entities.

Trauma-Awareness
How does the CoP educate its members about the features of traumatic suffering?
How will trauma-awareness influence the CoP's caregiving practices?
What is the scope of the CoP's practice in this context?
How will the CoP educate its members about its scope of practice?

How will the CoP connect care receivers to other care providers? Will the CoP refer care receivers to clergy or pastoral associates for further referrals? Will the CoP offer referrals?
How will the CoP discover the forms of traumatic suffering in the community it serves?
How will the CoP make space for non-members to identify forms of traumatic suffering in the community that the CoP could address?
Does the CoP collaborate with other CoPs in the parish or diocese to respond to traumatic suffering? With whom will they collaborate?
How will the CoP protect the privacy and confidentiality of its care receivers?

6.4 The STAR Caregiving CoP – Settings and Uses

Envisioned as a robust support for the local church’s development of pastoral caregiving initiatives for people suffering from familial traumas, the STAR caregiving COP model and framework can be employed flexibly in multiple settings. The three primary sites in which I envision its use are parishes and diocesan family life offices, pastoral theology classrooms in seminaries and theologates, and campus ministry programs.

Parishes and dioceses seeking to identify and respond to traumatic familial suffering can employ the framework as a tool for construction and evaluation. Assembling a team to work as a community of praxis, a parish or a diocesan family life office can use the framework to design a new caregiving ministry that directly responds to a need in their community.

Alternatively, they can use the framework to assess whether or not existing models (such as the Linden Day Away Ministry and the Brighton Visitation Ministry profiled in Chapter Five) adequately meet the five criteria of the STAR caregiving CoP model. If the extant

ministry under consideration does not do so, the team can either reject the ministry or consider, in a systematic and thorough way, how to amend the ministry so that it can function in their setting as a STAR caregiving CoP.

Seminaries and theologates can employ the STAR caregiving CoP model and framework as a pedagogical tool. Together, the instruments can form the basis for a semester-length course in trauma-aware pastoral caregiving ministry for families. With the five-pointed STAR caregiving CoP forming the its spine, the course can open with discussion of the many simultaneous aims that such ministry must attend to. Next, two-week modules will present the five theoretical concepts in which each of the model's "arms" is anchored. Finally, students can be asked to form groups (communities of practice), use the framework to identify needs and propose ministry initiatives, and present their proposals to the class during the semester's final weeks. The aims of this course would be twofold: to educate students preparing to serve the church as clergy and ministry professionals about the multiple facets of caregiving ministry – its numerous aims and its complex theoretical scaffolding; and to train students for the professional task of guiding teams at the parish and diocesan levels through a synodal process of ministry development using the STAR caregiving CoP instruments.

Campus ministers working in the undergraduate and secondary school settings may find the STAR caregiving CoP model and framework useful to guide ministry initiative development with students. Articulating the five components of functioning STAR caregiving CoPs and guiding communities through a structured process of inquiry and dialogue to construct or evaluate initiatives, the model and framework offer students who propose new initiatives a target to aim toward and a straightforward method for reaching it. Use of the framework can be complemented with faith formative efforts by campus ministers

to educate students about numerous related topics, including practices of discernment, contemporary synodality, and the relationship between their baptismal promises, their involvement in campus ministry, and the mission of the church. Campus ministers can also use the STAR caregiving CoP model and framework in service learning and mission trip settings to draw connections with students between the ministering works they will perform, the faith commitments these works are meant to express, and students' own developing faith.

6.5 Conclusion: The STAR Caregiving Community of Practice – Image and Icon

Star imagery figures prominently in the model I present here. It designates the ministry by name, with the STAR acronym simplifying the “synodal, trauma-aware, relational caregiving community of practice” moniker. The star graphically depicts the relationship between the whole of the STAR caregiving CoP and its necessary, discrete, mutually reinforcing component elements. The astral symbol also plays one additional role. It is an emblem for the form of ministry I have advocated for here in this dissertation, because in its ministerial context, in its praxis, in its synodality, and most importantly in its evangelizing witness, STAR caregiving CoP resembles a star.

For centuries, people have turned to stars as guides. Stars' reliable presence amidst the darkness of night enables celestial navigation; they keep people from going off course and becoming lost when the way forward is not immediately clear. In a similar way, the STAR caregiving CoP is an ongoing, steady source of aid, offering guidance and support to people who struggle to navigate traumatizing contexts that threaten to overwhelm them.

Stars are individual lights, shining in the nighttime sky. They also can be understood collectively, in the form of recognizable constellations. Jane Regan notes that in a similar way,

the many unique ministries that comprise parish life function together as a constellation; distinct in their individual purposes, they all also share the joint enterprise of evangelization.⁵⁹⁶ The STAR caregiving CoP is a discrete ministry, yet it operates within the parish and the diocese. It is one expression of the universal church. Reflecting upon the part/whole dynamic that pertains between stars and constellations, the integral connection between the STAR caregiving CoP and the church is brought into focus; the members of the STAR caregiving CoP walk synodally with one another and with the whole church.

In concluding this dissertation, I offer one final star image and I propose that it can function as an icon for Christian disciples who would care for families by developing a STAR caregiving community of practice. In the infancy narrative of the Gospel of Matthew, “three wise men from the East” observe a new star “at its rising” (Mt 2:2). Following the star, they travel to Jerusalem in search of the newborn king of the Jews whose birth the star portends. Informed that the child’s birth has been prophesied to take place in Bethlehem (Mt 2:4), they “set out, and there, ahead of them, went the star that they had seen at its rising, until it stopped over the place where the child was” (Mt 2:9-10). In leading the Magi to the infant Jesus, that is, in witnessing to where He can be found, the star stands as a symbol of the task of evangelization that comprises the mission of the church.

In her exploration of traumatic suffering, constructive theologian Shelly Rambo notes that there is temptation in religious communities to minister to trauma’s victims by urging them to look beyond their present circumstances toward Jesus’ death and resurrection as a sure sign of God’s redemptive power and love. Rambo identifies this witness as a harmful “impatience.”⁵⁹⁷

⁵⁹⁶ Jane Regan, *Where Two or Three Are Gathered: Transforming the Parish through Communities of Practice* (New York: Paulist Press, 2016), 49.

⁵⁹⁷ Shelly Rambo, *Spirit and Trauma: A Theology of Remaining* (Louisville, KY: Westminster John Knox Press, 2010), 3.

Rather than grappling with the painful present realities confronting suffering people, she explains, ministering Christians can yield to an impulse “to proclaim the good news before its time,”⁵⁹⁸ and avoid the challenging questions that suffering people pose about God’s role in their pain. That this temptation exists in the ministerial context of traumatic suffering emphasizes the need for the contemporary church to enable Christians to evangelize in a way that allows them to remain with care receivers, sharing burdens rather than providing explanations, answers, solutions, or cures to their distress.

The STAR caregiving CoP model is designed for this purpose, and for this reason, I offer the star of Bethlehem as an icon of such ministry. It points to the immanence of God, to Jesus, the Emmanuel who fully shares in the traumatizing human condition. It reminds those who would enter into ministry that their work is to accompany people in the midst of their sorrow and pain, and it affirms that by accompanying families in their trials, the STAR caregiving CoP can shine like a quiet star, giving steady witness to God’s ever present nearness.

⁵⁹⁸ Rambo, *Spirit and Trauma*, 3.

Appendix A: Table of Research Participants

Name	Ministry	Ministry Location	Caregiving Role	Community of Practice Role	Ecclesial Status	Gender
Deacon Matt Kirk	Brighton Visitation Ministry	Our Lady of Good Remedy	Caregiver	Program Director – Brighton Leader	Ordained Clergy (deacon)	Male
Dorothy Sun	Brighton Visitation Ministry	Our Lady of Good Remedy Parish	Care giver - Brighton Leader & Brighton Minister	New Carer - Brighton Leader and Brighton Visitor	Lay volunteer, Catholic	Female
Betty Flowers	Brighton Visitation Ministry	Our Lady of Good Remedy Parish	Care giver- Brighton Leader & Brighton Minister	New Carer – Brighton Leader and Brighton Visitor	Lay volunteer, Catholic	Female
Alyssa Bailey	Brighton Visitation Ministry	Our Lady of Good Remedy Parish	Care receiver	N/a	Lay care recipient, Catholic	Female
Jack Baker	Linden Day Away Ministry	LDAM-HQ, New England	Caregiver	Program Founder and Director	Lay professional, Catholic	Male
Patti Baker	Linden Day Away Ministry	LDAM-HQ, New England	Caregiver	Program Founder and Director	Lay professional, Catholic	Female
Phoebe Applegate	Linden Day Away Ministry	New York, Diocesan Office	Caregiver	New Carer - Diocesan Retreat Team Leader	Lay ministry professional, Catholic	Female
June Hudson	Linden Day Away Ministry	New York, Diocesan Office	Caregiver	New Carer - Diocesan Retreat Team Leader	Lay ministry professional, Catholic and LMHC	Female
Dania Smith	Linden Day Away Ministry	Parish, New England	Care receiver	N/a	Lay care recipient, Catholic (holds MA in Ministry and certificate in Spiritual Direction)	Female
Lydia McManus	Linden Day Away Ministry	Parish, New York	Care receiver	N/a	Lay care recipient, Catholic (and trained pediatric chaplain)	Female

Appendix B: Interview Protocols

Interview Protocol 1.1 Brighton Visitation Ministry: Director
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Background Questions

1. What is your role in Brighton Visitation Ministry?
2. How did Brighton Visitation Ministry get established in your parish?

Questions Regarding Brighton Visitation Ministry Caregiving, Relationship and Healing

1. Tell me about the care that Brighton Visitation Ministry offers to people.
2. What words most describe the care that Brighton Ministers offer?
3. How do you identify potential care-receivers?
4. How do you match caregivers with care-receivers? Who makes the match?
5. How long do caregiving relationships typically last?
6. Tell me about the relationships that this ministry fosters.
7. What is it about these relationships that promote healing?
8. What is the most important element of Brighton Visitation Ministry caregiving?
9. In what ways does Brighton Visitation Ministry support families, either directly or indirectly?

Questions Regarding Brighton Visitation Ministry Pedagogy

1. How does Brighton Visitation Ministry train Brighton Leaders?
Probe: Did you attend the Brighton Leader training week?
What was your experience like?
2. Tell me about the training process for Brighton Ministers in your parish.
Probe: Who is eligible to be a Brighton Minister?
How many trained Brighton Ministers do you have in your parish?
What was their training like?

What are the distinctive Brighton Visitation Ministry practices? (The Brighton Visitation Ministry “way to do things”?)

3. How does the Brighton Visitation Ministry team engage in theological reflection?
4. How does the Brighton Visitation Ministry team reflect on practice and identify what Brighton Ministers learn through caregiving encounters?
Probe: What is that discussion like?
Is it for consultation, or to share ideas?
Do you generate new ideas together about changing your practice for future caregiving?
5. How does participating in Brighton Visitation Ministry influence the identity of Brighton Ministers as disciples?
6. In what ways is participating in Brighton Visitation Ministry connected to, or an expression of, the baptismal call to discipleship?

Questions Regarding Brighton Visitation Ministry and Ecclesial Organization, Practice and Synodality

1. What is the structure of Brighton Visitation Ministry in the parish like?
Probe: Who is “in charge”?
Do priests and lay people have distinct or different roles in the ministry? What are they?
2. How would you describe the relationship between lay caregivers and professional pastoral caregivers in the parish?
Probe: Is parish Brighton Visitation Ministry a partnership between priests, pastoral associates and lay people? A collaboration? Or something else?
3. Why is it important to have lay collaboration in pastoral caregiving, instead of having the parish priests or ministry staff provide for the pastoral caregiving needs of the parish?
4. How can the care receivers, or others in the parish, point out pastoral care giving needs, to the Brighton Visitation Ministry team or to anyone on the parish staff?
Probe: Do people ever identify needs that Brighton Visitation Ministry doesn't attend to? Tell me more about what they suggest.
5. If care receivers right now don't have a way to give feedback or share their ideas about what kind of care would be helpful or healing, should they? How could their contributions enhance the ministry?
6. Have you faced any resistance in establishing this program? Tell me about it.
7. Why does the church need Brighton Visitation Ministry?

8. Tell me about sharing what you have learned as a team with other parishes.
Probe: Is this a useful or important practice? Why or why not?
9. Do you share what you have learned with the Brighton Visitation Ministry International organization?
Probe: What mechanism is there for giving them feedback, suggestions, or input?
10. How is offering Brighton Visitation Ministry an expression of mission for a parish or a diocese? How is Brighton Visitation Ministry connected to mission?
11. How does Brighton Visitation Ministry cultivate hope?
12. Pope Francis has spoken about the need for a “listening church” and a church that is “synodal” where all the baptized, not only the hierarchy, work together to discern what God is calling the church to do today. How is Brighton Visitation Ministry an instance of the listening church?

Closing Question

1. What is the most important thing to know about Brighton Visitation Ministry?

Interview Protocol 1.2 Brighton Visitation Ministry: Caregiver

Background Questions

1. What is your role in Brighton Visitation Ministry?
2. How did you become involved with Brighton Visitation Ministry?

Questions Regarding Brighton Visitation Ministry Caregiving, Relationship and Healing

1. Tell me about the care that Brighton Visitation Ministry offers to people.
2. What words most describe the care that Brighton Ministers offer?
3. How are caregivers matched with care-receivers? Who makes the match?
4. Tell me about the relationships that this ministry fosters.
 - a. *Probe:* How long do caregiving relationships typically last?
5. What is it about these relationships that promotes healing?
6. What is the most important element of Brighton Visitation Ministry caregiving?
7. What else is healing about Brighton Visitation Ministry?
8. How does Brighton Visitation Ministry support families, either directly or indirectly?

Questions Regarding Brighton Visitation Ministry Pedagogy

1. Tell me about the training process for Brighton Ministers in your parish.
 - a. *Probe:* What was your training like?
 1. How well prepared were you before your first assignment as a Brighton Minister?
 2. What were the strengths and weaknesses of your training/training materials?
 - a. How could you have been prepared better?
2. What are the distinctive Brighton Visitation Ministry practices? (The Brighton Visitation Ministry “way to do things”?)
3. What have you learned by being a Brighton Minister and meeting with care receivers?
4. Have you ever encountered a situation you did not know how to minister in properly?

How did you learn how to minister in that situation?

5. After your initial training sessions, does the team continue to learn? How?
6. Tell me about theological reflection, as a part of the Brighton Visitation Ministry's practice. How do you incorporate this activity into your work as a Brighton Visitation Ministry team?
7. How does the Brighton Visitation Ministry team reflect on practice and identify what Brighton Ministers learn through their caregiving encounters?
Probe: What is that discussion like?
Is it for consultation, or to share ideas?
Do you generate new ideas about changing your practice for future caregiving?
8. How does participating in Brighton Visitation Ministry influence your identity as a disciple?
9. In what ways is participating in Brighton Visitation Ministry connected to, or an expression of, the baptismal call to discipleship?

Questions Regarding Brighton Visitation Ministry and Ecclesial Organization, Practice and Synodality

1. What is the structure of Brighton Visitation Ministry in the parish like?
Probe: What is the collaboration like between priests and lay people in the ministry?
Do they have distinctive roles? What are they?
2. How would you describe the relationship between lay caregivers and professional pastoral caregivers in the parish?
Probe: That is, would you describe Brighton Visitation Ministry as a partnership between priests, pastoral associates and lay people? A collaboration? Or something else?
3. Why is it important to have lay collaboration in pastoral caregiving, instead of having the parish priests or ministry staff provide for the pastoral caregiving needs of the parish?
4. How can the care receivers, or others in the parish, point out pastoral care giving needs, to the Brighton Visitation Ministry team or to anyone on the parish staff?
Probe: Do people ever identify needs that Brighton Visitation Ministry doesn't attend to?
5. Why does the church need Brighton Visitation Ministry?

6. Do care receivers have the opportunity to give feedback on the care process or to explain what kind of care would be helpful or healing to them in their circumstances?
Probe: If they do, please describe the process. If not, could their contributions enhance the ministry? How?
7. Tell me about sharing what you have learned as a team with other parishes.
Probe: Is this a useful or important practice? Why or why not?
8. Do you share what you have learned with the Brighton Visitation Ministry International organization?
Probe: What mechanism is there for giving them feedback, suggestions, or input?
9. How is offering Brighton Visitation Ministry an expression of mission for a parish or a diocese? How is Brighton Visitation Ministry connected to mission?
10. How does Brighton Visitation Ministry cultivate hope?
11. Pope Francis has spoken about the need for a “listening church” and a church that is “synodal” where all the baptized, not only the hierarchy, work together to discern what God is calling the church to do today. How is Brighton Visitation Ministry an instance of the listening church?

Closing Question

1. What is the most important thing to know about Brighton Visitation Ministry?

Interview Protocol 1.3

Brighton Visitation Ministry: Care Receiver

Background Questions

1. How did you become involved with Brighton Visitation Ministry?

Questions Regarding Brighton Visitation Ministry Caregiving, Relationship and Healing

2. Tell me about the care that Brighton Visitation Ministry offers.
3. *Probe:* What is a typical meeting like with your Brighton minister?
4. What words most describe the care that Brighton Ministers offer?
5. Tell me what is healing or helpful about Brighton Visitation Ministry.
6. Tell me about the relationships you have with your Brighton Minister.
7. What is it about this relationship that promotes healing?
8. What is the most important element of Brighton Visitation Ministry caregiving?
9. In what ways does Brighton Visitation Ministry support families, either directly or indirectly?
10. Brighton Visitation Ministry offers pastoral care for people in many kinds of circumstances. Tell me about how Brighton Visitation Ministry met your needs.
11. Are there spiritual or other pastoral caregiving needs that people in your circumstance might have that are not met by Brighton Visitation Ministry?

Questions Regarding Brighton Visitation Ministry Pedagogy

1. What have you learned by participating in Brighton Visitation Ministry?
2. Were the people you met in Brighton Visitation Ministry (such as your Brighton minister) well-prepared to offer you pastoral and spiritual care?
3. How has participating in Brighton Visitation Ministry affected your faith life?
4. Are there ways the Brighton Visitation Ministry could be modified or improved to better help people in your circumstance?

5. What mechanisms are there for you to offer feedback to the Brighton Visitation Ministry at your parish, or to share what you see from your position as a care receiver, that could make caregiving more helpful or healing or that could direct caregiving to where you see that it is needed?

Questions Regarding Brighton Visitation Ministry and Ecclesial Organization, Practice and Synodality

1. Why does the church need Brighton Visitation Ministry?
2. How does Brighton Visitation Ministry cultivate hope?
3. How do priests and lay ecclesial ministers and volunteer lay people collaborate to offer Brighton Visitation Ministry? Do they have distinctive roles? What are they?
4. Why is it important to have lay collaboration in pastoral caregiving, instead of only having the parish priests or ministry staff provide for the pastoral caregiving needs of the parish?
5. How do the circumstances that prompted you to seek out a Brighton Minister equip you to see what kinds of caregiving ministry the church should offer?
6. How is Brighton Visitation Ministry connected to the mission of the church?
7. Pope Francis has spoken about the need for a “listening church” and a church that is “synodal” where all the baptized, not only the hierarchy, work together to discern what God is calling the church to do today. How is Brighton Visitation Ministry an instance of the listening church?

Closing Question

1. What is the most important thing to know about Brighton Visitation Ministry?

Interview Protocol 2.1 Linden Day Away Ministry: Director
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Background Questions

1. What is your role in the Linden Day Away Ministry?
2. How did you become involved with the Linden Ministry?
3. Tell me how Linden Day Away Ministry first began.

Questions Regarding Linden Day Away Ministry and Pastoral Caregiving, Relationship and Healing

1. Tell me about a Linden retreat. What is it like, for caregivers and for care receivers?
Probe: Who attends the program?
Who participates in putting the program on, either as volunteers or as professionals?
What happens during the retreat?

2. What words most describe the care the Linden Day Away Ministry offers?
3. What is spiritual caregiving for Linden Day Away Ministry?
4. Tell me about the relationships that this ministry fosters.

Probe: How does the Linden Day Away Ministry foster relationships?
What is it about those relationships that promote healing?

5. How do those relationships influence the care that the ministry offers?
6. How does the Linden Day Away Ministry support families?
7. What other kinds of pastoral caring supports do families who've lost a child need?

Questions Regarding Linden Day Away Ministry Pedagogy

1. How can a person become involved as a volunteer in the Linden Day Away Ministry?
2. Tell me about the training process.
Probe: Is there any training required to participate?
Who offers the training?

3. Tell me about the Linden Day Away Ministry way of doing things – what does a volunteer or a participating diocese need to learn about what makes an Linden retreat distinctive?
4. How does participating in the Linden Day Away Ministry strengthen your identity as a disciple?
5. In what ways is participating in Linden Day Away Ministry connected to, or an expression of, the baptismal call to discipleship?
6. What do people learn by participating in Linden Day Away Ministry?
Probe: What have you learned by participating in Linden Day Away Ministry?
 What do you hope parents will learn by participating in the retreats?
7. How does the Linden Day Away Ministry team engage in reflection on practice?
8. Tell me about the role of theological reflection in the Linden Day Away Ministry team's work together.

Questions Regarding Linden Day Away Ministry and Ecclesial Organization, Practice and Synodality

1. How did the Linden Day Away Ministry begin?
2. What is the Linden Day Away Ministry organizational structure like now?
Probe: Who is “in charge”?
3. How do priests and lay people collaborate to offer the Linden Day Away Ministry? Do they have distinctive roles? What are they?
4. Why is it important for bereaved parents to be on the retreat teams? What can they offer to grieving parent participants that professional ministers cannot?
5. Have you faced any resistance in establishing this program? Tell me about it.
6. What does it mean for the Linden program to be offered in different dioceses? Do teams travel to the dioceses, or does each diocese have its own team? Who is on it?
7. Why does the church need the Linden Day Away Ministry?
8. How does your position as a bereaved parent equip you to see what kinds of ministry the church needs to offer?
9. How is offering the Linden Day Away Ministry an expression of mission for a parish or a diocese? How is the Linden Day Away Ministry connected to mission?

10. Do parishes offering Linden Day Away Ministry collaborate with one another? Do they share what they have learned with one another, about caregiving, or about what people need, or about discipleship? Would that be useful?
11. How does the Linden Day Away Ministry cultivate hope?
12. Pope Francis has spoken about the need for a “listening church” and a church that is “synodal” where all the baptized, not only the hierarchy, work together to discern what God is calling the church to do today. How is the Linden Day Away Ministry an instance of the listening church?

Closing Question

1. What is the most important thing to know about the Linden Day Away Ministry?

Interview Protocol 2.2 Linden Day Away Ministry: Caregiver

Background Questions

1. What is your role in the Linden Day Away Ministry?
2. How did you become involved with the Linden Day Away Ministry?
Probe: What factors influenced your decision to participate in the ministry?

Questions Regarding Linden Day Away Ministry and Pastoral Caring, Relationship and Healing

1. Tell me about a Linden retreat. What is it like, for caregivers and for care receivers?
Probe: What happens during the retreat?
Who participates in putting the program on, either as volunteers or as professionals?
Who attends the program as care recipients?
2. What words most describe the care that the Linden Day Away Ministry offers?
3. What does spiritual caregiving mean, within the Linden Day Away Ministry?
4. What is it healing about the Linden Day Away Ministry?
5. Tell me about the relationships that this ministry fosters.
Probe: How does the Linden Day Away Ministry foster relationships?
6. How do those relationships influence the care that the ministry offers?
7. How do those relationships promote healing?
8. How does the Linden Day Away Ministry support families?

Questions Regarding Linden Day Away Ministry Pedagogy

1. How can a person become involved in the Linden Day Away Ministry as a caregiver?
2. Tell me about the training process.
Probe: Is there any training required to participate?
Who offers the training?
How well prepared for your role were you before you started to minister this way?
(How could you have been prepared better?)

3. What have you learned by participating in Linden Day Away Ministry?
4. How does the Linden Day Away Ministry team reflect theologically on the experience of the retreats? What's valuable about theological reflection for this ministry?
5. How does the Linden Day Away Ministry team reflect on practice and identify what Linden Ministers learn through caregiving encounters?
Probe: What is that discussion like?
 Do you generate new ideas about changing your practice for future caregiving?
6. How does participating in the Linden Day Away Ministry strengthen your identity as a disciple?
7. In what ways is participating in Linden Day Away Ministry connected to, or an expression of your baptismal call to discipleship?
8. What do you hope parents will learn by participating in the retreats?

Questions Regarding Linden Day Away Ministry and Ecclesial Organization, Practice and Synodality

1. What is the Linden Day Away Ministry organizational structure?
Probe: Who is "in charge"?
2. How do priests and lay people collaborate to offer the Linden Day Away Ministry?
Probe: Do they have distinctive roles? What are they?
3. Why is it important for bereaved parents to be on the retreat teams? What can they offer to grieving parent participants that professional ministers cannot?
4. What does it mean for the Linden program to be offered in different dioceses? Do teams travel to the dioceses, or does each diocese have its own team? Who is on it?
5. Why does the church need the Linden Day Away Ministry?
6. How does the life circumstance that brought you to this ministry equip you to see what kinds of ministry the church needs to offer?
7. How is offering the Linden Day Away Ministry an expression of mission for a parish or a diocese? How is the Linden Day Away Ministry connected to mission?
8. How does the Linden Day Away Ministry cultivate hope?

9. Do parishes offering Linden Day Away Ministry collaborate with one another?

Probe: Do they share what they have learned with one another, about caregiving, or about what people need, or about discipleship?

Would that be useful?

10. Pope Francis has spoken about the need for a “listening church” and a church that is “synodal” where all the baptized, not only the hierarchy, work together to discern what God is calling the church to do today. How is the Linden Day Away Ministry an instance of the listening church?

Closing Question

1. What is the most important thing to know about the Linden Day Away Ministry?

Interview Protocol 2.3

Linden Day Away Ministry: Care Receiver

Background Questions

1. How did you become involved with the Linden Day Away Ministry?

Questions Regarding Linden Day Away Ministry and Pastoral Caring, Relationship and Healing

1. Tell me about a Linden Day Away Ministry retreat.
2. *Probe:* What was your experience of the retreat like?
3. What words most describe the care that the Linden Day Away Ministry offers?
4. Tell me what is healing or helpful about the Linden Day Away Ministry.
5. Linden Day Away Ministry attends to the spiritual needs of grieving parents, particularly through retreats. How did this ministry meet your needs?
6. Are there spiritual or other pastoral caregiving needs that grieving parents might have that are not met by this ministry?
7. Tell me about the relationships that you developed by participating in the Linden retreats.
8. How do those relationships influence the care that the ministry offers?
9. How does the Linden Day Away Ministry support families?
10. What other kinds of pastoral caring supports do families who've lost a child need?

Questions Regarding Linden Day Away Ministry Pedagogy

1. What have you learned by participating in the Linden Day Away Ministry?
2. Were the people you met in this ministry well prepared to offer you pastoral and spiritual care?
3. How has the Linden Day Away Ministry affected your relationship with God, or the church?
4. Are there ways the Linden Day Away Ministry could be modified or improved to better help parents who've lost a child?

5. What mechanisms are there for you to offer feedback to the Linden Day Away Ministry or to share what you see from your position as a bereaved parent, that could make caregiving more effective or that could direct caregiving to where you need it?

Questions Regarding Linden Day Away Ministry and Ecclesial Organization, Practice and Synodality

1. Why does the church need the Linden Day Away Ministry?
2. How does the Linden Day Away Ministry cultivate hope?
3. How do priests and lay people collaborate to offer the Linden Day Away Ministry? Do they have distinctive roles? What are they?
4. Why is it important for bereaved parents to be on the retreat teams? What can they offer to grieving parent participants that professional ministers cannot?
5. Why is it important for priests and lay ecclesial ministers and religious to be on the retreat teams? What can they offer to grieving parent participants?
6. How is the Linden Day Away Ministry connected to the mission of the church?
7. How does your position as a bereaved parent equip you to see what kinds of ministry the church needs to offer?
8. Pope Francis has spoken about the need for a “listening church” and a church that is “synodal” where all the baptized, not only the hierarchy, work together to discern what God is calling the church to do today. How is the Linden Day Away Ministry an instance of the listening church?

Closing Question

1. What is the most important thing to know about the Linden Day Away Ministry?

Bibliography

- Abu-Raiya, Hisham, Kenneth I. Pargament, Neal Krause, and Gail Ironson. "Robust Links Between Religious/Spiritual Struggles, Psychological Distress, and Well-being in a National Sample of American Adults." *American Journal of Orthopsychiatry* 85, no. 6 (2015): 565-575.
- Almeida, Juliano Ribeiro. "'Composition of Place' and 'Application of the Sense' in Ignatian Prayer." *Downside* 137, no. 2 (2019): 47-58. <https://doi.org/10.1177/0012580619865441>. *Anthropology, and Ethics*. Grand Rapids, MI: William B. Eerdmans, 2008.
- Antonini, Samuele. "A Statement, the Contrapositive and the Inverse: Intuition and Argumentation." Proceedings of the 28th Conference of the International Group for the Psychology of Mathematics Education, (2004), 47-54. <https://files.eric.ed.gov/fulltext/ED489678.pdf>.
- Bailey, Kenneth E. *Poet and Peasant: A Literary-Cultural Approach to the Parables in Luke*. Grand Rapids, MI: William B. Eerdmans, 1983.
- Barnes, Marian, Tula Brannelly, Lizzie Ward and Nicki Ward. *Ethics of Care: Critical Advances in International Perspective*. Bristol, UK: Policy Press, 2015.
- Beaudoin, Tom. "Secular Catholicism and Practical Theology." *International Journal of Practical Theology* 15, no. 1 (2011): 22-37. <https://doi.org/10.1515/ijpt.2011.024>.
- Benjet, C., E. Brome, E.G. Karam, R. C. Kessler, K. A. McLaughlin, A. M. Ruscio, V. Shahly, et al. "The Epidemiology of Traumatic Event Exposure Worldwide: Results from the World Mental Health Survey Consortium," *Psychological Medicine* 46, no.2 (2016): 327-343. <https://www.cambridge.org/core/journals/psychological-medicine/article/epidemiology-of-traumatic-event-exposure-worldwide-results-from-the-world-mental-health-survey-consortium/F06E14BA4DF09A29CCA81909C285ABE9>.
- Boeve, Lieven, Yves De Maeseneer, and Ellen Van Stichel. *Questioning the Human: Toward a Theological Anthropology for the Twenty-First Century*. New York: Fordham University Press, 2014.
- Borrell-Carrió, Francesc, Anthony L. Suchman, and Ronald M. Epstein. "The Biopsychosocial Model 25 Years Later: Principles, Practice, and Scientific Inquiry." *Annals of Family Medicine* 2, no. 6 (2004): 576-582. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1466742/>.
- Brighton Visitation Ministry-USA. "Brighton Visitation Ministry Introductory Workshop: Presentation Outlines." 2018.

- Brighton Visitation Ministry-USA, "The Bridge Leaders' Training Course (BLTC)." Accessed Feb 28, 2023.
[https://www.brightonvisitationministry.org/brightonvisitationministry/bridgeleaderstraini
ngcourse.cfm?mnb=1](https://www.brightonvisitationministry.org/brightonvisitationministry/bridgeleaderstraini

ngcourse.cfm?mnb=1).
- Brighton Visitation Ministry-USA, "What Is A Brighton Visitor?" Accessed Feb. 27, 2022.
<https://www.BVM-USA.org/Brightovisitationministry/default.cfm/1596>.
- Brighton Visitation Ministry-USA. "An Inside Look at Brighton Visitation Ministry." Brighton Visitation Series Introductory Booklet.
- Brighton Visitation Ministry-USA. "Enrollment Booklet."
- Brighton Visitation Ministry-USA. "Guide to Brighton Visitation Series Leaders' Training Courses" Booklet.
- Brighton Visitation Ministry-USA. "Media Fact Sheet." Accessed February 24, 2023.
<https://www.brightonvisitationministry.org/PDFs/BVMiesMediaFactSheet.pdf?v=2021>.
- Bronfenbrenner, Urie. "Ecological Models of Human Development." In *Readings on the Development of Children*, 4th edition, edited by Mary Gauvain and Michael Cole, 3-8. New York: Worth Publishers, 2005.
- Brown, Raymond E. *An Introduction to the New Testament*. New York: Doubleday, 1997.
- Cahalan, Kathleen A. and Bryan Froehle. "A Developing Discipline: The Catholic Voice in Practical Theology." In *Invitation to Practical Theology: Catholic Voices and Visions*, edited by Claire E. Wolfteich, 27-51. New York, NY: Paulist Press, 2014.
- Chiapetti, Dario. *The Father's Eternal Freedom: The Personalist Trinitarian Ontology of John Zizioulas* Cambridge: James Clarke & Co, 2021.
- Classen, Catherine C. and Carrie S. Clark, "Trauma-informed Care." In *APA Handbook of Trauma Psychology: Trauma and Practice*, vol. 2, edited by Steven N. Gold, 515-541. Washington, DC: American Psychological Association, 2017.
- Clifford, Catherine and Richard Gaillardetz. *Keys to the Council: Unlocking the Teaching of Vatican II*. Collegeville, MN: Liturgical Press, 2012.
- Comensoli, Peter. *In God's Image: Recognizing the Profoundly Impaired as Persons*. Edited by Nigel Zimmermann. Eugene, OR: Cascade Books, 2018. Kindle edition.
- Creswell, John W., William E. Hanson, Vicki L. Clark Plano and Alejandro Morales. "Qualitative Research Designs: Selection and Implementation." *The Counseling Psychologist* 35, no. 2 (March 2007): 236-264.

- Cupich, Blase J. "Cardinal Cupich: Pope Francis' 'Field Hospital' Calls Us to Radically Rethink Church Life." *America: The Jesuit Review of Faith and Culture*. December 29, 2017. <https://www.americamagazine.org/faith/2017/12/29/cardinal-cupich-pope-francis-field-hospital-calls-us-radically-rethink-church-life>.
- Davis, Stephen, Daniel Kendall, and Gerald O'Collins, eds. *The Trinity: An Interdisciplinary Symposium on the Trinity*. Oxford, UK: Oxford University Press, 1999.
- Denzin, Norman and Yvonna S. Lincoln, eds. *Strategies of Qualitative Inquiry*. Thousand Oaks, CA: SAGE, 1988.
- Dillen, Anne Marie and Robert Mager. "Research in Practical Theology: Methods, Methodology, and Normativity." In *Invitation to Practical Theology: Catholic Voices and Visions*, edited by Claire E. Wolfteich, 301-328. New York, NY: Paulist Press, 2014.
- Eger, Edith Eva. *The Choice: Embrace the Possible*. New York: Scribner, 2017.
- Emery, Gilles O.P. *The Trinity: An Introduction to Catholic Doctrine on the Triune God*. Translated by Matthew Levering. Washington D.C.: Catholic University of America Press, 2012.
- Emery, Gilles, O.P. and Matthew Levering, eds. *The Oxford Handbook of the Trinity*. Oxford, UK: Oxford University Press, 2011.
- Engel, George. "The Need for a New Medical Model: A Challenge for Biomedicine." *Science* 196, no. 4286 (April 8, 1977): 129-136. <https://www.jstor.org/stable/1743658>.
- Fitzmeyer, Joseph A. *The Gospel According to Luke (X-XXIV)*. Vol. 28, *The Anchor Bible*. Garden City, NY: Doubleday, 1985.
- Fortuna, Lisa. "Working with Latino/a and Hispanic Patients." American Psychiatric Association. Accessed April 2, 2020. <https://www.psychiatry.org/psychiatrists/cultural-competency/education/best-practice-highlights/working-with-latino-patients>.
- Freire, Paulo. *Pedagogy of the Oppressed*, 30th anniversary edition. New York: Continuum, 2000.
- Gaillardetz, Richard. "The Ecclesiological Foundations of Ministry within an Ordered Communion." In *Ordering the Baptismal Priesthood: Theologies of Lay and Ordained Ministry*, edited by Susan Wood, 26-51. Collegeville: Liturgical Press, 2003.
- Gaillardetz, Richard. *The Church in the Making: Lumen Gentium, Christus Dominus, Orientalium Ecclesiarum*. Mahwah, NJ: Paulist Press, 2006. Kindle edition.
- Gaillardetz, Richard. *An Unfinished Council: Vatican II, Pope Francis, and the Renewal of Catholicism*. Collegeville, MN: Liturgical Press, 2015.

- General Secretariat of Synod of Bishops. *Document of the Synodal Process: XVI Ordinary General Assembly of the Synod of Bishops*.
<http://secretariat.synod.va/content/synod/en/news/document-of-the-synodal-process--xvi-ordinary-general-assembly-o.html>.
- General Secretariat of Synod of Bishops. *For A Synodal Church: Communion, Participation and Mission: Preparatory Document for the 16th Ordinary General Assembly of the Synod of Bishops*, July 9, 2021. <https://www.synod.va/en/news/the-preparatory-document.html>.
- General Secretariat of Synod of Bishops. *Vademecum for the Synod on Synodality*, Official Handbook for Listening and Discernment in Local Churches: First Phase (October 2021-April 2022) in Dioceses and Bishops' Conferences Leading up to the Assembly of Bishops in Synod in October 2023 (7 September 2021).
<https://www.synod.va/en/news/vademecum-for-the-synod-on-synodality.html>.
- Goizueta, Robert S. *Caminemos Con Jesús: Toward a Hispanic/Latino Theology of Accompaniment*. Maryknoll, NY: Orbis Books, 1995.
- Grenz, Stanley. *Rediscovering the Triune God*. Minneapolis, MN: Fortress Press, 2004.
- Griffith, Colleen. "Practice as Embodied Knowing." In *Invitation to Practical Theology: Catholic Voices and Visions*, edited by Claire Wolfteich, 52-69. New York: Paulist Press, 2014.
- Hanks, William F. Foreword to *Situated Learning: Legitimate Peripheral Participation* by Jean Lave and Etienne Wenger, 13-24. Cambridge, UK: Cambridge University Press, 1991.
- Hardy, Kimberly. "Searching for the Spirit: A Content Analysis of the Black Church in Mainstream Social Work Journals." *Journal of Religion and Spirituality in Social Work: Social Thought* 32, no. 4 (2013): 373-396.
<https://doi.org/10.1080/15426432.2013.839245>.
- Harvey, Mary. "An Ecological View of Psychological Trauma and Trauma Recovery." *Journal of Traumatic Stress* 9, no. 1 (1996): 3-23.
- Harvey, Mary R. "Towards an Ecological Understanding of Resilience in Trauma Survivors: Implications for Theory, Research and Practice." In *Sources and Expressions of Resilience in Trauma Survivors: Ecological Theory, Multicultural Perspectives*, edited by Mary R. Harvey and Pratyusha Tummala-Narra, 9-32. Binghamton, NY: The Haworth Maltreatment & Trauma Press, 2007.
- Harvey, Mary R. and Pratyusha Tummala-Narra. "Introduction: Sources and Expressions of Resilience in Trauma Survivors: Ecological Theory, Multicultural Perspectives." In *Sources and Expressions of Resilience in Trauma Survivors: Ecological Theory*,

- Multicultural Perspectives*, edited by Mary R. Harvey and Pratyusha Tummala-Narra, 1-7. Binghamton, NY: The Haworth Maltreatment & Trauma Press, 2007.
- Harvey, Mary, Pratyusha Tummala-Narra, and Barbara Hamm. "An Ecological View of Recovery and Resilience in Trauma Survivors: Implications for Clinical and Community Intervention." In *Trauma Therapy in Context: The Science and Craft of Evidence-Based Practice*, edited by Robert McMackin, Elana Newman, Jason Folger, and Terence M. Keane, 99-120. Washington DC: American Psychological Association, 2012.
- Held, Virginia. *The Ethics of Care: Personal, Political, and Global*. Oxford, UK: Oxford University Press, 2006.
- Herman, Judith. *Trauma and Recovery: The Aftermath of Violence – From Domestic Abuse to Political Terror*. New York: Basic Books, 1992.
- Herring, Jonathan. "The Disability Critique of Care." *Elder Law Review* 8 (2014).
- Hinsdale, Mary Ann and Stephen Okey, eds. *T&T Clark Handbook of Theological Anthropology*. London: T&T Clark, 2021.
- Horan, Daniel P. *Catholicity and Emerging Personhood: A Contemporary Theological Anthropology: Catholicity in an Evolving Universe*. Maryknoll, NY: Orbis Books, 2019.
- International Theological Commission. *Sensus Fidei In the Life of the Church* (June 2014), at the Holy See, https://www.vatican.va/roman_curia/congregations/cfaith/cti_documents/rc_cti_20140610_sensus-fidei_en.html.
- International Theological Commission. *Synodality in the Life and Mission of the Church* (2 March 2018), at the Holy See, https://www.vatican.va/roman_curia/congregations/cfaith/cti_documents/rc_cti_20180302_sinodalita_en.html.
- Isasi-Díaz, Ada María. *Mujerista Theology: A Theology for the Twenty-First Century*. Maryknoll, NY: Orbis Books, 1996.
- Johnson, Earl. *Finding Comfort During Hard Times: A Guide To Healing After Disease, Violence, and Other Community Trauma*. London: Rowman & Littlefield, 2020.
- Johnson, Luke Timothy. *The Gospel of Luke*. Vol. 3, *Sacra Pagina Series*, edited by Daniel J. Harrington, SJ. Collegeville, MN: Liturgical Press, 1991.
- Jones, Diana L., Laurel Cassidy, and Craig Anne Heflinger. "‘You Can Talk To Them. You Can Pray’: Rural Clergy Responses to Adolescents with Mental Health Concerns." *Journal of Rural Mental Health* 36, no.1 (2012): 24-33. <https://doi.org/10.1037/h0094777>.
- Keenan, James. "Receiving Amoris Laetitia." *Theological Studies* 78, no. 1 (2017): 193-212.

<http://dx.doi.org/10.1177/0040563916681995>.

- Kilpatrick, Dean G., Heidi S. Resnick, Melissa E. Milanak, Mark W. Miller, Katherine M. Keyes, and Matthew J. Friedman. "National Estimates of Exposure to Traumatic Events and PTSD Prevalence Using DSM-IV and DSM-5 Criteria." *Journal of Traumatic Stress* 26, no. 5 (Oct 2013): 537-547. <https://doi.org/10.1002/jts.21848>.
- Knight, Douglas A., ed. *The Theology of John Zizioulas: Personhood and the Church*. London: Routledge, 2016.
- Koenig Harold and Dana King. *Handbook of Religion and Health*. Oxford: Oxford University Press, 2012.
- Kurz SJ, William S. *Acts of the Apostles*. Grand Rapids, MI: Baker Academic, 2014.
- LaCugna, Catherine Mowry. "God in Communion With Us: The Trinity." In *Freeing Theology: The Essentials of Theology in Feminist Perspective*, edited by Catherine Mowry LaCugna, 83-114. New York: HarperOne, 1993.
- LaCugna, Catherine Mowry. *God for Us: The Trinity and Christian Life*. New York: HarperOne, 1993.
- Lave, Jean and Etienne Wenger. *Situated Learning: Legitimate Peripheral Participation*. Cambridge, UK: Cambridge University Press, 1991.
- Leavell, Kari, Jamie D. Aten, David Boan. "The Lived Experiences of South Mississippi and New Orleans Clergy Affected by Hurricane Katrina: An Exploratory Study." *Journal of Psychology and Theology* 40, no. 4 (2012): 336-348. <https://doi.org/10.1177/009164711204000408>.
- Lienhard, Joseph T. "Basil of Caesarea, Marcellus of Ancyra, and 'Sabellius.'" *Church History: Studies in Christianity and Culture* 58, no. 2 (June 1989), 157-167.
- Linden Day Away Ministry. "Frequently Asked Questions." Accessed February 22, 2023 at <https://www.ldam.org/faqs>.
- Linden Day Away Ministry. "Programs." Accessed February 22, 2023 at <https://www.ldam.org/programs/>.
- Linden Day Away Ministry. "What We Do." Accessed February 22, 2023 at <https://www.ldam.org/what-we-do/>.
- Linden Day Away Ministry. *Retreat Team Guidebook*. Pilot Printing, 2017.
- Lonergan, Bernard. *Insight: A Study of Human Understanding*. San Francisco: Harper and Row, 1958.

- Lord, Kayla A., Michael K. Suvak, Samantha Holmes, Norman Shields, Jeanine E. M. Lane, Iris Sijercic, Anne C. Wagner, Shannon Wiltsey Stirman, and Candice M. Monson. "Bidirectional Relationships Between Posttraumatic Stress Disorder and Social Functioning During Cognitive Processing Therapy." *Behavioral Therapy* 51, no. 3 (May 2020): 447-460.
- Luciani, Rafael. "Medellín As Synodal Event: The Genesis and Development of A Collegial Ecclesiality." *Studia Canonica* 53 (2019): 183-208.
- Luciani, Rafael. *Synodality: A New Way of Proceeding in the Church*. Mahwah: Paulist Press, 2022.
- Ludwig, Arnold. "The Psychiatrist as Physician." *JAMA* 234, no. 6 (1975): 603-604.
- Mannion, Gerard. "How A Church Opened Its Doors." In *Catholicism Opening to the World and Other Confessions: Vatican II and Its Impact*, edited by Vladimir Latinovic, Gerard Mannion, and Jason Welle, 3-14. Cham Switzerland: Palgrave Macmillan, 2018.
- Marmion, Declan and Rik Van Nieuwenhove. *An Introduction to the Trinity*. Cambridge, UK: University Press, 2011. Kindle edition.
- Marmion, Declan. "A Church that Listens: Synodality in the Life and Mission of the Church." *New Blackfriars* 102, no. 1100 (2021): 442-458. <https://doi.org/10.1111/nbfr.12609>.
- McGuckin, Anthony "The Trinity in the Greek Fathers." In *The Cambridge Companion to the Trinity*, edited by Peter C. Phan, 49-69. Cambridge, UK: Cambridge University Press, 2011.
- Meier, John P. *A Marginal Jew: Rethinking the Historical Jesus, Vol. 5: Probing the Authenticity of the Parables*. New Haven, CT: Yale University Press, 2016.
- Metz, Johann Baptist. *A Passion for God*. Edited and translated by J. Matthew Ashley. New York: Paulist Press, 1998.
- Miles, Matthew B., A. Michael Huberman and Johnny Saldaña. *Qualitative Data Analysis: A Methods Sourcebook*. 3rd ed. Thousand Oaks, CA: SAGE Publications, 2014.
- Miller-McLemore, Bonnie "The Living Human Web." In *Images of Pastoral Care: Classic Readings*, edited by Robert C. Dykstra, 40-46. St. Louis, MO: Chalice Press, 2005.
- Miller-McLemore, Bonnie J. "The Contributions of Practical Theology." In *The Wiley Blackwell Companion to Practical Theology*, edited by Bonnie J. Miller-McLemore, 1-20. Malden, MA: Wiley Blackwell, 2014.
- Moloney, Francis J., S.D.B. *The Gospel of John*. Collegeville, MN: Liturgical Press, 1998.

- Noddings, Nel. *Caring: A Feminine Approach to Ethics & Moral Education*. Berkeley, CA: University of California Press, 1984.
- Norlock, Kathryn. "Feminist Ethics." In *The Stanford Encyclopedia of Philosophy*, edited by Edward N. Zalta. Summer 2019. Accessed October 10, 2022. <https://plato.stanford.edu/archives/sum2019/entries/feminism-ethics/>.
- O'Collins, Gerald. "The Joy of Love (*Amoris Laetitia*): The Papal Exhortation in its Context." *Theological Studies* 77, no.4 (December 2016): 905-921. <https://doi-org.proxy.bc.edu/10.1177/0040563916666823>.
- O'Malley, John W. *What Happened at Vatican II?* Cambridge, MA: Belknap Press, 2008.
- O'Malley, John W. *Vatican I: The Council and the Making of the Ultramontane Church*. Cambridge, MA: Harvard University Press, 2018.
- Osmer, Richard. *Practical Theology: An Introduction*. Grand Rapids, MI: Eerdmans Publishing, 2008. Kindle Edition.
- Ospino, Hosffman. *Ministry with Young Hispanic Catholics: Towards a Recipe for Growth and Success, A Summary Report of the Initial Findings from the National Study of Catholic Organizations Serving Hispanic Youth*. Feb 7, 2023.
- Paul VI, Pastoral Constitution on the Church in the Modern World *Gaudium et Spes* (7 December, 1965) §1, at the Holy See, http://www.vatican.va/archive/hist_councils/ii_vatican_council/documents/vat-ii_const_19651207_gaudium-et-spes_en.html.
- Perkins, PHEME. "The Johannine Epistles." In *The New Jerome Biblical Commentary*, edited by Raymond Brown, Joseph A. Fitzmeyer, and Roland E. Murphy, 942-985. Upper Saddle River, NJ: Prentice Hall, 1990.
- Pew Research Center. "Demographic Profiles of Religious Groups." In *America's Changing Religious Landscape* (May 12, 2015). Accessed April 2, 2020. <https://www.pewforum.org/2015/05/12/americas-changing-religious-landscape/>.
- Phan, Peter ed. *The Cambridge Companion to the Trinity*. Cambridge, UK: Cambridge University Press, 2011.
- Pope Francis. Vigil of Pentecost with the Ecclesial Movements: Address of the Holy Father Francis (18 May 2013), at the Holy See, http://www.vatican.va/content/francesco/en/speeches/2013/may/documents/papa-francesco_20130518_veglia-pentecoste.html.

- Pope Francis. General Audience (26 June 2013), at the Holy See,
https://www.vatican.va/content/francesco/en/audiences/2013/documents/papa-francesco_20130626_udienza-generale.html.
- Pope Francis. Apostolic Exhortation On the Proclamation of the Gospel in Today's World *Evangelii Gaudium* (24 November 2013), at the Holy See,
https://www.vatican.va/content/francesco/en/apost_exhortations/documents/papa-francesco_esortazione-ap_20131124_evangelii-gaudium.html
- Pope Francis. Address at Ceremony Commemorating the 50th Anniversary of the Institution of the Synod of Bishops (17 October 2015), at the Holy See,
https://www.vatican.va/content/francesco/en/speeches/2015/october/documents/papa-francesco_20151017_50-anniversario-sinodo.html.
- Pope Francis. Apostolic Exhortation On Love in the Family *Amoris Laetitia* (19 March 2016), at the Holy See,
http://www.vatican.va/content/dam/francesco/pdf/apost_exhortations/documents/papa-francesco_esortazione-ap_20160319_amoris-laetitia_en.pdf.
- Pope Francis. "For a Culture of Encounter." Morning Meditation in the Chapel of the Domus Sanctae Marthae, 13 September 2016, at the Holy See,
https://w2.vatican.va/content/francesco/en/cotidie/2016/documents/papa-francesco-cotidie_20160913_for-a-culture-of-encounter.html.
- Pope Francis. Address by His Holiness Pope Francis At the Opening of the XV Ordinary General Assembly of the Synod of Bishops on Young People, the Faith and Vocational Discernment (3 October 2018), at the Holy See,
https://www.vatican.va/content/francesco/en/speeches/2018/october/documents/papa-francesco_20181003_apertura-sinodo.html.
- Pope Francis. Address of His Holiness Pope Francis to the Faithful of the Diocese of Rome (18 September 2021), at the Holy See,
<https://www.vatican.va/content/francesco/en/speeches/2021/september/documents/20210918-fedeli-diocesiroma.html>.
- Pope Francis. Address of His Holiness Pope Francis for the Opening of the Synod (9 October 2021), at the Holy See,
<https://www.vatican.va/content/francesco/en/speeches/2021/october/documents/20211009-apertura-camminosinodale.html>.
- Pope Francis. *The Name of God is Mercy: A Conversation with Andrea Tornielli*. Translated by Oonagh Stransky. New York: Random House, 2016.
- Pope John Paul II. Urbi et Orbi Message of His Holiness John Paul II Christmas 1978

- (December 25, 1978) § 1, at the Holy See, http://www.vatican.va/content/john-paul-ii/en/messages/urbi/documents/hf_jp-ii_mes_19781225_urbi.html. Accessed June 5, 2020.
- Pope John Paul II. Encyclical Letter on The Redeemer of Man *Redemptor Hominis* (4 March 1979)§10, at the Holy See, http://www.vatican.va/content/john-paul-ii/en/encyclicals/documents/hf_jp-ii_enc_04031979_redemptor-hominis.html.
- Pope John Paul II. Apostolic Exhortation *Christifideles Laici* (December 30, 1988) §40, at the Holy See, http://www.vatican.va/content/john-paul-ii/en/apost_exhortations/documents/hf_jp-ii_exh_30121988_christifideles-laici.html#_ftnref135. Accessed Jun 5, 2020.
- Pope John Paul II. Apostolic Exhortation on the Role of the Christian Family in the Modern World *Familiaris Consortio* (22 November 1981) §17, at the Holy See http://www.vatican.va/content/john-paul-ii/en/apost_exhortations/documents/hf_jp-ii_exh_19811122_familiaris-consortio.html.
- Pope John XXIII. Opening Address *Gaudet Mater Ecclesia* (11 October 1962). Accessed at <https://jakomonchak.files.wordpress.com/2012/10/john-xxiii-opening-speech.pdf>.
- Pope Paul VI. Apostolic Letter Establishing the Synod of Bishops for the Universal Church *Apostolica Sollicitudo* (15 September 1965), at the Holy See, https://www.vatican.va/content/paul-vi/en/motu_proprio/documents/hf_p-vi_motu-proprio_19650915_apostolica-sollicitudo.html.
- Pope Pius IX. Dogmatic Constitution on the Church of Christ *Pastor Aeternus* (18 July 1870) English Translation. In John W. O'Malley, *Vatican I: The Council and the Making of the Ultramontane Church*. Cambridge: Harvard University Press, 2018.
- Pope Pius X. Encyclical on the French Law of Separation *Vehementer Nos* (11 February, 1906), at the Holy See, https://www.vatican.va/content/pius-x/en/encyclicals/documents/hf_p-x_enc_11021906_vehementer-nos.html.
- Powell, Alvin “Three Decades of Treating Trauma.” *The Harvard Gazette*, September 30, 2014. <https://news.harvard.edu/gazette/story/2014/09/three-decades-of-treating-trauma/>.
- Rambo, Shelly. *Spirit and Trauma: A Theology of Remaining*. Louisville, KY: Westminster John Knox Press, 2010.
- Ravitch, Sharon M. and Matthew Riggan. *Reason and Rigor: How Conceptual Frameworks Guide Research*. 2nd ed. Los Angeles: SAGE, 2017.
- Regan, Jane. *Where Two or Three Are Gathered: Transforming the Parish Through Communities of Practice*. New York: Paulist Press, 2016.

- Reinders, Hans S. *Receiving the Gift of Friendship: Profound Disability, Theological Anthropology, and Ethics*. Grand Rapids, MI: William B. Eerdmans, 2008.
- Rolnick, Philip A. *Person, Grace and God*. Grand Rapids, MI: William B. Eerdmans, 2007.
- Rossmann, Gretchen B., and Sharon F. Rallis. *An Introduction to Qualitative Research: Learning in the Field*. 4th ed. Los Angeles: Sage, 2017.
- Roy-Byrne, Peter. "Improving Relationships in Trauma Victims – The Case for Interpersonal Psychotherapy and PTSD." *The American Journal of Psychiatry* 172, no. 5 (May 2015): 403-405. <https://ajp.psychiatryonline.org/doi/10.1176/appi.ajp.2015.15010099>.
- Rush, Ormond. *The Eyes of Faith: The Sense of the Faithful and the Church's Reception of Revelation*. Washington, D. C.: The Catholic University of America Press, 2009.
- Rush, Ormond. "A Synodal Church: On Being A Hermeneutical Community." In *Beyond Dogmatism and Innocence: Hermeneutics, Critique, and Catholic Theology*, edited by Bradford E. Hinze and Anthony J. Godzieba, 125-135. Collegeville, MN: Liturgical Press, 2017. E-book.
- Rush, Ormond. "Inverting the Pyramid: The *Sensus Fidelium* in a Synodal Church." *Theological Studies* 8, no. 2 (2017): 299-325. <https://doi.org/10.1177/0040563917698561>.
- Rush, Ormond. *The Vision of Vatican II: Its Fundamental Principles*, Collegeville, MN: Liturgical Press Academic, 2019.
- Saldaña, Johnny and ebrary Inc. *Fundamentals of Qualitative Research*. New York: Oxford University Press, 2011.
- Saldaña, Johnny. *The Coding Manual for Qualitative Researchers*. 3rd ed. Los Angeles: SAGE, 2016.
- Saunders, Benjamin E. and Zachary W. Adams. "Epidemiology of Traumatic Experiences in Childhood." *Child and Adolescent Psychiatric Clinics of North America* 23, no. 2 (April 2014): 167-184. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3983688/>.
- Schipani, D., "Case Study Method." In *The Wiley Blackwell Companion to Practical Theology*, edited by Bonnie J. Miller-McLemore, 91-101. Malden, MA: Wiley Blackwell, 2014.
- Smith, J. Warren. "The Trinity in the Fourth-Century Father." In *The Oxford Handbook of the Trinity* edited by Gilles Emery and Matthew Levering, online ed. Oxford Academic, 2012. <https://doi.org/10.1093/oxfordhb/9780199557813.003.0009>.
- Spadaro, Antonio. "A Big Heart Open To God: An Interview with Pope Francis." *America: The Jesuit Review of Faith & Culture*. September 19, 2013.

<https://www.americamagazine.org/faith/2013/09/30/big-heart-open-god-interview-pope-francis>.

- Sulmasy, Daniel P. "A Biopsychosocial-Spiritual Model for the Care of Patients at the End of Life." *The Gerontologist* 42, Special Issue III (2002): 24-33.
https://doi.org/10.1093/geront/42.suppl_3.24.
- Swinton, John and Harriet Mowat. *Practical Theology and Qualitative Research*. London: SCM Press, 2006.
- Synod 2021 2024. "What is Synodality?" Accessed February 22, 2023.
<https://www.synod.va/en/what-is-the-synod-21-24/about.html>.
- Synod of Bishops III Extraordinary General Assembly. The Pastoral Challenges of the Family in the Context of Evangelization *Instrumentum Laboris*, (26 June 2014) Introduction, at the Holy See,
http://www.vatican.va/roman_curia/synod/documents/rc_synod_doc_20140626_instrumentum-laboris-familia_en.html.
- Szasz, Thomas. *The Myth of Mental Illness: Foundations of a Theory of Personal Conduct*, revised ed. New York: Perennial Library, 1974.
- Talbert, Charles. *Reading Luke: A Literary and Theological Commentary on the Third Gospel*. Macon, GA: Smyth and Helwys, 2002.
- Tannehill, Robert. *Luke: Abingdon New Testament Commentaries*. Nashville, TN: Abingdon Press, 1996.
- Tanner, Norman P. *The Church and the World: Gaudium et Spes, Inter Mirifica*. Mahwah, NJ: Paulist Press, 2005.
- Taylor, Charles. *A Secular Age*. Cambridge: Belknap Press of Harvard University Press, 2007.
- Toohey, John J. *An Elementary Handbook of Logic*. New York: Schwartz, Kirwin, and Fauss, 1918.
- Tracy, David. "On Suffering, The Event of Many Forms." In *Suffering and God*, edited by Luiz Carlos Susin, Solange Lefebvre, Daniel Franklin Pilaro, and Diego Irarrazaval. Special Issue *Concilium* 3(2016): 24-31. Glen Rock, NJ: SCM Press, 2016.
- Tronto Joan. *Moral Boundaries: A Political Argument for an Ethic of Care*. New York: Routledge, 1993. Kindle edition.
- van der Kolk, Bessel A. and Alexander McFarlane, "The Black Hole of Trauma," In *Traumatic Stress*, edited by Bessel A. van der Kolk, Alexander C. McFarlane, and Lars Weisaeth, 3-23. New York: The Guilford Press, 1996.

van der Kolk, Bessel A., Alexander McFarlane, and Lars Weisaeth. "Preface." In *Traumatic Stress*, edited by Bessel A. van der Kolk, Alexander C. McFarlane, and Lars Weisaeth, ix-xviii. New York: The Guilford Press, 1996.

van Der Kolk, Bessel. *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*. New York: Penguin, 2014.

Vatican Council II. Decree on Ecumenism *Unitatis Redintegratio* (21 November 1964), at the Holy See,

https://www.vatican.va/archive/hist_councils/ii_vatican_council/documents/vat-ii_decree_19641121_unitatis-redintegratio_en.html.

Vatican Council II. Dogmatic Constitution on the Church *Lumen Gentium* (21 November, 1964), at The Holy See,

https://www.vatican.va/archive/hist_councils/ii_vatican_council/documents/vat-ii_const_19641121_lumen-gentium_en.html.

Vatican Council II. Dogmatic Constitution on Divine Revelation *Dei Verbum* (18 November 1965), at The Holy See,

https://www.vatican.va/archive/hist_councils/ii_vatican_council/documents/vat-ii_const_19651118_dei-verbum_en.html.

Vatican Council II. Pastoral Constitution on the Church in the Modern World *Gaudium et Spes* (7 December, 1965), at The Holy See,

http://www.vatican.va/archive/hist_councils/ii_vatican_council/documents/vat-ii_cons_19651207_gaudium-et-spes_en.html.

Volf, Miroslav and Michael Welker, eds. *God's Life in Trinity*. Minneapolis, MN: Fortress Press, 2006.

Walsh, Froma. "Traumatic Loss and Major Disasters: Strengthening Family and Community Resilience." *Family Process* 46, no. 2 (2007): 207- 227.

Wenger, Etienne. *Communities of Practice: Learning, Meaning, and Identity* Cambridge, UK: Cambridge University Press, 1998.

Wiles, David. *The Masks of Menander: Sign and Meaning in Greek and Roman Performance*. Cambridge: Cambridge University Press, 1991.

<https://hdl.handle.net/2027/mdp.39015022024734>.

Wilson, John P., and Thomas A. Moran. "Psychological Trauma: Posttraumatic Stress Disorder and Spirituality," *Journal of Psychology and Theology* 26, no. 2 (1998): 168-178.

Yin, Robert K. *Case Study Research and Applications: Design and Methods* 6th ed. Thousand Oaks, CA: SAGE Publications, 2018.

Zizioulas, John D. *Being As Communion: Studies in Personhood and the Church*. Crestwood, NY: St. Vladimir's Seminary Press, 1985.

Zizioulas, John D. "The Doctrine of the Holy Trinity: The Significance of the Cappadocian Contribution," in *Trinitarian Theology Today: Essays on Divine Being and Act*, ed. Christoph Schwöbel, 44-60. Edinburgh: T&T Clark, 1995.