

"Biblically-based, theologically-sound, psychologically informed and therapeutically-validated"

— Dr. Gary Oliver

A yellow smiley face graphic consisting of two curved lines forming an open circle, positioned behind the title text.

intimacy therapy

**EXCURSIONS INTO PAIN,
ENTRANCES INTO HEALING**

A decorative graphic at the bottom of the page consisting of several overlapping yellow arcs of varying sizes, creating a sense of movement and depth.

John Kie Vining and David Ferguson

Advanced Reader Copy

What others are saying about *Intimacy Therapy: Excursions into Pain, Entrances into Healing*

“John Vining and David Ferguson represent more than 90 years of combined ministerial experience and have logged in excess of more than 45,000 hours of mental health clinical practice. Domains of their professional activity include church, schools, university, missions, business, hospitals, private and community counseling settings, retreats, and educational/training curricula. Their new book is an expression of a biblically informed, psychologically cogent approach to counseling the dis-eased. This is an important contribution that will fit well into the tool box of professional therapists, ministers, and lay counselors alike. Knowing these men as I do, I highly recommend *Intimacy Therapy: Excursions into Pain, Entrances into Healing*.”

Tim Clinton, Ed.D., LPC, LMFT

President of the American Association of Christian Counselors (AACC)

“My friend David Ferguson along with John Kie Vining wrote *Intimacy Therapy* to guide you toward the best outcomes. This important work give you the resources to heal relationships, renew marriages, and ultimately, save families. Coming out of theological acumen and decades of study, it will certainly accomplish what it was written to do.”

Rev. Samuel Rodriguez, New Season-Lead Pastor

NHCLC President/CEO

Author “Persevere With Power; What Heaven Starts, Hell Cannot Stop!”

Exec. Producer “Breakthrough” and “Flamin Hot” Movies

“Over the years I’ve been invited to endorse many books and I can’t always say yes. However, in this book, John and David have given us some valuable wisdom and practical perspectives that have come out of decades of effective ministry. This unique multi-faceted tool is Biblically-based, theologically-sound, psychologically-informed and therapeutically-validated. It is a resource that anyone who works with people, from lay-person to professional, will find invaluable. In fact, this is a book you’ll read and refer to more than once.”

Gary J. Oliver, Th.M., Ph.D.

Licensed Clinical Psychologist

Professor of Psychology & Practical Theology

John Brown University

“Timing is everything. With mental health challenges ascending and healthy relationships descending we need biblical and practical help right now. *Intimacy Therapy* is a resource you can trust because it is built upon the Holy Scripture and the greatest commandments of Jesus Christ our Lord. While life is full of pain, God is full of healing. So, whether you are a pastor, a layperson, a ministry volunteer, or a professional therapist, treasures await you as you mine through this book. We affirm the message of this book and highly recommend it!” “

Ronnie and Jeana Floyd

Ronnie is the Pastor Emeritus of Cross Church, an author, speaker, and leadership consultant. Jeana is an author, speaker, but most of all loves being a Mom and Gigi to children and seven grandchildren.

“The authors declare: ‘To say that humans are in the image of God is to recognize the special qualities of human nature which allow God to be made manifest in humans. In other words, for humans to have the conscious recognition of their being in the image of God means that they are the creature through whom God’s plans and purposes can be made known and actualized; humans, in this way, can be seen as co-creators with God. The moral implications of the doctrine of imago Dei are apparent in the fact that if humans are to love God, then humans must love other humans, as each is an expression of God.’ Amen! to this, one of the fundamental principles outlined in *Intimacy Therapy*. I would be confident to refer any friend or family member for intimacy therapy with Drs. Vining and Ferguson.”

Hal Jones, M. Div.

Retired United Methodist Minister

Former Sr. V.P. The Betty Ford Center, COO Talbott Recovery Campus, and President/CEO Wellroot Family Services

“Over thirty years ago, my wife and I had the privilege to be among a select small group of couples who were taken through a yet unpublished marriage counseling training by David Ferguson called *Intimate Encounters*. It helped save our marriage, expanded our understanding of the intersection between preaching and therapy, and caused us to be better ministry leaders. We committed ourselves to becoming disciples of this novel, therapeutic, and clinical training. Over the years, we met other practitioners of this form of counseling such as Dr. John Vining, who complimented and enhanced our skills to serve the community. We found that what Dr. Ferguson and Dr. Vining facilitated, worked, and worked particularly well in the African American context. This new project of theirs, which is more academic in nature, will only further enhance the ability of myself, my wife, and now my daughter, to better serve the community as a marriage therapist and owner of a very successful counseling practice. I highly recommend this new work called: *Intimacy Therapy: Excursions into Pain, Entrances into Healing*.”

Ronnie Crudup, M.Div.

MidSouth Diocese Bishop for the Fellowship Of International Churches, and Senior Pastor of New Horizon Church International, Jackson MS.

“Intimacy Therapy: Excursions into Pain, Entrances into Healing unveils one of the best-kept secrets in the world of counseling and caregiving. *Intimacy Therapy* is truly biblically-based and clinically-sound. I was introduced to this model while earning a doctorate in psychology and counseling at a major seminary. Along with my wife Joyce, I led a team of professional counselors at the Center for Relational Care who used Intimacy Therapy with a variety of populations including couples, individual adults, teens, and children. The model is highly effective for clients dealing with relationship struggles, anxiety, depression, and trauma recovery. **Dr. Ferguson was ahead of his time when he developed Intimacy Therapy which aligns with Attachment Theory, Object Relations Psychology, and, of course, biblical wisdom and guidance. He and Dr. Vining have provided an excellent tool for further application and research. This resource will equip and empower counseling students and practitioners alike to have even greater impact on the clients they serve.”**

Bruce Walker, Ph.D., LPC, LMFT

“This book is a great resource for the local church pastor to be equipped to provide needed care and compassion to hearts that are filled with pain. My heart is deeply grateful for Dr. David Ferguson and Dr. John Vining in providing us as pastors and leaders such insightful research clearly based on God’s Word and Spirit-empowered wisdom in how to lead individuals from the darkness of aloneness to the light of intimacy with God and one another. I commend this book as a pastor to fellow pastors.”

Dr. Michael Lewis, Lead Pastor
Roswell Street Church

“I have long appreciated the relational wholeness of intimacy therapy, as developed by Dr. David Ferguson. I am a believer! However, *Intimacy Therapy: Excursions into Pain, Entrances into Healing*, provided me with an enlightening breadth and depth of understanding that I did not have. Intimacy Therapy is clearly delineated, distinct from other approaches to therapy, credibly holistic and anchored in a biblical view and framework. *Intimacy Therapy* is healing and freedom-giving in scope and purpose, as opposed to a medicinal gauze of dependency often applied by other, more common approaches to therapy. If you are a pastor, caregiver, or professional counselor this resource will invite you to a refreshing mode of assisting people to discover and practice health in all of their relationships, beginning with Jesus Christ. While reading this text I found myself wondering, how could this life-enabling approach to counseling become more widely grasped, understood, and practiced?”

Randall Bach, President
Open Bible Churches

“This is a book that I believe educators, counselors, youth counselors, and pastors must read and use in daily counseling. I do not say this lightly. I have known David Ferguson and worked with him in international situations for more than 40 years. His influence in relational leadership, and it has benefited me in every aspect of life. As teaching students to interpret Scripture, speaking to adults in churches and corporations about healing of division and conflict and in training counselors to meet the hurts and pains of this generation. Add to that the practical wisdom of John Vining I would be hard pressed to think of a more impressive combination. There is as much here about pre-empting pain through intimate relationships with God and man as there is about healing from past abuse. It’s a definite must have in every minister’s library.”

Dr. Jay Strack, *President and Founder*
Student Leadership University

“In today’s pain-filled world, pastors, caregivers, and professional counselors must be equipped with more than psychology degrees and professional titles to deeply impact lives and facilitate lasting healing. Drs. Ferguson and Vining have skillfully woven together scholarly research with solid scriptural support to reveal how fresh encounters with Jesus and His Word impart the keys to faithful engagement in marriage, family, the church, and a hurting world. *Intimacy Therapy: Excursions into Pain, Entrances into Healing* will help to equip you to accomplish these objectives as pain gives way to healing and darkness is overcome with light.”

Kay Horner, *Executive Director, Awakening America Alliance*

“In *Intimacy Therapy: Excursions into Pain, Entrances into Healing*, Drs. John Kie Vining and David Ferguson offer a fresh, unique, theocentric methodology for counseling. Holistic in approach, and centered within a framework of wellness, this model of care seeks to identify and remove aloneness, restore intimacy in human relationships, while seeking first and foremost to discern, “What is God doing?” in each client. Love can be restored, and pain healed as one experiences truth, including the truth of God’s Word that sets us free. The concepts and observations discussed in this book offer valuable insights on the problem of pain and serve as a useful tool for pastors who take seriously their charge to feed and care for the flock of God.”

Mark L. Williams, *D.Min, D.D.*
North Cleveland Church of God, Lead Pastor

“Drs. John Kie Vining and David Ferguson new work, *Intimacy Therapy*, provides an invaluable resource for pastors who desire to be better equipped for counseling and care-giving ministry in local congregations. *Intimacy Therapy* is a creative approach for counseling ministry that is biblically-based and theologically sound. The authors also support their counseling model with ample academic research that demonstrates the veracity of their work. Vining and Ferguson have developed a practical, theoretically sound therapeutic model that focuses on healing processes for those experiencing painful suffering. The text will be a refreshing approach for pastoral counselors who desire more than a counseling model based on secular approaches. As the authors state: ‘This work is infused and filled with the insights of colleagues, real life learnings from the therapy room, and discoveries revealed through the agency of the Holy Spirit’. A text such as this will be a welcome addition to any pastor’s bookshelf and their care-giving ministry practice.”

Tommy Doolittle, Ph.D.
Professor of Pastoral Ministry
Lee University, School of Religion

“In this book, Drs. Ferguson and Vining serve as experienced field guides who carefully navigate caregivers through the tension between secular psychology and wholistic biblical counseling. *Intimacy Therapy* helps us help others find both the “cure and care of their souls.” Guidestone has seen a 40% increase in mental health claims in the last three years, so this book could not have come at a better time!”

Mark Dance, Director of Pastoral Wellness at Guidestone Financial Services

“It is increasingly apparent that one of the greatest issues facing the next generation is mental health. Those who are called by God to shepherd those in their care to spiritual and mental wholeness are frequently ill prepared to achieve the desired results. Sadly, an occasional sermon series isn’t adequate to reach a generation plagued with anxiety, fear, addictions and even thoughts of self-destruction. In their book, *Intimacy Therapy: Excursions into Pain, Entrances into Healing*, Drs. John Kie Vining and David Ferguson, provide a library of revelation knowledge, blending Biblical insights with educational credentials and clinical experience. You will utilize this valuable resource often as you encounter the increasing hopelessness permeating our world.”

Alton Garrison, D.D., Executive Director
Acts 2 Journey
Pentecostal Charismatic Churches of North America
Acts 2 Church Health Co-Chair

“John Kie Vining and David Ferguson have written an invaluable resource for Christian counseling practitioners. This book explores a therapy that is a much needed intersection of Spirit-led counseling and Spirit-directed discipleship with the goal of guiding people to a life of flourishing.”

Richard L. Pace, D. Min.
U S Chaplain (COL) Army Retired
Director and Ecclesiastical Endorser
Church of God Chaplains Commission

“In a world that’s beginning to explore transhumanism, minimize God and humankind, Drs. David Ferguson and John Vining have developed an incredibly vital work incorporating wholistic wellness through existential intimacy therapy. This is soul care for aloneness and pandemic forced isolation, merging the individual with community and the transcendent Truth of God’s word. Drs. Ferguson and Vining develop here the intersectionality of human and divine with the theological and secular models — sharing guidance to encourage departure from the deep disorders into divinely desired quality of life resulting in “human flourishing”. This expertise will allow counselors and others to assist the re-ordering of an individual via the interactive disciplines of the redemptive work of God for personal growth and transformation, meeting the unmet needs. Rather than being hacked as is being stated in some circles, humankind is actually designed as “hardwired to connect” in relational intimacy vertically and horizontally. This produces optimum wellness.”

Tom Phillips, Senior Advisor, Billy Graham Evangelistic Association

“Vining and Ferguson provide an excellent resource for deep understanding of human needs and effective care-giving and counseling. The authors effectively critique numerous schools of thought while grounding their work from a spiritual perspective. Their descriptions of human wellness, soulcare, and shepherding are particularly vital...The authors project that *Intimacy Therapy* proposes that ‘effective therapeutic counseling requires a basic knowledge of (1) the Bible, Christian theology, and spirituality; (2) people and human nature; and (3) oneself as a person and counselor’. This integrated and comprehensive approach is essential for all caregivers and counselors...As a clergy-trained Clinical Pastoral Education supervisor I highly recommend this work. Such insight indicates that the book will be helpful to both seasoned caregivers and counselors, and persons preparing for these areas of service.”

Keith Munford, D. Min.
ACPE Certified Educator

“*Intimacy Therapy* details the principles every pastor, youth pastor, coach and counselor needs to care for the hurting people in our world. As someone who works directly with students in the faith community as well as in the school system and one who equips leaders to care for the relational needs of students, the principles outlined in *Intimacy Therapy* are invaluable. They are relevant and timely. But most importantly, they work.”

Palma R. Hutchinson, *Youth Ministry Specialist*

“*Intimacy Therapy*” has impacted us on a deep level both personally and professionally. We utilize this material on a daily basis as we continue to grow ourselves and pour into students as well as our own family and friends. Steeped in Biblical truth and an active relationship with Jesus, it’s impossible to return void! *Intimacy Therapy* is a message setting people free and changing lives.”

Bryan and Amber Davidson, *Founders & Directors, Whisper*

“When therapy of the mind has replaced soul care and when the soul of man is the candle of the Lord, still in today’s Church, the pastor/shepherd of the flock has been reduced to CEO. Vining and Ferguson have lifted the function of soul care to a relational dynamic that does not define people as body, soul, and spirit but rather; spirit, soul, and body as God originally intended (2 Thessalonians 5:23). *Intimacy Therapy* is a book all pastors should read and apply the relational hermeneutic articulated to every aspect of their pastoral ministry, not just the counseling function. Their “pneumascriptive wellness” approach will refine, reboot, and refresh your vocation”

Scott Gillum, *State Bishop of Florida, Church of God of Prophecy*

“As a leader of pastors’ wives, the relational work of the ministry requires intimacy therapy —‘the healing of the soul.’ Drs. Vining and Ferguson provide a dynamic illustration of soul care for what one might think is the touchy, feely side of relationships—considered womanly. Yet, their work applies to all people and how we, the Church, as wounded healers, meet humankind’s deepest needs. While this book will expand your knowledge, it must be read to apply in a whole-life discipleship approach to the care of the soul.”

Brenda Gillum, *Heart 2 Heart Ministries, Church of God of Prophecy*

“Drs. John Kie Vining and David Ferguson provide essentials for combating the mental health crisis confronting the globe. Their interdisciplinary, integrative model provides robust solutions for aspiring therapists, theologians, academicians, and practitioners. As an Emerging Black Scholar at Fuller’s Pannell Center and a young leader on the front lines of this battle on college campuses and in urban centers, I consider this book to be a must read. *Intimacy Therapy, Excursions into Pain, Entrances into Healing* offers wisdom and skill through a holistic methodology that removes the aloneness of a hurting world. I am grateful for and highly recommend this relevant resource.”

Corey Lee, *M.Div*, Bethany Baptist Church, Family Pastor
Co-Founder of Convergence Movement
Ph.D Student and Teaching Assistant at Fuller Theological Seminary

“With a wisdom born from years of pastoral and counseling experience, Dr. David Ferguson and Dr. John Vining pen this masterfully woven, well researched work. This piece is based on the proven intimacy therapy approach to counseling, while also leaving the practitioner with a wealth of theologically based content. Such a model is surely an upstream solution to the many downstream problems we frequently see in our attempt to heal brokenness.

The reader will be led into bravely facing the most painful realities of our fallenness, while leaving with a strong theology of hope. This is the pivotal groundbreaking publication the faith and counseling world so desperately needs.”

Pastor Jade Lee, *CoFounder of Convergence Movement*
Trainer for Great Commandment Network

“The concepts of *Intimacy Therapy* will change your life. That happened to me ten years ago. Previously I thought that all the issues of my life were caused by the sin breach between man and God as presented in Genesis 3. As I listened, I grasped the Biblical principal that aloneness was pronounced “not good” by God (Genesis 2:18) and this preceded the sin element in the creation. The succeeding years have opened my eyes to the need of understanding relational needs and the privilege we have in meeting those needs of our family and friends. God has dealt with the sin issues through the death of Jesus Christ. We get to participate in meeting the intimate relational needs.

Friends and creative thinkers for several decades, Dr. John Vining and Dr. David Ferguson have now turned their vast experiences, their scholarly interests, their creativity and intellect to present the thorough book of *Intimacy Therapy*. Intending to impact the counseling community, they also lead the Christian community to understand the amazing love and care of God. I have served as a minister for more than fifty years. Nothing is more important to me in my ministry than *Intimacy Therapy*.”

Ervin L. Shirey, Jr., *D.Min.*, U S Chaplain (COL) Army Retired
Director of Thriving in Ministry Program
International Pentecostal Holiness Church



intimacy therapy

**EXCURSIONS INTO PAIN,
ENTRANCES INTO HEALING**

John Kie Vining and David Ferguson

Intimacy Therapy: Excursions into Pain, Entrances into Healing

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Printed in the United States of America

DEDICATION

*In gratitude for those who came before...
in appreciation for those who now minister...
in hope for those who shall come after...*

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FOREWORD

Wow! This isn't just everything you wanted to know about intimacy therapy, but get ready for a powerful life-enhancing psychological and spiritual stripping down of your inner world to guide you into a vulnerable and intimate engagement with intimacy itself.

God created, designed, and even wholistically hardwired into our spirit, mind, and body, that we belong to Him. Satan realizes this wiring and provides many impostors for us to pursue for connection and belonging, leading to so much dysfunction and distress, primarily in relationships. Our response to these many hurts is to build psychological walls around us. While those walls keep out pain and protect us, they also keep out the good from healthy relationships, especially the richness and power of intimately connecting with and knowing we belong to our Creator.

Being an engineer and psychiatrist I always look for practical tools for maximum inner world awareness and equipping which propels more consistent Godly decision-making. John and Dave systematically, concretely, and practically unpack these intricate and multi-dimensional facets of our most disruptive hurts. Knowing the disease allows us to engage with God and more accurately apply the BIBLE's supernatural and natural truths to experience a profound psycho-spiritual healing that propels us into more intimacy with both ourselves as well as those God brings into our life.

Finally, these healthy, transforming relationships are part of the great commission and discipling process God calls all to be a dynamic part of and this book makes it easy to overcome Satan's attacks and the weaknesses of the flesh that undermine this calling. Buckle up and be blessed!

Karl Benzio, MD

Board Certified Psychiatrist

AACC, Medical Director

Mental Health Initiative, Consultant/Advisor

Liberty University Global Center for Mental Health, Addiction, and Recovery

American Academy of Medical Ethics, NJ State Co-Director

Co-Founder and Medical Director, Honey Lake Clinic

INTRODUCTION

Before Pavlov's "psychic reflexes," Freud's "talk therapy," Skinner's "lever box," Glasser's "choice theory," Rogers' "person-centered approach," Winnicott's "good enough mothering," de Shazer's "miracle questions," and Seligman's types of "happy lives," there was an authoritative text that introduced the "living human document" and presented insights into the psalmist's fundamental question pertaining to humankind, "*What is man...*" (Psalm 8:4–8)? It is rather fascinating that divine breath enlivened dust to become a living soul (Genesis 2:7) then breathed on a variety of persons throughout hundreds of years to inspire an instructional guidebook for understanding the Creator, the human soul, and the truths that make for a fulfilling life (2 Timothy 3:16). Further fascination is engendered when we consider that humankind's quest to understand the answer to the psalmist's question is more often considered from human perspective than the divine, even among counselors who are Christian!

Pastors, counselors, and caregivers, who traffic in the misery and confusion of hurting humankind, are often apt to be more acquainted with theorists and practitioners like those mentioned above than with "Thus saith the Lord." Can those of the helping professions, especially Christians, be "*thoroughly furnished unto all good works*" (2 Timothy 3:17) without being thoroughly versed in the authoritative text of Scripture? Dependence on the latest technique or theory with an occasional Bible verse tacked on, and maybe a prayer, all too often passes for "Christian counseling."

My (John's) professional life has hopefully been an integration of truth—whatever its source. My undergraduate, graduate, and postgraduate degrees were all completed in theological schools. My clinical training in pastoral care and counseling were completed in theologically oriented programs. A good part of my continuing education has been offered from a Christian perspective. Many of the required textbooks were written from a Christian perspective, but certainly not all of them. It is interesting to analyze counseling texts written by Christian authors and note how much ink is given to explain secular theorists compared to biblical exegesis of the human condition. Like so many others, who have felt a call to the therapeutic world, I primarily have had to do integration of theology, psychology, and counseling on my own.

My (David's) journey in the development of what is now "intimacy therapy" began in the late 1980s with an intersection of clinical practice and academic pursuits. As client services director in a network of Christian counseling centers, I and my wife Teresa had a particular focus on supporting ministry leaders in crisis, often in our psychiatric hospital units. A providential, patient encounter presented a challenge to my basic understandings of caring for others.

Sandy was introduced to us by the hospital staff after her recent suicide attempt in her home state. Her pastor husband had been killed by a drunk driver two years earlier, leaving her with three young children under the age of six. Over several days, she shared her story during group time. Sandy seemed to have done a somewhat adequate job as she processed the expected myriad of emotions in a grief recovery group and with her lady's group at church. However, one of her recent "back to church" encounters was very troubling. Now re-engaging at church as a single mom, she was often asked, "Sandy, how are you doing?" To which, she might reply "I'm just numb," or "I'm very sad." The week before her suicide attempt, she responded differently as she answered, "I'm just feeling lonely." Sadly, on that Sunday, both a close friend and the senior minister had responded to her "loneliness" with basically this reply: "But Sandy, you know you have God." My wife and I became convinced that Sandy walked away from those conversations feeling condemned or maybe even judged. "What's wrong with me that I have God, but I'm still alone?" Could Sandy's aloneness and shame possibly have been at the root of her suicide attempt?

Within three months of this encounter with Sandy, I had made my way to Oxford, England, for an intensive study time, focusing on Biblical anthropology. Sitting in the Bodelian Library, my studies centered on insights from the Genesis story and its "first references" to God, the Trinity, man's creation, etc., (Genesis 1:1, 26; 2:7). On this particular day, the words from Genesis 2:18, "not good," gripped me! Until this point in the creation story, everything was "good," but now I noticed this first reference to something "not good," and it was Adam's being "alone." Sandy's story came rushing back to me. Both Sandy and Adam actually had a relationship with God, but something was still not good. Very notably, sin had not yet entered into the human experience (see Genesis 3)!

Questions flooded my mind and heart as man-made perceptions of counseling, caregiving, ministry, and discipleship were being de-constructed right before me. Could it be that our care for people depends upon us:

- Seeing people the way God sees them, which is needy of BOTH God and others?
- *AND* viewing people as both FALLEN AND ALONE?

Lingering concerns would drive me further in pursuit of a relational theology as the underpinning of an intimacy therapy that would address BOTH our spiritual “aleness” from God but also our “inter-personal” aleness from others.

Much work remains to be done to articulate a thoroughly grounded understanding and approach to therapeutic healing from a Christian context. In that vein, intimacy therapy, while acquainted with the historical strands of psychotherapy, both secular and Christian, seeks to bore down on therapeutic issues from a deep dig perspective of Holy Scripture (Colossians 3:16). The reader will be introduced to intimacy therapy as an approach to counseling and caregiving but framed within a footing that is firmly set in Scripture. This is not to say that secular theory on human development and mental health counseling have nothing to offer the Christian counselor, for truth is truth wherever it is discovered. However, Christian theology reflects a worldview and call to life that in many ways, leads down radically different paths than where secular theory leads.

Intimacy therapy employs the broad categories of Christian theology—Christology, anthropology, pneumatology, and theodicy as essential guide points for understanding approaches to and goals of the therapeutic task. Secular humanism and evolutionary thought that lead to atheism and agnosticism do not speak to existential issues of the human condition consistent with biblical thought. Humankind considered from only non-biblical sources results in a very different creature when compared to humankind made in the image of God. Intimacy therapy is a biblically informed therapeutic praxis.

Dr. Ferguson is the originator of intimacy therapy. With keen insight and Spirit-led discernment, he has articulated a powerful understanding of the implications of the Great Commandment informed by the creation story as given to us by Holy Scripture. Together, and with other collaborators, we have hewn out an approach to counseling that is at once instructive

and transformative. This work is infused and filled with the insights of colleagues, real life learnings from the therapy room, and discoveries revealed through the agency of the Holy Spirit.

We have posited intimacy therapy in the broader context of wellness to begin to show distinctions between secular and Christian understanding of human flourishing. In chapter one, we compare wellness models from a social science perspective with a biblical wellness framework. In chapter two, we further contextualize intimacy therapy in the historical roots of Christian soul care. Chapter three anchors the tenets of intimacy therapy in biblical theology. We offer a fresh understanding of humankind in chapter four by fleshing out a biblical anthropology, arguing that the answer to the fundamental question of “What is man?” is essential for effective biblical counseling and caregiving. The problem of suffering and evil raises both existential and therapeutic questions for both the counselee and the counselor. We address theodicy in chapter five to offer therapeutic guidance for such a difficult issue. The relational nature of humankind is highlighted throughout this text. We deepen the conversation in chapter six, focused on the social necessities of humankind by emphasizing the relational imperative. Therapeutic change is the focus of chapter seven as we offer a scriptural framework for therapeutic healing. The final chapter, chapter eight, deals with human motivation and the essentials for therapeutic, holistic change.

Acknowledgments

We, who have contributed to the intimacy therapy approach, offer this writing to the glory of God.

We wish to recognize the skill and talents of a diligent staff, who has been essential to the creation of this book. Terri Snead has coordinated and overseen a team who has reviewed, critiqued, formatted, proofread, edited, and labored for a readable product. We owe special gratitude to Hannah Moreno, Joan Williams, Kellie Loehr, Jon Morris, and Kay Horner. Of course, many unnamed, special people whom we have ministered to through the years have taught us much. We offer a special acknowledgment to them.

PROLOGUE

INTIMACY THERAPY: Excursions into Pain, Entrances into Healing

Formed in dust, lived in time, lost in space.

Enlivened by Deity, beguiled by the evil one, succumbed to self.

Alone, fallen, needing God and others.

Communed with the Creator, joined by a companion, completed in union.

*Heard the voice of the Boundary-Setter, listened to the voice of the accuser,
hid in disobedience.*

Guilty conscience, shameful self, depraved humanity.

Blamed the other, confessed to the Confessor, judged by the Judge.

Tongue quieted, soul disquieted, God speaks.

Separated souls, sweaty worker, pained birther.

Humanized by God, dehumanized by sin, re-humanized by promise.

God dethroned, self enthroned, all is vanity.

Paradise gifted, paradise lost, paradise self-made.

Broken in spirit, afflicted in body, tormented in mind.

God's way, man's way, valley of decision.

Spirit's wooing, heart's conviction, mind's convincing, man's choice.

Hope renewed, redemption accomplished, abundant life possible.

**“The center outweighs the periphery.”
— Os Guinness**

1

INTIMACY THERAPY AS WELLNESS

*The magnetism of the center
transfuses the dimensions of the periphery.*

Intimacy therapy as an approach to mental health counseling is situated within the broader conceptual framework of wellness. Wellness is a mark of a life lived well. Wellness is a paradigm for understanding the intersections of various life dimensions that seeks to maximize human potential and optimize lifestyle choices. Acknowledgment of the interplay between the major dimensions of human experience has consequential implications for psychotherapeutic endeavors. Intimacy therapy takes into account the multidimensional aspects of human nature—spirit, soul, body—and how the dimensions of life experience—emotional, intellectual, physical, social, vocational, spiritual—interact.

As such, intimacy therapy recognizes the importance of an interdisciplinary approach that is wholistic in which the essential interconnectedness of body, mind, emotion, and spirit impact general wellness. The major dimensions of human experience must receive attention with careful regard to the center from which each dimension is impacted. That is, the attention received must go beyond the medical model and biological paradigms that often operate from a mind-body-spirit split and do not account for the bio-socio-psycho-spiritual framework as relevant. For example, Hoff and Hoff suggest that “reputable texts” propose a ‘bio-psychosocial’ model but that the psychosocial aspects of care often only receive tangential attention.¹ The spiritual dimension receives even less focus as many forms of psychotherapy do not consider the spiritual dimension as decisive.²

The American Association of Christian Counselors (AACC) and the American Counseling Association (ACA) each address spirituality in their

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respective codes of ethics. For example, a division of the ACA known as the Association for Spiritual, Ethical, & Religious Values in Counseling (ASERVIC) states concerning culture and worldview, and diagnosis and treatment, respectively:

2. The professional counselor recognizes that the client's beliefs (or absence of beliefs) about spirituality and/or religion are central to his or her worldview and can influence psychosocial functioning.
11. When making a diagnosis, the professional counselor recognizes that the client's spiritual and/or religious perspectives can: a) enhance well-being; b) contribute to client problems; and/or c) exacerbate symptoms.³

Even so there appears to be significant lack of attention given the area of spirituality in counselor training programs as the following summary concludes. One study reported that...

awareness of and sensitivity to spirituality and/or religion was not enhanced as a result of their counselor training. Additionally, they did not gain any new knowledge or personal understanding of the role of spirituality and/or religion in counseling. As related to self-discovery of personal perceptions and beliefs or values related to religious and/or spiritual issues in counseling, participants indicated that they did not experience any self-discovery. Participants stated that religion and spirituality were not integrated in their training. They suggested that a specific course focused on religion and spirituality should be taught as part of a counselor education program and indicated that client's religious and/or spiritual beliefs should have a role in the counseling process.⁴

Social Science and Wellness

There are many different paradigms offered for highlighting a wellness model ranging from the simplified to the sophisticated, including both secular (holistic) and faith-based (wholistic) models. A model based in counseling theory, the Wheel of Wellness, was developed by Sweeney

and Witmer.⁵ Based on Adlerian theory, it lays out a sophisticated schema of 17 scales with tasks and subtasks. Another paradigm is based in the positive psychology movement.⁶ Living Compass Wellness Initiative, with affiliations to the Episcopal Church, developed a faith-based approach to wellness that focuses on heart, soul, strength, and mind.⁷ Another faith-based paradigm started by family practice physician and United Methodist minister Dr. Scott Morris is the programming of Church Health. Through the Model for Healthy Living, the mission is “to reclaim the Church’s biblical commitment to care for our bodies and our spirits.” The focus of Church Health is, “To improve health and well-being so that people can experience the full richness of life.”⁸

Historically, the concept of wellness dates back some two millennia.⁹ Recognized as a leader in the modern wellness movement, Bill Hettler defined wellness as “an active process through which people become more aware of and make choices toward a more successful existence.”¹⁰ He proposed a paradigm of six dimensions of wellness based in the physical health professions.¹¹ He suggested that “optimal living” was facilitated by the guiding questions of: (1) Does this help people achieve their full potential? (2) Does this recognize and address the whole person (multi-dimensional approach)? and (3) Does this affirm and mobilize people’s positive qualities and strengths?¹² Figure 1.1 depicts Hettler’s model.

Hettler’s Six Dimensions of Wellness



Figure 1.1

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Further clarification as to what is meant by “wellness” and “wholeness” is helpful at this point.¹³ The National Wellness Institute has adopted the “model of Six Dimensions of Wellness” developed by Bill Hettler, M.D. Each dimension is described as follows:

Emotional

The emotional dimension emphasizes an awareness and acceptance of your feelings. Emotional wellness includes the degree to which you feel positive and enthusiastic about yourself and life. It includes the capacity to manage feelings and related behaviors including the realistic assessment of your limitations, development of autonomy, and ability to cope effectively with stress. The emotionally well person maintains satisfying relationships with others.

Physical

The physical dimension encourages cardiovascular endurance, flexibility, and strength and also encourages regular physical activity. Physical development encourages knowledge about food and nutrition and discourages the use of tobacco, drugs, and excessive alcohol consumption. It encourages activities which contribute to high-level wellness, including medical self-care and appropriate use of the medical system.

Occupational

The occupational dimension involves preparing for work in which you will gain personal satisfaction and find enrichment in your life through work. Occupational development is related to your attitude about your work.

Intellectual

The intellectual dimension encourages creative, stimulating mental activities. An intellectually-well person uses the resources available to expand knowledge, improve skills, and increase the potential for sharing with others. Intellectually well people use the intellectual and cultural activities in and beyond the classroom, combined with the human and learning resources available within their community.

Spiritual

The spiritual dimension involves seeking meaning and purpose in human existence. It includes the development of a deep appreciation for the depth and expanse of life and natural forces that exist in the universe. It also involves developing a strong sense of personal values and ethics.

Social

The social dimension encourages contributing to your human and physical environment for the common welfare of your community. It emphasizes the interdependence with others and nature. It also includes the pursuit of harmony within your family.¹⁴

Wellness involves the individual's decisions relative to each of these six dimensions so that opportunities for increased levels of health and well-being are optimized. In this way, it is a holistic model.

Wellness as a Wholistic Concept

Intimacy therapy reframes the holistic concept by using the term “wholistic.” Wholeness is a term often misunderstood. At the core of wholism is the recognition that a human is not compartmentalized into parts but is a unified whole. Benner further explains:

As used by Westberg (1979) and others, wholism (as contrasted to holism) refers to the much more biblically based desire to make our helping and healing interventions responsive to the rich tapestry of complex bio-psycho-spiritual dynamics that make up the life of human persons. As I have noted elsewhere, this view of persons fits very well with biblical psychology as presented in both Old and New Testaments (Benner 1988). Biblical psychology is clearly a wholistic psychology. The various “parts” of persons (i.e., body, soul, spirit, heart, flesh) are never presented as separate faculties or independent components of persons but always as different ways of seeing whole persons. Biblical discussions of persons emphasize first and foremost our essential unity of being. Humans are ultimately understandable only in the light of this primary and irreducible wholeness, and helping efforts that are truly Christian must resist the temptation to see persons only through their thoughts, feelings, behaviors, or any other manifestation of being.

The alternative to wholism in counseling is to focus on only one of these modalities of functioning...Behavior therapists focus on behavior, cognitive therapists on thinking, experiential therapists on feelings, and on and on (p. 50).¹⁵

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Maturation of the understanding of health and wellness has to some degree transitioned from a medical model toward a recovery model. The medical model is an illness-oriented model in which remedies and treatments are from sources outside the person. The person is seen as sick, ill, and/or diseased. The recovery model, on the other hand, casts the person in a different light. It focuses on inner resources even when the assistance of others is necessary. Modicums of wellness are achievable even when cure is not possible.

The concept of wellness was strengthened through the introduction of “recovery” language in the 2003 New Freedom Commission’s report, *Achieving the Promise: Transforming Mental Health in America*.¹⁶ A recovery orientation is more consistent with a wellness approach, contrasted with the medical model. The medical model, saddled with evidence-based practice demands and managed care, including managed mental health care, is largely focused on “the greatest therapeutic gain in the shortest amount of time and with the fewest financial and human resources (pp. 200–204).”¹⁷ Following Solomon & Stanhope, and Anthony, Hoff and Hoff conclude that...

The adoption of recovery language challenges the prevailing view within the mental health industry that mental illness is a chronic condition with treatment focusing solely on symptom management and reduction. The concept of recovery represents a significant shift away from the medical model, which focuses on symptoms and pathology, toward the needs of the individual—who may have very different goals than those presented by the clinician...[R]ecovery [is] a multi-dimensional concept that involves the changing of one’s attitudes, values, and feelings while living a satisfying and hopeful life that includes finding new meaning and purpose.¹⁸

Evidence-based practice has been characterized as fragmenting a wholistic view and approach to people and their care. “Fragmentation... does not reflect how mental illness and recovery involve all aspects of people’s lives.”¹⁹ The “tendency to ‘medicalize’ or ‘pathologize’ essentially ‘normal’ life events undermines a wholistic view of wellness. At the same time, it compartmentalizes interconnected dimensions of life experience

and forces a specialty regimen of “treatment” as if a person is not a bio-socio-psycho-spiritual reality.²⁰ ‘Spiritual emergencies,’ as Grof and Grof have noted, ‘need to be worked through and not tranquilized, medicated, and pathologized.’²¹

Character, content, and context are essential elements for understanding the various life dimensions of the client. Impinging on the counselee-counselor enterprise are the origins of the stated dis-ease. “Whole person care says that people are interconnected emotionally, relationally, physically, and spiritually (pp. 396–411).”²² A wholistic wellness approach will give simultaneous consideration of the potential psychic, social, cultural, spiritual, familial, biological, environmental, and vocational origins of dis-ease.²³

Theologically Informed Wellness

Intimacy therapy is informed by Christian theology. The dimension of spirituality within this context takes on special connotations compared to how spirituality is understood in other paradigms of wellness. The general concept of spirituality is often defined in terms of peace and harmony with one’s self, others, and the universe. Congruency of personal values and actions along with a sense of purpose and meaning are characteristics of spirituality. A sense of connection to a higher power or a higher sense of self, leading to an experience of perceived transcendence, is thought of in spiritual terms. Organized religion and spiritual practices also fall into the category of spirituality.²⁴

Neurobiological and psychological research point to a ‘naturalistic spirituality’ and ‘relational consciousness’ suggesting that humankind is primed for relationship with deity.²⁵ Humankind is *Hardwired to Connect* as a leading research project concluded.²⁶ The wellness dimension of spirituality in the purview of intimacy therapy is that spirituality represents the possibility of a personal relationship with God through Jesus Christ through the person and work of the Holy Spirit. From a Christian perspective, the Holy Spirit is at work in all people, places, and circumstances toward redemptive ends. This is the broader connotation of how we are using the term and dimension of spirituality. Therefore, the Word, ways, and will of God are central to understanding the dimension of spirituality.

As such, spirituality is not simply one of several dimensions of wellness but is a cathartic influence in all the dimensions of wellness. That is, a person’s

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relationship with God at whatever stage, at any given time, and in any given circumstance is consequential for all other dimensions. Spirituality is a distinct dimension of wellness but also penetrates all other dimensions. The divine-human relationship enhances or diminishes the potential found in other wellness dimensions. This is what is meant by the redemptive activity of the Holy Spirit in His convincing, convicting, conforming, and confirming work (Figure 1.2). Vining has termed this activity as “pneumascriptive (pp. 88–93).”²⁷

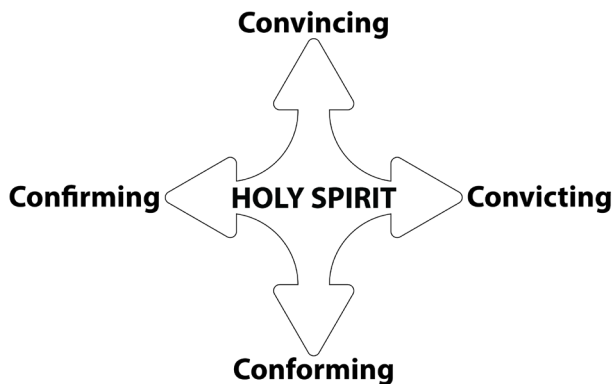


Figure 1.2

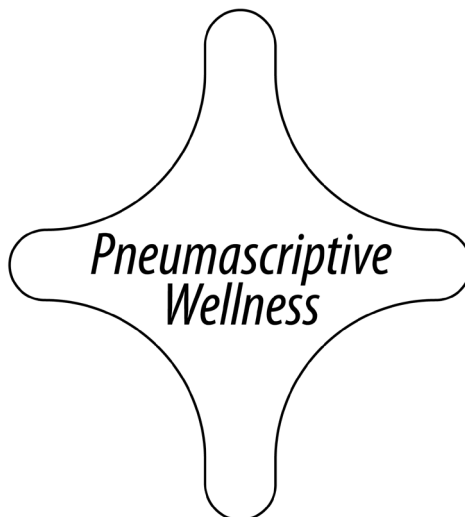


Figure 1.3

Relative to wellness, this perspective is called pneumascriptive wellness (Figure 1.3).

Even though defining spirituality differently, some have suggested that spiritual health not be conceptualized as just one of the six dimensions of wellness. Spiritual health should be considered as a component present, along with a personal component, within each of the interrelated and interactive dimensions of wellness. Optimum wellness exists when each of these five dimensions has a balanced and developed potential in both the spiritual and personal realm. Working to achieve high-level wellness necessitates the development of the spiritual component in each of the five dimensions of wellness. Without attention to spiritual health in each dimension, the individual remains incomplete.²⁸

In this vein, The Wheel of Wellness was modified to reflect the centrality of the dimension of spirituality. The modification placed “spirituality as the core and hierarchically most important component of wellness.”²⁹

Theologically, the new birth is salvific for the whole person which the various dimensions represent (3 John 1:2; Matthew 6:33; Deuteronomy 29:9; 1 Timothy 4:8). The new birth ushers in a new “orientation” to life (Romans 8:1–8). As Anderson depicts, “In Christ, Spirit and Word become a personal unity in such a way that Word can never be heard apart from Spirit,

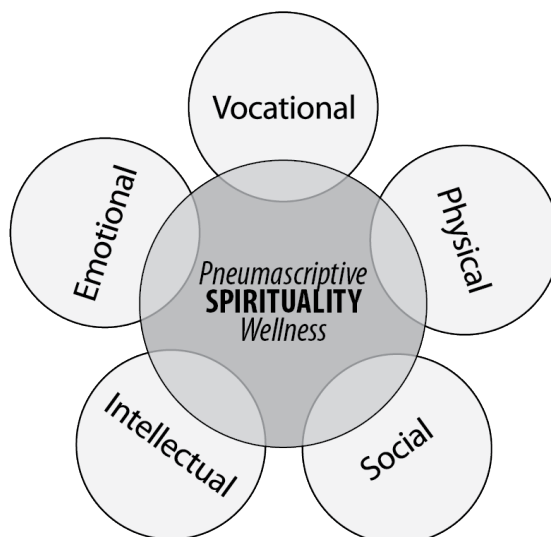


Figure 1.4

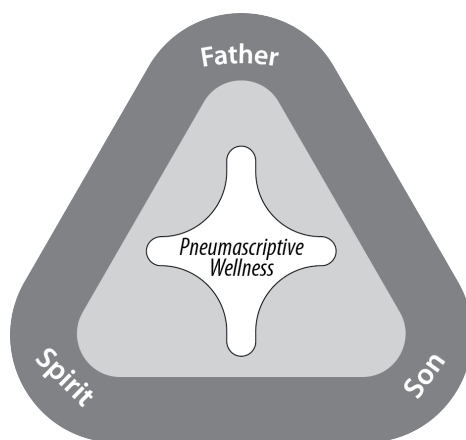
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and Spirit can never be experienced except as Word.”³⁰ Wellness from this perspective is depicted in Figure 1.4.³¹

The dimension of spirituality is shown to penetrate all other dimensions through the Holy Spirit’s inscribing activity. Pneumascriptive wellness makes room for the gracious dealings of God in humanity. This principle is reflected in Anderson’s statement, “The body of Christ dares to baptize that which is not yet made whole and gives the bread and the wine to those who are not yet what they will be.”³² While the aim of intimacy therapy is not to evangelize or proselytize, the counselor is aware that even unbelieving clients are under the wooing influence of the Holy Spirit; therefore, the counselor sometimes waters, sometimes plants, and at other times, reaps a harvest (Galatians 6:9; Psalm 126:6; 1 Corinthians 3:6–9).

Understanding the interconnectedness of the dimensions and interpenetration of spirituality into all dimensions is an essential construct for intimacy therapy. Psychiatrist Paul Meier hints at this reality by suggesting that people seeking help from pastors have issues that are spiritual or emotional in nature with only about 20 percent being caused by biochemical imbalances.³³ Theologian Brueggemann³⁴ reminds us that life, all of life—the inside and outside, the up and down, the good and bad, the thick and thin—is a “theological happening.” From the being known in the womb (Jeremiah 1:5; Psalm 139:13), to the first gulp of the breath of life (Genesis 2:7; Job 33:4), to the ordered steps of daily life (Psalm 37:23, 31; Proverbs 16:9; 1 Peter 2), to our future white stone name (Revelation 2:17), God woos and wills His plans for us (Deuteronomy 6; Jeremiah 29:11–13; 3 John 1:2). The activity of the triune God permeates every aspect of human experience. The Father speaks. The Son obeys. The Spirit enacts (Figure 1.5). Life is lived out of the garden and into the world. The journey, comprised of yearning for home, the misery of exile, and the promise of homecoming, is all lived within the purview of the sovereignty of God—the sovereign promise of God, the sovereign demand of God, the sovereign absence of God, and the sovereign newness of God. As such, the spiritual aspect of wellness is at the core of health, healing, and abundant life.³⁵

In this vein, Brueggemann adapts the language of dieting. He suggests since life is a theological happening, much of the dis-ease that characterizes human experience is due to a diet not consistent with “gospel bread.” The result is “eating disorders of a theological kind.” Only bread broken and

**Figure 1.5**

blessed, eaten with new wine, contains the spiritual nutrients of ultimate wellness (John 6; 1 Corinthians 11:23–32). And when this gospel meal is digested it has the power to enliven all the other wellness dimensions with the fruit of the Spirit. The carnal bread of selfishness and self-sufficiency produces a quick, sedate feeling of fullness, but existential emptiness and wildness is the product (Job 11:12).³⁶ So often our dis-ease is linked to junk food that may be filling but leads to “deep eating disorders of isolation, despair, and anxiety.” Like the disciples, as the gospel of Mark reflects, “*They did not understand about the loaves, but their hearts were hardened*” (Mark 6:52). And like others who did not understand and are determined that gospel bread is not for them, many counselees are dis-eased because of their daily diet (John 6:60, 66).³⁷

The spiritual dimension of wellness feeds or famines all other dimensions of life.³⁸ Thus, it is essential that counselors and caregivers understand the providence of God’s dominical workings in the lives of people. As with the gospel bread of communion, He takes, He blesses, He breaks, He gives, and He gathers. The result being that when He has finished his work, the bread has become something it was not, and it has nurtured the spiritual man to become something he was not.³⁹ This concept of wellness is inherent in *shalom* (2 Kings 4:23, 26; Job 22:21; Psalm 4:8; 85:8; 122:7; Isaiah 26:3) and *eirene* (Luke 8:48; 19:42; Acts 10:36; Romans 8:6; Philippians 4:9; 2 Peter 1:2) which connote “untroubled, undisturbed well-being.”

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The impact of the new birth has ramifications for the whole person. Appreciation of the Word, ways, and will of God is essential for understanding this redemptive concept (Figure 1.6). Hardel depicts the ongoing influence of regeneration resulting in a “*new creature*” (2 Corinthians 5:17) through what he calls The Wholeness Wheel. Using baptism to signify the redemptive event called salvation, he suggests that wellness has to do with a divinely desired quality of life. Quoting St. Paul, “*That it may be well with you...*” (Ephesians 6:3), he stresses a Christ-centered balance. This balance is applicable to all the domains of wellness or wholeness as he refers to it.

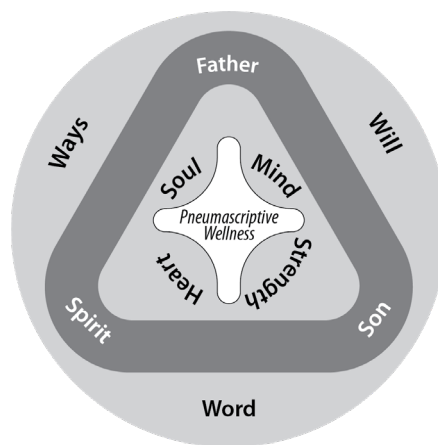


Figure 1.6

In every dimension of life, the process of covenanting is teaching us something of the deeper implications of the Great Commandment. Concerning the self, this entails knowing the self. As Brueggemann suggests, self-knowing demands experiences of the self “reengaging the self in an ongoing covenanting exercise.” Paul addresses such a process in contrasting the “*old self*” with the “*new self*” (Romans 8:1–8; Ephesians 4:22–24; Colossians 3:9–10). Intimacy therapy, properly applied, leads the client through knowing self along the process of “de-selfing” and “re-selfing” to a new level of knowing self. It is this “othering of the self” that necessitates “self-disclosing” and “self-discernment” which is scripturally informed.⁴⁰ And the transformation from old self to new self has implications for all other dimensions of wellness. In this way intimacy theory is a wholistic model.

Anderson asserts that, “Spirituality is not the interiorization of absolute truths, nor even of an impersonal ‘spirit,’ but the *externalization* of Spirit

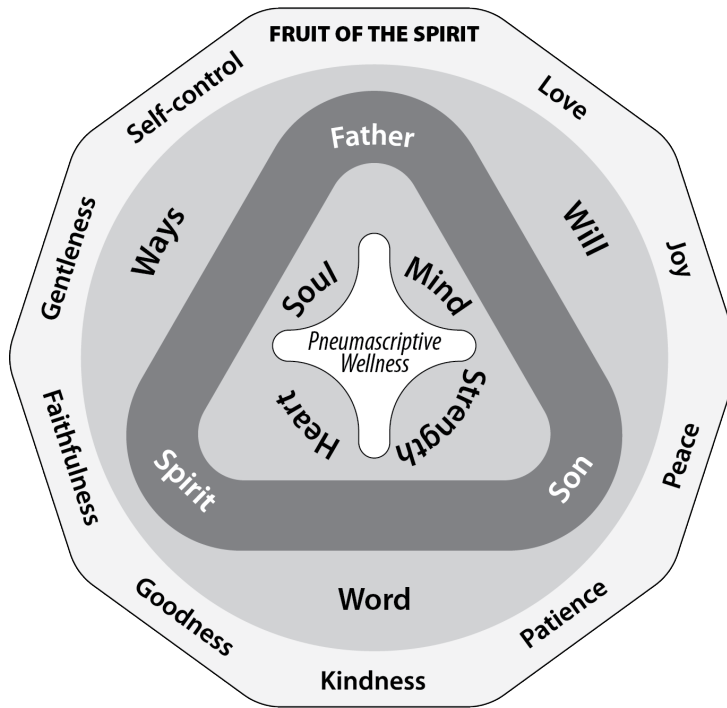


Figure 1.7

in the form of actions.”⁴¹ In Pauline language this is the Spirit’s work of “edification” (1 Corinthians 12). Just like the ingested diet impacts the total bodily system, the spiritual diet produces the fruit of the Spirit that has implications for all of the wellness dimensions (Figure 1.7). Through edification in the spirituality dimension, all dimensions are edified. The result is a God-honoring stewardship in all dimensions.⁴² In this way, intimacy therapy speaks to the major wellness dimensions.

Intimacy therapy addresses this dialectical process by showing the implications of the pain and potential of met and unmet needs.⁴³ De-selfing is inherent in the process of sanctification (Romans 6:4–6; Ephesians 2:15; Colossians 3:5–9). It is the process of crucifying the flesh (Mark 8:34; Romans 6:6; Galatians 5:16; Ephesians 6:2). Re-selfing also includes the work of the sanctifying Holy Spirit whereby “*all things become new*” (2 Corinthians 3:18; 5:17; Ephesians 4:25; Colossians 3:10–14). Regeneration is the “time of the second breath.”⁴⁴ It is a Pneumascriptive in-breathing that soothes the bereavement of crucifixion Friday, dispels the despair of uncertain Saturday,

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and enlivens and anoints for resurrection Sunday. This is the experience of re-selfing as the Word, the ways, and the will of God awaken us to the prospect of a self as originally intended, a self being conformed to the image of God (Romans 8:29; 1 Corinthians 15:48–49; Colossians 1:15). In the estimation of Wayne Oates, this makes possible “genuine religion,” which he defines as the “real self over against the pseudoself.”⁴⁵ The regenerative power resident in Christ’s atonement enables and fosters love of God with all of one’s heart, soul, mind, and strength, love of self as a special creation, and love of others as bearing the image of God (Matthew 22:37–39; Luke 10:27). Figure 1.8 represents this theological understanding.

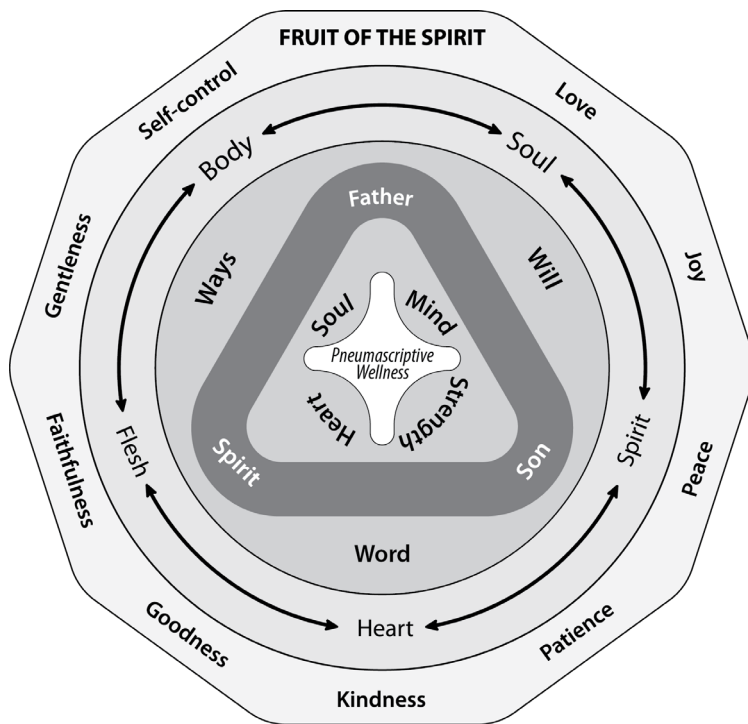


Figure 1.8

Counseling is a ministry means of healing and health and wholeness. Counseling in itself is not the goal, nor is healing. The ultimate goal of any event or process of healing is that one is liberated to be a follower of Christ. Therefore, pastors and therapists counsel toward the secondary goals of health and healing in order that one may obtain the ultimate goal of true discipleship, or as Wesley put it—entire sanctification wherein one’s life was characterized by love in both the vertical and horizontal dimensions. Note this distinction in comparison to a secular view of healing (Figure 1.9).⁴⁶

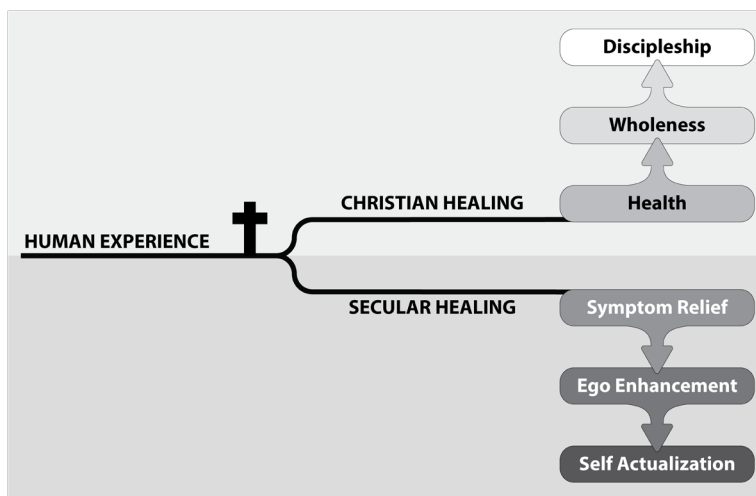


Figure 1.9

Human Flourishing and Wellness

Put another way, the concepts of wellness and wholeness have been cast as “human flourishing.”⁴⁷ In the context of overall wellbeing, flourishing means optimal life experience wherein one’s emotional, psychological, relational, and spiritual functioning is a positive experience most of the time. Flourishing is wellbeing as thriving. Flourishing, then, can be contrasted with pathology or languishing. Flourishing is a central concept of positive psychology.

The Human Flourishing Program at Harvard’s Institute of Quantitative Social Science has developed a measurement approach to human flourishing. It is focused around five central domains: happiness and life satisfaction, mental and physical health, meaning and purpose, character and virtue, and close social relationships. The findings are based on the research of VanderWeele.⁴⁸

Barna’s State of the Church project has extended implications of The Human Flourishing Program. It explores flourishing in the domains of faith, relationships, physical and mental health, vocation, and finances. Insights are offered relative to the impact of the lack of social connections that undermine “companionship” or “fellowship.”⁴⁹ The Care4Pastors library is also a rich source for information on the dimensions of flourishing.⁵⁰

Under the direction of Jens Zimmermann, a research project studying human flourishing from a Christian perspective has evolved. The project,

Human Flourishing in a Technological World: A Christian Vision, focuses on the impact of technology upon humankind's nature and life experience. The project incorporates both the theological and spiritual premises that have been outlined above. As Zimmermann ponders,

With the pervasive use of technology for communication, medical treatments, and regulating social relations, along with people's increasing detachment from religious traditions that helped define human nature, we are faced with two questions: How do we define human identity? and What is the meaning of technology for human nature? This common human problem requires interdisciplinary teamwork, to cover the multiple dimensions of our existence, but it also requires hermeneutic awareness—Human technological enhancement raises a question crucial for Christians and non-Christians alike: Is our true humanity found in post-human existence, represented by a machine-body, invulnerable to all, and no longer governed by an experience tied to our flesh? Or does true human flourishing require vulnerability and fleshly embodiment? Many questions, such as these, drive this project and call for careful critique from a Christian perspective... For early Christian thinkers, God's re-creation of humanity in the incarnation shows that salvation, the apex of human flourishing, is "theosis," the transformation of the total human being, body and spirit, into godlikeness. Salvation, to use another orthodox term, is "Christification," becoming Christ-like.⁵¹

So, how should we think about wellness, wholeness, flourishing in terms of health and healing? Clinebell suggests four key principles are foundational in wholistic health, which further clarifies intimacy therapy as wellness with a vision toward flourishing.

1. Health is much more than the absence of illness; it is the presence of "high level wellness" (John 10:10—abundant life). There are degrees of sickness and of health.
2. High level wellness involves wholeness in all six interdependent dimensions of persons' lives—physical, psychological, interpersonal, environmental, institutional, and spiritual.
3. The two major determinants of levels of wellness or sickness are one's lifestyle and the level of chronic stress in one's life.

4. The two keys to maintaining high level wellness are wellness awareness and understanding [education] and self responsibility (accepting primary responsibility for living in a way that enhance wellness) [stewardship].

The implications of these principles for health and healing and counseling for wellness are many. First, our definitions of sickness, healing, health, wholeness, deliverance, and miracles, to name a few terms, must be biblically grounded. In some cases, we might have to broaden our definitive statements relative to sickness and health. Second, the temporal and the eternal must be held in proper perspective. Third, we have some responsibility for our own health. Lifestyles, work habits, attitudes, and diets all effect one's health. Fourth, a dialectic of conjunctions as Wesley proposed must be held in respect to our views on healing and counseling. The conjunctions of cure/care, event/process, natural/preternatural, and individualistic/communal must be held in balance in our theology and practice.⁵² Fifth, there must be a realization that one dimension of wholeness impacts the others.⁵³ Sixth, the church's teachings relative to daily living must not be spiritualized (i.e. the dimensions of wellness including habits, lifestyles, sickness). Seventh, we must learn stress management and conflict reduction skills. Eight, the counselor must be concerned about guiding the counselee into a life which bespeaks both morality and health. Nine, a distinction between caretaking and caregiving must be maintained by both counselor and counselee. And ten, the counselor must operate out of a functional theology and help the counselee ascertain where his theology is possibly dysfunctional.

Intimacy therapy in terms of wellness, as well as other domains of human study, demands what Dobbins calls "biblical psychology" and a particular approach to counselor education. He defined biblical psychology as "a comprehensive study of human behavior pursued under the discipline of Scripture...Preparation for this kind of ministry requires thorough training in the Scriptures as well as a theistic approach to the behavioral sciences."⁵⁴ It is this perspective out of which intimacy therapy is carved and that informs pneumascriptive wellness, along with the subsequent domains we shall address.

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Note that what Hettler labeled Occupation we are labeling Vocation. Vocation denotes that every person has been blessed with certain talents and abilities to be used in the service of God and neighbor to promote well-being. This recognition transforms occupation, regardless of profession or career, into vocation as an outgrowth of the spirituality domain.
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Spirituality in this context is a healthy, life-giving spirituality centered in one's relationship with Christ. But, spirituality can be hurtful and unhealthy. Toxic faith can be spiritually and psychologically harmful. Vining refers to unhealthy spirituality in terms of “dysfunctional theology.”

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- Spirituality that flows out of a relationship with Christ enhances one's relationship with God, self, and others. This is the essence of the Great Commandment (Matthew 22:27–40). Marriage and family are especially favorably impacted through that relationship. Healthy marriage and family relationships are beneficial for all other domains.
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**“Opting for the object over the agent
is never satisfying, for symbolism
is never a substitute for Sovereignty.”
— Walter Brueggemann**

2

INTIMACY THERAPY AS SOUL CARE

Idols are idol, but God acts.

Intimacy therapy fits within the historical category of Christian soul care. Soul care is the banner under which efforts to address both the existential themes and practical vicissitudes of life have been practiced. Soul care as a discipline is divided into two focal points. From a Christian vantage point, soul care addresses redemptive issues having eternal implications. Additionally, soul care is the offering of help and support in dealing with daily issues of living. Intimacy therapy has both existential and life experience themes in view as a therapeutic concern which are addressed in the discipline of soul care.¹

Historical pastoral care is called *curi animarum*. *Seelsorge*, the care of souls, has a rich history in Christian tradition.² The essence of *Seelsorge* is “to respond to human pain with compassion and to human guilt with forgiveness and grace.”³ At the core, *Seelsorge* represented the Christian ministry of mutual care and/or cure of souls. Though over time, *Seelsorge* shifted in emphases to being a form of church discipline. Its formational and supportive qualities connected to the community of faith remained constant.

Poimenics, also meaning pastoral care, emphasizes the shepherding motif of care and tending the flock. The doctrine of the priesthood of all believers is the theological foundation for such supportive guidance and comfort for one another. Both terms, *poimenics* and *seelorge*, represented a transition away from the confessional to a broader body ministry of the church as a spiritual or priestly function.

Interventions into the lives of people who are beset by mental strain and emotional stress, as well as those experiencing some type of spiritual stirring, predate Christianity. The efforts to attend these universal human crises have been approached by physicians, philosophers, wise men, ministers of religion, and those of the psychological/counseling tradition. These various groups have vied for whose turf these ills rightly belong throughout history. But the cure and care for souls has a distinctly religious origin.⁴ Soul care developed into a vital ministry of the Church. Soul care has been practiced under the rubrics of rhetoric, ministry, and psychotherapy.

Rhetoric as Soul Care

Discourse employed to inform, persuade, and/or motivate people is known as rhetoric. Rhetoric is the art of persuasion. Ancient Greek philosophers such as Plato and Socrates applied rhetoric, “the charm of carefully chosen words,” in the attempts of assuring the soul.⁵ The Greek physicians of the soul aided people in their quest of the goal of perfection by persuading, challenging, and guiding through the careful use of words. For both Plato and Socrates, words possessed healing power for ailments of the soul.

Their primary end and means was “therapy of the word.” Plato distinguished between the tasks of the physician of the body and the physician of the soul. Healing through physical means was the task of the medical physician; the soul physician was to heal through verbal means.

Socrates saw himself as called to assist others “for the highest welfare of your souls.” He referred to himself as a “healer of the soul.” Described as a “physician of the soul,” his was a therapy of words intended for “soul guidance.”

Ministry as Soul Care

The Greek philosopher, notwithstanding, historically most cultures have made soul care a “religious specialization.” Soul care has emphasized the “sustaining and curative treatment” of individuals pertaining to matters beyond the physical.

The ancient Semitic, wise men were the predecessors of modern-day Christian, soul care providers. While the prophets preached for repentance of sin, the wise men, who were later replaced by the Rabbis, gave relative guidance for godly living and personal conduct. Wise men were “practical counselors of

souls, proclaiming reverence for God and justice to men, and making plain the path of right conduct.”⁶ While the prophets stirred the emotions, the wise men relied more upon “argument and reasoned admonition.”

Soul care is depicted in both Old and New Testaments by the image of shepherd. (Ezekiel 34, Isaiah 40:11, and Psalm 23 are examples of Old Testament descriptions.) In the New Testament, Jesus Christ is presented as the Good Shepherd (John 10:11–16), the Great Shepherd (Hebrews 13:20), and the Chief Shepherd (1 Peter 5:4). These references give insight to the soul care orientation of ministry.

In addition, biblical terminology gives credence for accepting soul care as a religious function and a major focus of the Judeo Christian tradition. For example, terms such as the following all connote salvific ministry to the total man—spirit, soul, and body.

- *Shalom*: wholeness, completeness, soundness, and well being (John 14:27; 20:19, 21, 26; Colossians 1:19–20)
- *Psyche*: soul...a total reality and unity (1 Thessalonians 5:23)
- *Soteria*: salvation (Matthew 9:21–22; Mark 6:56; Acts 4:9; James 5:15);
- *Soza*: save (Matthew 8:25; 1 Timothy 2:15)⁷
- *Therapeuo*: highly personal, sympathetic, confidential acts of service, to care for, to treat medically, heal, restore (Matthew 10:8; Luke 10:9)
- *Rapha*: to cure, heal, repair, mend, and restore health (Genesis 20:17)
- *Iamata*: to heal (Matthew 13:15, 15:28)
- *Rophe*: doctor, the one who heals both diseases and the broken heart (Exodus 15:26; Psalm 103:3; Psalm 147:3)
- *Marpe*: healing of the body; used figuratively as promoting soundness of mind and moral character (Proverbs 4:22, 16:24)
- *Hugiaino*: soundness in body and good health (Luke 5:31; 1 Timothy 6:3; 3 John 1:2)⁸

Paul’s benedictory prayer is an example of concern for salvific wholeness: “*May God, the God of peace, make you holy in every part, and keep you sound in spirit, soul, and body, without fault when our Lord Jesus Christ comes*” (1 Thessalonians 5:23).

Soul care within the Christian heritage has always had a dual focus as the terms above attest: soul cure and soul care. Soul cure had to do with the redemptive work of God in regard to the confession, repentance, and forgiveness of sin. Soul care, on the other hand, pertained to the redemptive work of God in regard to spiritual development and discipleship through daily lived experience. The goal of soul cure is being born again, salvation; the target of soul care is a life conformed to the Word, ways, and will of God—namely discipleship (Figure 2.1).

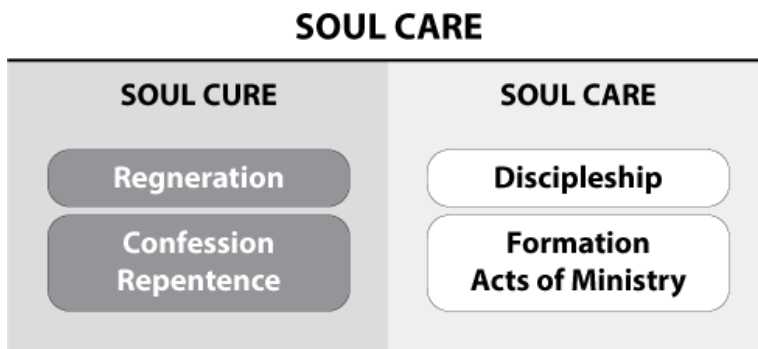


Figure 2.1

The Gospels present Jesus’ method of ministry as one primarily involved with the overarching concern of soul care with both soul cure and soul care proper in view. Through dialogue, whether in clear pronouncements or in paradoxical stories, such as parables, His was a message of confession, repentance, and forgiveness (soul cure) and living abundant life (soul care). These two gifts, “spiritual renewal” and “spiritual repose,” as McNeill speaks of them, meet humankind’s deepest cravings.⁹

Following the example of Christ, the Christian church has viewed the cure and care of souls as fundamental to its nature and mission. Letters of spiritual counsel as recorded in the New Testament sought to give guidance and assurance to the followers of Christ.

Though the period following the close of the Apostolic Age is somewhat obscure, the desert fathers of Egypt, Syria, and Palestine eventually did rise to aid believers in their sojourn by example and by word.¹⁰ Basil the Great (330–379), Evagrius Ponticos (A.D. 345–399), and John Cassian (A.D. 360–435)

were among those holy men sought out by those desiring a closer walk with God for such nonauthoritarian guidance.

Spiritual guidance was emphasized in subsequent periods. Dorotheos in the seventh century bemoaned those without teachers of God's ways. St. Simeon in the eleventh century realized the value of community and encouraged those interested in spiritual development to find a spiritual guide. These and others concurred with Cicero (106–43 B.C.) that believers needed the instruction of wise men.

While the earliest spiritual guides were clergy more often than not, laity began to assume the role in the pre-reformation church. Evidence of women spiritual guides is found in the Celtic church in Great Britain and in the thirteenth century Dominican order. Spiritual guidance in the Protestant church has not been as pronounced as caution not to displace Christ as mediator was a concern. But in whatever tradition a spiritual guide could be found, the qualifications were the same: “guides were to be persons of insight and discernment who had made progress in their own spiritual pilgrimage and who could lovingly lead others in spiritual growth.”¹¹

Early Protestant leaders such as Luther, Zwingli, Calvin, and Wesley, all realized the importance of spiritual guidance. Seventeenth century Pietism and Puritanism, and later Anglicanism, all possess examples of spiritual guides. Among the notables are Philip Jakob Spencer, father of Pietism and “spiritual counselor of Germany,” Puritans William Perkins, Immanuel Bourne, and Richard Baxter; and Anglicans William Cunningham, Reginald Somerset, Tilden Edwards, and Kenneth Leach.

Psychotherapy as Soul Care

The transition of soul care into psychotherapy, the care of the soul to the care of the mind, is set in the historical context of what has been variously referred to as “the great reversal,”¹² “the sacred vs. secular split,”¹³ “the polarization between fundamentalist and modernist mission,”¹⁴ and “the disjunction of individual and community.”¹⁵ At the heart of this transition was two different theological views concerning which emphasis was premiere—the individual or the society. Conservatives focused on changing persons through the individual's salvation; liberals focused on changing the world through societal transformation. One focused on the when and

then (heaven); the other on the here and now (earth). The conservative wing saw their perspective as a sacred call to evangelize. The liberal side saw their mission as needing to change systems through social reform. Conservatives considered themselves doing the work of God. Liberals considered themselves doing the work of the kingdom. This double-mindedness is contrasted by Winter as “ordinary missiology and frontier missiology,” respectively.¹⁶

Synan traces this shift back to the late 1800s and early 1900s. “The Social Gospel” arose through the leadership Washington Gladden and Walter Rauschenbusch, the movement’s leading proponents. Their basic premise was that “social conversion” was the answer to the social sins of poverty, indecent living conditions, misuse of wealth, to name a few societal ills. They believed that social sins were as bad and evil as “individual sins.” Adopting the “Social Creed of the Churches” and joining forces with the Federal Council of Churches, the Methodist Church and others were “deeply affected” by this movement. The shift away from an emphasis on the individual to an emphasis on the society was the outcome.

The preaching of the Gladdens and Rauschenbusches was accounted as “false doctrines” by the other side. The conservatives saw their own position as one of protest against the “modernistic,” “liberal,” “secular” social gospelers. Nevertheless, The Great Society of President Lyndon Johnson later envisioned a transformed society. All the while, conservative groups also felt a call to minister to societal needs even if their vision for systemic social change was limited. As Conn stated, “Even though we are not proponents of the ‘social gospel,’ we recognize our responsibilities to humanity and are under God, striving to fulfill them.” He pointed out that such efforts as “community charities and civic improvement projects” including hospitals, clinics, educational institutions, orphanages, and rescue missions were expressions of penetrating the double-mindedness of the church world.¹⁷

Soul care also experienced a great reversal. The cure and care of souls is firmly grounded in Judeo-Christian history. Spiritual issues of transcendence and ultimate meaning are at the core of historical soul care. The reversal came over time as pastoral care, and to some extent, theological discourse lost its soul and became dominated by psychologies of the self—rooted in psychological theory rather than biblical theology.¹⁸ Thus, another sacred-secular split. But this time it was a real split over secular theory and sacred theology. “Opting for the object over the agent is never satisfying for symbolism is never a substitute for Sovereignty.”¹⁹

When the mind replaced the soul as the point of emphasis it carried implications for both care and counseling offered by the community of faith. As Moore states, “When soul is neglected, it doesn’t just go away; it appears symptomatically in obsessions, addictions, violence, and loss of meaning.”²⁰ Psychological theory replaced scriptural truth in matters of health and healing. The divine-human connection became blurred if not outright denied or distorted. *Seelsorge* and matters of the spirit were sacrificed on the altars of the ego and self. Faithless counsel is no match for the unrequited yearnings of soul. Psychological evaluation is not equivalent to spiritual discernment. Therefore, intimacy therapy as soul therapy is committed to the Word, ways, and will of God as a balm for dis-eased counselees (Genesis 43:11; Jeremiah 8:22; 51:8).

The tension between secular psychology and faith-based understandings is real. Outler notes an example of the protective domains between the two camps in the treatment of Harvard professor James Jackson Putman by Freud and others between 1909 and 1920.²¹ Putman argued for a broader philosophical and ethical base of Freud’s theories. He felt that psychoanalytic theory simply came up short “in thought to our patient’s deepest cravings and intuitions.” He sought a base which would speak to the issues of the nature of the human creature, the quality of human goodness, the relevance of religion, and the limits of naturalistic methodology for understanding the human’s existence.

His base included: (1) The transcendental reality of the self; (2) The spiritual origin and destiny of the self; (3) The orientation of the self to an enlarging good which is real; and (4) The ethical obligations of love and aspiration. But Freud and others “remained cooler” to Putnam’s ethical and philosophical tendencies. It was their view that all philosophical systems were suspect except, of course, their own.

Such was the tension when attempts were made at aligning psychotherapy and Christianity. As psychotherapy grew in popularity it displaced soul care as the focus of attention shifting from the soul to the mind.

Benner suggests that for the most part, spiritual guidance peaked in the fourteenth and fifteenth centuries and began to decline in importance.²² Catholic, spiritual guides shifted their focus to that of defenders of orthodoxy seeking to protect from heresy.

Protestant soul care also shifted in focus due to the doctrine of the priesthood of all believers. As emphasis on “shepherding” shifted, the

focus moved away from an authoritative spiritual guide to a gentle love and concern for one another and the Word, so did the emphasis of soul care. All believers possessed authority due to the priesthood of all believers. In some ways, spiritual guides were no longer needed since Christ was the mediator between God and man, and each believer was to discern God's will from the Bible for himself. Religious life became more individualized and privatized.

In addition, Catholic writers such as Jesuit James Walsh suggested that spiritual guidance was to be practiced by specialists. The specialists, he suggested, were to possess the personal characterization of the spiritual guide but also specialized training. Thus, the professionalization of soul care clearly marked a shift toward psychotherapy.

This professionalization was carried into the pastoral counseling movement, which started in 1905 in the Emmanuel Movement.²³ Episcopalian ministers, Rector Elwood Worcester and Associate Samuel McComb, led an effort to embrace the science of psychology as guide for the care of souls rather than tradition. Within three years the movement had grown to include Congregationalists, Presbyterians, and Baptists and produced its own journal, *Psychotherapy*. Thus, another step "from saving souls to supporting self realization."

Other attempts to professionalize soul care followed. In the summer of 1923, Dean A. B. Mercer and medical doctor William S. Keller began a program with the purpose of bringing the clinical and seminary communities together. By 1927, the Reverend Gilbert P. Symonds had joined the effort, and by 1936, the program had developed into a yearlong emphasis called the Graduate School of Applied Religion with Dr. Joseph F. Fletcher as Dean.

About the same time, minister Anton T. Boisen, with the help of medical doctor Richard C. Cabot, began working with students at Worcester State Hospital. In 1924, Cabot began teaching a course at Episcopal Theological Seminary in Cambridge, Massachusetts. Boisen along with psychiatrists began training ministers in the hospital in the summer of 1925. He also joined the Chicago Theological Seminary where he spent one quarter in residence annually until he moved to Elgin State Hospital in the Chicago area in 1932. He was succeeded at Worcester by Carroll A. Wise. From these beginnings came the pastoral care/counseling clinical training programs, which gave rise to such organizations as the Association for Clinical Pastoral Education and the American Association of Pastoral Counselors.

The stage was set in America for psychotherapy as a new method of soul care.²⁴ The influence of Pietism and Puritanism with their emphasis on a “subjective psychological focus on interior experiences” and the rise of pastoral counseling merged so that the transition from “introspective spiritual piety” to the “secular psychological piety” of pastoral counseling and psychotherapy found fertile ground in the early twentieth century American therapeutic culture.

Efforts to bridge the gulf between psychology and theology were also underway in Great Britain during this time. Carl Jung of the Guild of Pastoral Psychology, the Institute of Religion and Medicine, and Frank Lake leading the Clinical Theology Association were leaders in this effort.

This displacement of soul care by psychology, the shift in focus of spiritual guides, the individualistic notions of the priesthood of all believers, the professionalization of soul care, and the emergence of the pastoral counseling movement all contributed to the subtle and not so subtle transitions from care of the soul to cure of the mind. However, the most significant force in this transition was the embracing of science in “the seventeenth and eighteenth century and the subsequent nineteenth century decline of religion.” Etrenwald summarized the decline “when magic has been eroded by critical reason, and religion emptied of its meaning, has become a formalized institution, a repository of magic rituals and observances.” Further, he suggests that psychotherapy was embraced in order “to fill the spiritual void left by the demise of religion”.²⁵

Outler notes that the rationalists of the eighteenth century “undertook to refashion the ancient Christian dream of the city of God in heaven into a program for a heavenly city of man here on earth.”²⁶ Their philosophical base taught that: (1) Mankind was not depraved; (2) The search of life is good on earth and that goal of life was life itself; (3) Reason and experience were adequate guides for obtaining the good life on earth; and (4) The starting point of the good life on earth was the freeing of men’s minds from ignorance and superstition largely attributable to wicked politicians and Christianity. This “Enlightenment” was profoundly anti Christian as the truly enlightened would renounce the good news of the Judeo-Christian tradition for the good news of secular humanism.

Browning has also charted the course of the cultural shift that led to the blurring of the “religiocultural vision” of the Protestant ethic. He notes

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that “both Protestant pastoral care and secular forms of guidance had their roots in a cultural vision with distinctively religious dimensions.” When by the secularization of the Protestant ethic, the “inner core” of the culture—religion—is denuded of its theological referents, the link between religious roots and the cultural is lost.²⁷

I have the suspicion that most of today’s helping disciplines are oblivious to the fact that care (psychotherapy, counseling, guidance) goes on in a cultural context of some kind. When a practitioner is oblivious to this fact, there is likely to be an exaggeration of the technical and scientific aspects of care and blindness to the cultural assumptions, symbols, and goals that define the actual horizons of care. There is a tendency to see care as a set of specific acts that one does for another person, or as a set of scientific truths that are applied, or even as a matter of simple “love” or “concern” or “feeling” for another. This simple view fails to realize that whatever care is, it must take a point of departure from a culture and feed back into the culture, or seek to create an alternative culture.²⁸

These shifts resulted in the cleric being replaced by the psychotherapist as healer of the soul. With the mind having replaced the soul, and the mind a function of the brain, psychotherapy took on medical science qualities. This recasting of the “cure of [sinful] souls” to the “cure of [sick] minds” made the transition complete.

Intimacy Therapy and Theological Foundations

Intimacy therapy is built upon the foundation of Christian theology. As noted above, one’s view of God (Christology), view of humankind (anthropology), and view of the person and work of the Holy Spirit (pneumatology) is key to understanding and applying intimacy therapy.

The essence of the redemptive plan of God underscores the blessings of health and healing (3 John 1:2). The biblical view of man is that of a unified whole. As Ladd points out, there is an interconnectedness between spirit, soul, and body.²⁹ “Psyche,” sometimes translated as “soul,” denotes the person “as a total reality and unity.” In no way is the person depicted in a compartmentalized fashion where the spiritual, mental, and physical are

distinguished as “different, separate faculties of man but as different ways of viewing the whole person” (1 Thessalonians 5:23). Therefore, intimacy therapy is wholistic in its approach.

Shepherding

Intimacy therapy takes its therapeutic cues from the pastoral work of historical soul care. As such, it serves the pastoral therapeutic function of shepherding through counseling. Hiltner’s definitive work on the call to shepherding is a helpful guide.³⁰ Following Hiltner, Clebsch and Jaeckle portrayed pastoral care as “helping acts, done by representative Christian persons, directed toward the healing, sustaining, guiding, and reconciling of troubled persons whose troubles arise in the context of ultimate meanings and concerns.”³¹ Clinebell added a fifth dimension of pastoral care which he calls “nurturing.”³²

Hiltner articulated the nuances for these various pastoral functions. Healing for him meant restoration to functional wholeness.³³ The pastoral care function of sustaining is a ministry of hopeful standing by when there is little or no hope of full restoration to functional wholeness. In the act of sustaining, the pastoral person incarnates the *Paraclete* providing support and encouragement.³⁴ Guiding is an educative function where instruction and information is offered by the pastoral person as a spiritual guide.³⁵ The term reconciling represents the healing of broken relationships through forgiveness and discipline.³⁶ Nurturing connotes the pastoral person’s promotion of maturation through growth and development in the person.³⁷ Intimacy therapy is nuanced by these pastoral functions.

The Greek *poimen* and the Latin *pascere* are two terms which inform the shepherding motifs of Scripture. These terms denote a caregiver who functions as a shepherd tending and feeding the flock. However, this care goes beyond mere feeding. At its core is a concern for the total welfare of the sheep, including rest, protection, and sustenance (Psalm 23). Of course, Christ is depicted as the model shepherd (John 10:10). McMahan suggests that counseling is depicted as a vital aspect of the shepherding themes of Ezekiel 34 and John 10. Further, he asserts the application for counseling is that the counselor must address such needs as the spiritual, emotional, cognitive, behavioral, relational, and circumstantial.³⁸

The shepherding motif also connotes authority. The shepherd’s authority is predicated on “competence grounded in mutuality” and requires “accurate

empathy.” Such pastoral authority is not intrusive, coercive, or manipulative. Rather, its basis is “covenant fidelity, caring, mutuality, and the expectation of empathic understanding.”³⁹ Only in such a context can the shepherd [counselor] authoritatively “enter empathetically into the ground floor of currently lived human experience” in which sacred self-disclosures and intimate dialogue are possible.⁴⁰

Accordingly, “every step the pastor [counselor] takes in guiding the flock [counselee] should be purposeful, with long-range intent, astutely sensing where the green pastures are, how long it takes to get there, and logistics of how to go from here to there.”⁴¹ In this way the Holy Spirit directs the counselor to shepherd the counselee in the Word, ways, and will of God.

The Counselor of Isaiah 9:6 and the Holy Spirit as *Paraclete*, who comes along side of to help, also underscore this shepherding motif. Intimacy therapy is theocentric. That is, God is seen to be at the center of the therapeutic process. God is central to the calling, to the task, and to the outcome. He is interested and active in the process through the ministry of the *Paraclete* (John 14:26). This theological premise places intimacy therapy as a Spirit-centered counseling approach.⁴²

Menzies notes that this “‘Second Helper’ would be not merely a vague, impersonal force in the universe, but He would in fact be personal and, like Christ Jesus, fully God.”⁴³ By the Spirit, as the “Author of the inscripturated Word” and as the “Agent for the manifestation of the incarnate Word,” Jesus Christ, God reveals His Word, ways, and will. Gause further posits that “properly Christian counseling” integrates a cultivation of the Word and a recognition of God’s presence through His Spirit.⁴⁴

Southard’s treatment of the rich meanings of the Greek *parakaleo* informs us as to the activity of God through His Spirit in the counseling encounter.⁴⁵ The term denotes:

1. An awareness of need and willingness to receive help as a precondition for care and counsel (Mark 1:40; 5:22–23; 7:32)
2. The continued awareness of God’s affection despite the continuation of affliction (2 Corinthians 1:3–7; 1 Thessalonians 3:7; Hebrews 2:10; 4:14–16)
3. Concern for both the care receiver and the caregiver (Mark 1:40)

4. An awareness of diffuse and inarticulate needs on the part of the caregiver and an invitational exhortation to the person in need to come and receive help (Luke 3:18; 2 Corinthians 5:14–21; Hebrews 13:22);
5. The guidance of the Holy Spirit as He exhorts through the servant of God, the counselor (1 Corinthians 14:15), and
6. A serious but gentle urging to respond to God's ways, will, and Word (Acts 2:45; 2 Corinthians 13:11 RSV; 2 Timothy 4:2 RSV; 1 Thessalonians 2:11).

Therefore, the Holy Spirit is active in the process awakening, informing, assuring, upholding, discerning, exhorting, and urging the counselee while He mediates the divine resources of love and wisdom through the counselor.

This theocentric motif is not to be viewed as an addendum to psychological theory or even counseling methods. Neither is it sufficient to describe it as simply attaching seemingly appropriate Bible verses to a particular problem or the offering of prayer with a counselee. Religious resources such as daily devotions, Bible reading, spiritual meditation, the sacraments, prayer, anointing with oil, and the laying on of hands can be powerful aids in the process. However, the random or routine application of these and other religious resources does not sufficiently appreciate this motif.

Rather, God-centeredness is to be seen as the core of a properly oriented Christian model of counseling. God is at work in the world. He is at work in the counseling session. He is at work in both the counselee and the counselor (Figure 2.2).



Figure 2.2

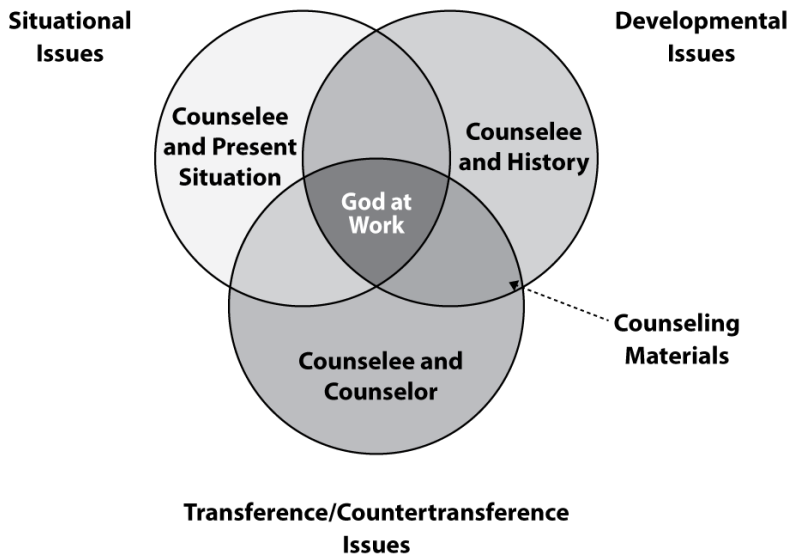


Figure 2.3

Figure 2.3 portrays the divine-human therapeutic encounter and the situational, developmental, and transference/countertransference issues that comprise the materials of the therapeutic quest.⁴⁶ That is, God by His Spirit is at work in and through the counselor, based on the counselor’s personal relationship with God, and He is at work in the counselee, based on the redemptive work of Jesus Christ to bring about salvific ends.

In all this, the pastor [counselor] who hears confession will be keenly aware of the sacredness of this experience and the actively working presence of the Holy Spirit by whose creativity growth is possible. He will recall, as Cabot reminds us, that in every face to face relationship “the two must face a Third” in a perspective larger and more inspiring than their own, by which healing is effectively taking place. Yet not until the psychological climate is appropriate can prayer be offered so that instead of coming as a threatening intrusion, it will naturally develop from the spirit and progress of confessing and searching for healing forgiveness. It is not the pastor who forgives the sin and creates a new relationship of reconciliation, but the heavenly Father who is more ready than we to restore and heal broken spirits and relationships.⁴⁷

Intimacy therapy is an approach to counseling wherein both the counselor and the counselee, but especially the counselor, is aware that they are participating in a divine-human encounter infused by the person and work of the Holy Spirit. The heart and soul of this model of counseling is the theocentric notion of: Emmanuel God with us (Matthew 1:23) through the Holy Spirit as an active participant mediating experiences of biblical truth and can be effective in the believer and non-believer alike.

Endnotes

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BEFORE WE UNDERSTOOD Pavlov's *psychic reflexes*, Freud's *talk therapy*, Skinner's *lever box*, Glasser's *choice theory*, Rogers' *person-centered approach*, Winnicott's *good enough mothering*, de Shazer's *miracle questions*, or Seligman's *happy lives*, there was an authoritative text that introduced a *living human document*. That text presents divine insight into the psalmist's fundamental question for humankind, "What is man?" (See Psalm 8:4–8).

As counselors, our dependence on the latest technique or theory with an occasional Bible verse or prayer included too often passes for "Christian counseling."

Intimacy Therapy bores down on therapeutic issues from a deep-dig perspective of Holy Scripture, framing the therapeutic quest within a footing firmly set in Scripture that aims to equip counselors, pastors, and caregivers.

This is an important contribution that will fit well into the tool box of professional therapists, ministers, and lay counselors alike. Knowing these men as I do, I highly recommend Intimacy Therapy: Excursions into Pain, Entrances into Healing.

Tim Clinton, Ed.D., LPC, LMFT

This important work gives you the resources to heal relationships, renew marriages, and ultimately, save families.

Rev. Samuel Rodriguez

Dr. Ferguson was ahead of his time when he developed intimacy therapy which aligns with attachment theory, object relations psychology, and, of course, biblical wisdom and guidance. He and Dr. Vining have provided an excellent tool for further application and research. This resource will equip and empower counseling students and practitioners alike to have even greater impact on the clients they serve.

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