SHAME IN THE PRESENCE OR ABSENCE OF GOD IN STEPHEN MINISTRY

Richard Tamas
tama3140@mylaurier.ca

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SHAME IN THE PRESENCE OR ABSENCE OF GOD IN STEPHEN MINISTRY

by

Richard Andrew Tamas

Master of Divinity,
University of Toronto, 2003

Bachelor of Fine Arts with Honours,
Ryerson University, 2012

Bachelor of Arts,
University of Toronto, 1976

DISSERTATION

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Wilfrid Laurier University

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Abstract

This hermeneutical phenomenological study explores the lived experience of shame in relation to the presence or absence of God in the caregiving process of Stephen Ministry. Stephen Ministers are trained Christian caregivers who walk side-by-side with those who are struggling in a congregation. Stephen Ministers are trained by Stephen Leaders who have completed the Stephen Ministry Leadership training program. A concern for an assurance of quality of care led to the research question: what is the lived experience of unacknowledged or unprocessed shame in the presence or absence of God experienced by Stephen Ministers who offer Christian care? The foundations of the study rest in the four domains of the literature reviewed: shame and image of God, personality type, faith development, and spirituality. The results revealed an inter-relationship between the lived experience of shame, as the disintegration of one’s felt sense of self in relation to a dysregulating other, and the presence or absence of God. Future research is recommended in each domain of research that would lead to a clearer understanding of shame in the process of Christian care.

Keywords: shame, image of God, spirituality, personality type, Stephen Ministry.
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Chapter 1

The study arose out of a desperate cry for help. It was a cry for quality of care within a system and institution based at its core on the promise and premise of quality of care. The system and institution mentioned is that of the Christian church. The premise of quality of care within the Christian church resides at the heart of Christian theology in the ministry of Jesus Christ. The author of the dissertation, an ordained minister in the United Church of Canada responsible for pastoral care in a congregation, heard the cry for help, or more accurately, heard the silence as the cry for help faded and all but disappeared. The silence resonated within the author’s own cry for help that had fallen into a similar silence many years before. The problem area of the dissertation was first revealed within the silence. For the feelings of guilt and blame that erupted within the silence were inescapably followed by judgments, misunderstandings, and the experience of shame.

The project is a study of shame in the presence or absence of God in the process of lay caregiving. The influence of my personal experience with shame in relation to the Christian church is acknowledged and discussed in the Theological Reflection chapter of the dissertation. The study originated with awareness that I was not alone in my suffering nor in the process of my recovery from shame. Abandoned and spiritually dying within a church that, in my mind and in the governing manual of the church itself, was mandated to provide quality pastoral care, I surrendered to shame.

I called for God’s help. I heard no answer. In desperation and courage, I risked being vulnerable and I reached out, not for God’s hand, but for the hand of a good friend. This friend led me to an awareness of true quality care, the essence of which for the past seven years I have experienced and studied as only a trial by fire and salvation by grace.
can teach. Through my personal experience and the experience of those I have ministered to, I discovered a potential problem area so vast that I knew not where to begin to grasp the essence of the problem. The task of defining the problem area, formulating a problem statement that would lead to a valid research question was daunting. I asked, “How was the problem area and the need for help so invisible to church leaders and caregivers, and yet so excruciatingly apparent to those who suffered?”

**Stephen Ministry**

Stephen Ministry is a Christian lay caregiving ministry. It is active in over 170 Christian denominations in over 12,000 congregations. Furthermore, 600,000 laypeople have received Stephen Minister training, and more than one-and-a-half-million people have benefited from the care of a Stephen Minister (Haugk, 2016). The designation, Stephen Minister, is given to those who are trained in Stephen Ministry. A Stephen Minister provides one-to-one Christian care with the purpose of meeting the emotional and spiritual needs of individuals in a congregation who are suffering.

**A brief history of Stephen Ministry.** Stephen Ministry was founded in 1975 by the Reverend Kenneth C. Haugk, Ph.D., a pastor and clinical psychologist. Haugk (2000b) explained his vision for Stephen Ministry:

[Stephen Ministry] is a Christian, not-for-profit training and educational ministry organization based in St. Louis. Stephen Ministries St. Louis trains church staff and lay leaders to implement caring ministries in their congregations or other organizations . . . . Those referred for care in Stephen Ministry are called care-receivers. These are people facing difficult life
experiences who need a listening ear, a shoulder to lean on, and another set of hands lifted in prayer. (p. 10)

In view of this, Stephen Ministers support the needs of those who are

- hospitalized or homebound,
- terminally ill,
- bereaved,
- separated or divorced,
- experiencing vocational stress, or
- in spiritual crisis.

A bible-based ministry. The name, Stephen, was chosen for this ministry from the Book of Acts (Acts 6:8) in the Bible, where the disciple Stephen offered a ministry of Christian care to those in need. Haugk (1984) claimed that Stephen Ministry involved a distinctive way of relating to those in need, and he argued that the recognition of this distinctiveness was essential to actualize the full potential of Christian care. He asserted that the love of Jesus Christ was the center of the distinctiveness of Christian care. Haugk (1984) affirmed, “Christians are responsible for care; God is responsible for cure” (p. 19).

In view of this, the unconditional love of God combined with hope and forgiveness were at the heart of Stephen Ministry.

Stephen Ministers receive fifty hours of training. They are instructed to listen compassionately to their care-receivers, to encourage them spiritually, and to offer them support emotionally. Haugk (2000b) affirmed that Stephen Ministers are not therapists, clinical specialists, or counsellors. As outlined in a Stephen Ministry publication, *Stephen Ministry in our Congregation* (Haugk, 2016), Stephen Ministers engage in the following:
• the expression of God’s love through their ministry to others,
• the support of Christian care through weekly visits with their care-receivers,
• the participation in regular supervision with a trained Stephen Leader,
• the preservation of confidentiality in their caregiving relationships, and
• the acknowledgment of ethical accountability when offering Christian care.

The process of Stephen Ministry. Stephen Ministers are trained to focus on the process of healing and not on the results of healing. Haugk (2000a) explained, “A process orientation is actually more likely to achieve desired results . . . because pushing for results often increases an individual’s resistance” (pp. 82-83). Stephen Ministers walk side-by-side with a care-receiver in compassionate Christian love. This process-oriented approach is complimentary to other disciplines such as relational psychotherapy where focus is also on the intersubjective process of healing within the caregiving relationship.

The Research Problem

The assurance of quality of care within professional caregiving institutions is paramount in the eyes of the public. Measures to assess and maintain quality of care are at the heart of the professional regulatory bodies in Canada. For example, in the province of Ontario, regulatory bodies such as the College of Physicians and Surgeons of Ontario, the College of Nurses of Ontario, and the College of Registered Psychotherapists of Ontario exist to protect and serve both the professional caregiver and the care-receiver. Furthermore, the public concern for quality of care and the need for a transparent process of professional care has been brought to the forefront of research by publications such as Crossroads . . . Exploring research on religion, spirituality and health, a newsletter of the Duke Center for Spirituality, Theology and Health.
Notwithstanding of this growing public awareness for quality of care, an area of concern exists in churches and places of worship where the assurance of quality of care has not been made visible, and the process of caregiving not as professionally monitored as in hospitals, universities, and medical clinics. Moreover, caregiving is expected to be at the heart of such communities of faith.

While it is the vision of Christian churches to lift high their congregants in an embrace of love and compassion, members of church congregations are not exempt from feelings of shame. The experience of the researcher as an ordained minister of the United Church of Canada concurred with Bradshaw (2005) and Pattison (2000) in that members of church congregations experience church as a breeding ground for shame.

As a trained Stephen Minister, the researcher has walked with care-receivers who have struggled with shame in the context of their lived experience of God. These care-receivers who struggled with shame could not turn to their church for comfort or healing because, as Pattison (2000) asserted, academic responses and theological bias towards shame had focused on the concepts of sin and guilt, not on compassion and healing from shame. In view of this, the assurance and support needed by individuals working through shame were not available in their church context. Thus, these care-receivers experienced abandonment from the institution that they needed assurance from: their church.

Background to the Study

A review of the literature on Stephen Ministry revealed a gap in their training. While Stephen Ministers received over 50 hours of training that included sessions on the identity of the caregiver and the personal feelings of the caregiver (Haugk, 2000a), there was minimal mention of the topic of shame. The Stephen Ministry training manual did
not address the existence of shame that could result from the relationship between a Stephen Minister and their image of God. Nor did the training manual address a Stephen Minister’s ability to offer quality Christian care within the context of the perceived presence or absence of God.

As a registered psychotherapist, the researcher has counselled clients who have lost their identities in chronic shame. The researcher’s experience agreed with Pattison’s (2000) who indicated that genuine relationship in community was a key element in healing from shame. Kaufman (1992) also acknowledged the importance of having at least one honest relationship in a shamed individual’s life. However, the institution of the church offered little acknowledgement of the importance of an honest relationship in the presence or absence of God in a shamed individual’s life.

Pattison (2000) found it difficult to comprehend the obvious lack of academic and theological attention on the existence of shame that could result from the presence of an all-knowing God. Furthermore, the anxiety manifested by the absence of an omnipresent God, or the judgement of an all-powerful God could lead to such a depth of despair that a shamed person lost any hope of deliverance from their shame.

As presented in the Review of Literature chapter, current research directly on the combined subject area of shame, image of God, and compassionate Christian caregiving was minimal. Research existed on the topics of shame in relation to emotional trauma (Messina-Dysert, 2012; Murray-Swank & Pargament, 2008), spirituality and health (Koenig, 2012), and image of God (Moriarty & Hoffman, 2013). However, there remained a gap in the literature exploring a possible relationship between shame, image of God, and lay caregiving. In view of this, the minimal mention of shame in the Stephen
Ministry training manual is consistent with a lack of research on the subject area of shame in relation to the presence or absence of God.

The Purpose Statement

The goal of the study is to add to the knowledge in the problem area of shame in relation to the presence or absence of God in the caregiving process of Stephen Ministry. This phenomenological qualitative study is designed as discovery-oriented. Its potential utility is to better understand the relationship between the concepts of shame, image of God, and compassionate Christian care. The purpose statement is based on a template provided by Creswell and Poth (2018) and is stated as follows: The purpose of this phenomenological study is to describe the lived experience of shame in the presence or absence of God for Stephen Ministers in the United Church of Canada.

Research question. The research question guides the researcher through each step of the research process. The over-arching research question for the phenomenological study is as follows: What is the lived experience of unacknowledged or unprocessed shame in the presence or absence of God experienced by Stephen Ministers who offer Christian care? Key concepts within the research question are shame, image of God, and lay Christian caregiving. Each of these key concepts are defined below.

Towards an Operational Definition of Shame

Johnson and Moran (2013) described shame as a primary affect that informed and shaped human relationships. Johnson and Moran (2013) drew on the work of Helen Block Lewis, Silvan Tomkins, and Donald Nathanson and explained that the primal affect of shame was “experienced more closely than other affects, more as self” (p. 5). Tomkins (1987) asserted, “I see affect or feeling as the primary innate biological
Johnson and Moran (2013) agreed with Tomkins and claimed that the shame affect existed deep in the heart of an individual.

Lewis (1987a) described shame as a vicarious experience with a unique double relationship within an individual’s identity:

Because the self is the focus of awareness in shame, ‘identity’ imagery is usually evoked. At the same time that this identity imagery is registering as one’s own experience, there is also vivid imagery of the self in the other’s eyes. This creates a ‘doubleness of experience,’ which is characteristic of shame. (p. 107)

In view of this, a shamed individual would imagine being seen by other individuals even when the others are not physically present with the individual. Lewis (1987a) continued:

Shame is the vicarious experience of the other’s negative evaluation. In order for shame to occur, there must be a relationship between the self and the other in which the self cares about the other’s evaluation. . . . The other is also an important figure in the shame experience. (p. 108)

Lewis (1987a) emphasized that the more the other was admired and held in esteem by the individual, the more vulnerable an individual was to shame.

Nathanson (1987) explored the etymology of shame from Indo-European roots, and stated that shame meant “to hide.” He claimed that individuals “learn to hide first for the sake of shame, and later for protection from physical danger” (p. 8). He said, “In the moment of shame, we feel shorn not just from the other but from all possible others” (p. 9). This supported the work of Erikson (1965) who described a shamed individual as follows: “He who is ashamed would like to force the world not to look at him, not to
notice his exposure. He would like to destroy the eyes of the world. Instead he must wish for invisibility” (p. 244).

Pattison (2000) agreed with Erikson (1965) and Nathanson (1987) in regards to the need of a shamed person to hide from view. Pattison (2000) stated, “Any experiences that induce a sense of persistent inferiority, worthlessness, abandonment, weakness, abjection, unwantedness, violation, defilement, stigmatisation, unlovability and social exclusion are likely to be generative of chronic shame” (p. 108). In addition to these qualities, Pattison (2000) specified the following as dominant characteristics of shame: self-exposure, self-consciousness, isolation, powerlessness, and diminishment of self.

**A relational dynamic of shame.** Hartling (2000) claimed that viewing shame from “a relational perspective significantly enhances our understanding, suggesting that shame is an intense, enduring experience, involving one’s *whole being in relationship*” (p. 2). Jordan (1997) asserted the need of a person to be in relationship: “Shame is most importantly a felt sense of unworthiness to be in connection, a deep sense of unlovability, with the ongoing awareness of how very much one wants to connect with others” (p. 147). Hartling (2000) acknowledged Jordan’s (1997) definition of shame and stressed the need of a shamed person to connect and be accepted by others. Thereby, not only did a shamed person experience being self-conscious, but they experienced being “*relationally-conscious*” (Hartling, 2000, p. 2).

However, as Tomkins (1980/1992) explained, the relationality of shame paradoxically returned full-circle to one’s relationship with oneself:

The paradox about shame is that there is shame about shame. It is much easier to admit one is happy or sad than one feels ashamed. In part this is
because of the close association between shame and inferiority. One is ashamed to announce shame as one is ashamed to announce the fact of one’s inferiority. It is a self-validating affect. (pp. xxvii-xxviii)

Tomkins’ (1980/1992) description of shame as a self-validating affect indicated that shame perpetuated a self-disintegrating spiral of disgust and self-contempt within an individual. Kaufman (1992) agreed with the depth of despair of internalized shame, and claimed that the word, shame, itself “[failed] fails to convey either the feeling of exposure inherent to the experience or the sense of despair and anguish that can accompany extreme moments of utter worthlessness” (p. 7).

**Definition of Shame**

Patricia DeYoung (2015) recognized the significance of a relational foundation for shame and explored shame in respect to the work of Allan Schore (2012) and Affect Regulation Theory. DeYoung (2015) claimed that the experience of shame was associated with “right-brain experiences of affective dysregulation” (p. xiv). DeYoung (2015) explained her approach to shame as follows:

I also want to develop shame theory that converses with a broad spectrum of relational theories of psychotherapy and psychoanalysis. To that end, I propose the following definition of shame: *Shame is the experience of one’s felt sense of self disintegrating in relation to a dysregulating other.* (p. 18)

DeYoung (2015) defined a dysregulating other as someone “who fails to provide the emotional connection, responsiveness, and understanding that another person needs in order to be well and whole” (p. 20). In the present study, the researcher adopted the definition of shame presented by DeYoung (2015) and explored the shame experience of
Stephen Ministers in terms of the disintegration of their felt sense of self in relation to the presence or absence of God, a dysregulating other.

**Indications of Shame**

In order to explore the experience of shame revealed in the interviews presented later in the paper, a rubric for assessing the presence or absence of shame is presented. To begin, Tomkins (1987) proposed that “affect is primarily facial behavior” (p. 138) and he described shame as an innate negative affect where the eyes and the head are lowered: “The response of shame includes lowering the eyelid, decreasing the tonus of all facial muscles, lowering the head via a reduction in tonus of the neck muscles, or a tilting of the head in one direction” (p. 143). Wurmser (1987) agreed with Tomkins regarding the significance of facial expression as an indicator revealing shame and stated that “it is evident that the eye is the organ of shame par excellence” (p. 67).

However, Lewis (1987a) claimed that indications of shame extended beyond facial expressions deeper into an individual’s bodily expressions:

Shame, which involves more self-consciousness and more self-imaging than guilt, is likely to involve a greater increase in feedback from all perceptual modalities.

Shame thus has a special affinity for stirring autonomic reactions, including blushing, sweating, and increased heart rate. (p. 108)

In view of Lewis’ (1987a) assertion, the recognition of the presence or absence of shame would include an assessment of both facial and bodily responses of an individual.

**Karen Horney and shame anxiety.** To further establish a rubric to recognize and assess the presence of shame, the work of Karen Horney (1945) is presented in terms of her study on a typology of personality types in relation to shame. Hartling (2000) adapted
Horney’s model to classify responses to shame. Hartling (2000) claimed that a person experiencing shame may either: (a) move away from relationships involving shame in an attempt to free themselves from shame, (b) move toward relationships in an attempt to appease or secure those relationships, or (c) move against those relationships involving shame. Hartling (2000) explained that the strategy of moving against shame involved “directing anger, resentment, and rage against those whom they believe to be the source of their shame” (p. 4).

**Shame-rage.** Shame may hide behind other emotions. Lewis (1987b) spoke of shame-rage as hatred turned against the self, and she claimed the following:

Shame involves a failure of the central attachment bond. This failure evokes rage, as does the painful experience of an attachment that has been lost. . . . In shame, hostility against the self is experienced in the passive mode. The self feels not in control but overwhelmed and paralyzed by the hostility directed against it. (p. 19)

Lewis (1987c) referred to shame-rage as humiliated fury: “[L]osing someone to whom one is attached evokes humiliated fury because it feels like a loss of self-esteem. Shame is the empathic experience of the other’s rejection of the self” (p. 32). In view of the passive rage felt by individuals experiencing shame, the felt sense of shame as emotion may lie hidden to an observer behind feelings of shame-rage or humiliated fury.

**Right-brain dysregulation.** Thompson (2015) referred to shame as a disease, “viral in nature” (p. 183) and viewed shame as a “neuropsychological state” (p. 23). However as stated, DeYoung (2015), while recognizing the neurobiological aspects of shame, rather than viewing shame as a disease, explored shame from a relational, psychodynamic perspective of dysregulation. DeYoung (2015) proposed that “shame is
fundamentally an interpersonal . . . right-brain to right-brain dysregulating event” (p. 42). She claimed that shame had “a dynamic and logic of its own that builds on many repetitions of disconnection . . . that are cumulatively traumatic” (p. 42).

Varieties of shame. DeYoung (2015) acknowledged many “varieties of shame experience” (p. 29) from embarrassment to humiliation, self-consciousness to guilt, displeasure of self to humiliated fury. Building on the work of Tomkins, Nathanson, Orange, Lewis, Miller, and Shore, DeYoung (2015) argued and supported “the idea that these various forms of shame are essentially the same experience” (p. 29). DeYoung (2015) claimed that to a greater or lesser degree, each form of shame involved a disintegration of one’s felt sense of self in relation to a dysregulating other. In view of the above, and the operational definition of shame in the present study, experiences of embarrassment, humiliation, self-consciousness, and disgrace are regarded as varying degrees of shame.

A Difficult Story to Tell

The researcher has experienced shame in his personal relationship with church and with God. It is a difficult story to tell as it relates to many levels of emotional experience. These levels of experience include judgements, misunderstandings, and disconnections from God and a church community. It was difficult for the researcher to comprehend how or why a compassionate God could be absent from an individual in their time of crisis and need. In view of my personal experience of disconnection from God, I explored such questions as, “What dimension of shame had severed my connection with God? What essence of the presence or absence of God had disrupted my hope of healing from shame?”
Haugk (1984) affirmed that Stephen Ministry embraced a holistic approach to caregiving. However, if a holistic approach is based on the biblical ministry of Jesus Christ, as Haugk (1984) claimed, and if God alone could take a shamed individual and heal them of their shame, then what happened to an individual who could not find God? Bradshaw (2005) claimed that an individual’s identity lost in toxic shame could be regained through their spirituality. However, this claim felt tenuous from the experience and perspective of one who was lost in shame. Was an individual’s healing in Christ forever short-circuited and unavailable, if their faith weakened and died?

The researcher’s disconnection with God, as discussed further in the Theological Reflection chapter, drove the researcher throughout the study to pursue an understanding of his own experience with shame in relation to the presence or absence of God. Thus, it was a hope and intention that this study may help Stephen Ministers and other caregivers walk through depression, trauma, shame, and their own questions about God’s presence or absence reflectively as lay caregivers.

**Definition of Terms**

**The experience of guilt.** The experience of guilt can often be confused with the experience of shame. For as DeYoung (2015) stated, “The difference is between feeling, ‘I am a bad person,’ and ‘I am a worthwhile person who did a bad thing.’ Feelings of guilt . . . can be painful. But guilt does not affect one’s core identity” (p. 30). Further, DeYoung (2015) added, “guilt can be more or less shame-laced or shame-free” (p. 30).

Lewis (1971) explored in depth the relationship of guilt and shame in neurosis. She distinguished between the phenomenology of shame, of by-passed shame, and of guilt. Lewis (1971) described the phenomenon of by-passed shame as when “the affective
component of the shame reaction is experienced as a ‘wince’ or ‘jolt’ or wordless ‘shock’ in feeling. . . . creating a distance between the self and the emotion which would otherwise be evoked by shame” (p. 233). Lewis (1971) stated, “It can thus happen that a by-passed shame event is indistinguishable from a bout of guilty thoughts” (p. 234).

During her study, Lewis (1971) presented a case where a client was ashamed of his receding hairline, and concluded, “It is apparent that the patient is overtly ashamed of his receding hairline . . . . It is also apparent that he is guilty for and ashamed of being ashamed” (p. 249). Thus, Lewis (1971) indicated that whether shame is overt or by-passed, guilt and shame can exist together.

In order to assist in the assessment of shame, shame-laced guilt, or shame-free guilt, Lewis (1971) described, “In the experience of guilt, the self is doing the judging . . . in contrast to shame, where criticism or disapproval seems to emanate from ‘the other’ and to envelop the whole self” (p. 251). DeYoung (2015) added, “Sometimes to speak about guilt is as much vulnerability as a shamed-ridden person can afford to share. It’s almost as if he knows that guilt is a stronger position than shame” (p. 31).

**Definition of image of God.** The following is an operational definition of “image of God” as used in the research. The term, image of God, refers to the understanding of God of the participants, either conceptional or relational, and its presence or absence in relation to their experience of shame as the disintegration of one’s felt sense of self in relation to a dysregulating other. As stated and expanded in the Review of Literature chapter, image of God may include a participant’s God representation (Rizzuto, 1979), cognitive God concept (Moriarty & Hoffman, 2013), or emotional and relational God image (Grimes, 2013).
**Definition of lay caregiving.** In relation to the research paper, lay caregiving refers to the activities of the participants in their biblically-based ministry as Stephen Ministers toward members of the congregation as discussed earlier in the chapter. Characteristics of caregiving not already mentioned include: being sensitive towards the needs of a care-receiver, respecting a care-receiver’s values, working independently yet inter-dependently with a care-receiver, and cultivating a reflective approach as a life-long learner (Detwiler-Zapp & Dixon, 1982). As described by Clinebell (1984), pastoral caregiving is a ministry that enables “healing empowerment and growth to take place within individuals and their relationships” (p. 26).

**Significance of the Study**

An unanswered cry for help from an experience of shame that falls into the silence of the hearts and minds of a church elicits the need for a study such as this. The potentially at-risk population, however, exceeds one-and-a-half million combined care-receivers and caregivers in Stephen Ministry alone. Thus, the significance of the study extends to the following areas: scholarly research and lay pastoral caregiving.

**Scholarly research.** The study responds to the need for further research in relation to the following domains of the study: shame and image of God, shame and spirituality, shame and personality type, and shame and faith development. In regard to shame and image of God, Grimes (2013) appealed to researchers “to help behavioral scientists and clinicians more fully understand the depth and breadth of the dynamics of the God image construct” (p. 27). In regard to shame and spirituality, Koenig (2012) affirmed the need for continual studies in spirituality and health in terms of improved health services and public safety. In regard to shame and faith development, Fowler and
Dell (2006) encouraged further research in faith formation related to diversity and the complexity of non-religious spirituality. In regard to shame and personality type, Ross (2011) expressed the need for future research on God image in terms of object relations theory, and Hirsh & Kise (2006) urged further studies on personality type and spirituality.

**Lay caregiving.** The study has practical significance regarding the future of lay pastoral ministry as it relates to caregiving, for Stephen Ministry is one of many caregiving groups within the church environment. For example, parish elders, deacons, healing prayer teams, and other designated lay ministerial groups offer pastoral care. In addition, many of these pastoral ministries do not receive training in caregiving. Further, while the present study focusses on Christian caregiving, other multi-faith lay pastoral ministries may benefit from an understanding of shame in the presence or absence of God or the divine (Balmer, 2006) in relation to compassionate caregiving.

Haugk (2000b) encouraged Stephen Ministers to work alongside mental health professionals in a supportive capacity that recognized their professional expertise. In view of this, the present study provides an exploration of previously under-researched areas of concern that, with the help of additional research, could influence the inclusion of the recognition of shame in the presence or absence of God in caregiving institutions in the future.

**Overview of the Study**

This study is organized into seven chapters, a list of references consulted, and the appendices. Chapter 2 presents a review of relevant literature in each of the domains of this study: shame and image of God, shame and spirituality, shame and personality type, and shame and faith development. Chapter 3 describes the methodology followed within
the conceptual framework of social constructivism chosen for this study. Chapter 4 presents the results from the interviews and the data analysis through an exploration of the descriptions provided by the participants. Chapter 5 discusses the findings in view of the literature reviewed. Chapter 6 presents a theological reflection on the findings. The concluding Chapter 7 includes summaries and recommendations for future research.

**Chapter Summary**

The chapter introduced the problem area of shame experienced by Stephen Ministers in the presence or absence of God in relation to the process of compassionate Christian care. Background information relevant to the study was presented and included a brief description of the lay ministry program of Stephen Ministry. The research problem and purpose statement formulated the over-arching research question of the study. This was followed by a definition of terms used in the study that included an operational definition of shame, the experience of guilt, image of God, and lay caregiving. The significance of the study was presented in terms of scholarly research and lay pastoral care. Overall, the chapter presented the process that led the researcher from the problem area and purpose statement to the review of the literature that follows.
Chapter 2

Literature Review

Overview of Four Domains of Literature

Four domains of research were found to be relevant to the study. The first domain involved literature on shame in relation to image of God (Messina-Dysert, 2012; Murray & Ciarrocchi, 2007). This first domain included studies on God representation (Rizzuto, 1979), God image, God concept, and God image construct (Moriarty & Hoffman, 2013). Research in this domain established a foundation in object relations for the introduction and exploration of subsequent domains of research.

A second domain of research involved studies on shame in relation to spirituality. This second domain explored an individual’s image of God in the context of their faith community. As explained below, this domain included studies on spirituality and health (Keller, Mollen, & Risen, 2015; Koenig, 2012; Talley & Magie, 2014), and studies on spirituality and religion (Feuille & Pargament, 2015; Pargament, 2007; Wulff, 1997). The review of research in this domain revealed gaps in the literature that led to the following domain of research.

The third domain of research explored an individual’s experience of shame in relation to their MBTI personality type (Hirsh & Kise, 2006; Ross, 2011). Research in this domain included studies on shame in relation to clinical psychological concerns such as separation anxiety, schizophrenia, and schizoid disorders (Kirkpatrick, 1997).

A review of the first three domains of research revealed a further gap in the literature related to shame in the context of the presence or absence of God from the perspective of an individual’s faith development. This fourth domain of research explored
and integrated an individual’s image of God, spirituality, and personality type into a framework of the stages of faith formation (Fowler, 2004; Fowler and Dell, 2006).

**First Domain: Shame and Image of God**

Three preliminary emergent themes surfaced from a data search on shame and image of God in existing peer-reviewed research: (a) self-worth and image of God (Dayringer, 2012; Hoffman et al., 2008; Holliman, 2009; MacKenna, 2002; Pooler, 2011), (b) healing power of image of God (Hoffman, 2010; Holliman, 2009; Mendonca, Oakes, Ciarrocchi, Sneck, & Gillespie, 2007; Monroe & Schwab, 2009; Oman et al., 2007), and (c) sexual abuse and image of God (Messina-Dysert, 2012; Murray-Swank & Pargament, 2005; Murray-Swank & Pargament, 2008). While self-worth and the healing power of God may be indirectly associated with shame, only the third theme above illuminated a direct link between the shame of sexual abuse and the individual’s relationship with their image of God. Therefore, the studies of Messina-Dysert (2012), and Murray-Swank and Pargament (2005, 2008) furthered the course of our exploration of relevant literature.

Murray-Swank and Pargament (2005) examined the effect of positive God images used to enhance recovery from sexual abuse in a case study. The study involved two women struggling with the spiritual dimensions of coping with sexual abuse, and explored the relationship between spirituality and the healing from the shame of such abuse. Murray-Swank and Pargament (2005) reported that survivors of sexual abuse often experienced feelings of isolation and abandonment from God that lead to a sense of spiritual disconnection. Their study concluded by emphasizing the importance of integrating spirituality into a healing process of recovery from sexual abuse.
Messina-Dysert (2012) explored the concept of spiritual disconnection in a study on the violence of rape. She described rape as a spiritual death where the victim could no longer see themselves “in relation to the divine” (p. 123). The findings revealed that the inability of an individual to express their pain of being raped, if combined with the deep personal and communal shame that they experienced, led to invisibility and estrangement from self, community, and God. Messina-Dysert (2012) explored the possibility of rebirth from such shame and self-blame through a healing process that involved the expression and release from their pain in the context of healing their self-image in community. In the discussion, Messina-Dysert (2012) acknowledged the presence of a divine power for spiritual healing experienced in the “intimate interactions with others” (p. 130).

**God representation.** Rizzuto (1979), in her psychoanalytical study, *The Birth of the Living God*, discussed the developmental process of God representation from the work of Freud to her present-day. In her central thesis, Rizzuto asserted that children in Western society formed a rudimentary representation of God as they completed their oedipal cycle and that their God representation developed as either beneficial to the child, irrelevant to the child, or threatening to the child.

As Rizzuto (1979) focused on the developmental process of God representation, she argued that the God representation extended developmentally beyond Freud’s (1913) insistence that an individual’s relationship with God depended exclusively on the individual’s relationship with his or her father. Rizzuto (1979) asserted, “To explain the formation of the God representation in this manner reduces it to a representational fossil, freezing it at one exclusive level of development” (p. 46). Rizzuto (1979) regarded an individual’s God representation as a living, evolving developmental process.
Further, Rizzuto (1979) claimed that an individual’s belief in God, or lack of belief in God, did not indicate pathology, but rather was an indication of an individual’s “conscious identity of experience” (p. 202). Rizzuto (1979) explained as follows:

Belief in God or its absence depends upon whether or not a conscious identity of experience can be established between the God representation of a given developmental moment and the object and self-representations needed to maintain a sense of self. (p. 202)

In view of the above, an individual’s identity of experience in relation to their evolving God representation was seen as integral to the formation of an individual’s meaningful relationship with his or her God representation.

Jones (2013), in a review of Rizzuto’s work, elaborated on the formation of an individual’s personal relationship with God: “An internal representation of God is the apex of this process of consolidating object representations into a coherent inner object world” (p. 38). These object representations included both the memories of an individual’s lived experiences from childhood through to their present day and the emotions and sensations inherent in those lived experiences. Jones (2013) claimed that a significant result of Rizzuto’s study involved the implication that all individuals form “some internal God representation in order to end the infinite regress of questions about the origin of the world” (p. 39). This internal representation existed regardless if the individual acknowledged it in his or her own belief system (Rizzuto, 1979). Therefore, as Jones (2013) claimed, “everyone has some image of God, even if the person rejects it as an object of faith” (p. 39).
In Rizzuto’s (1979) words, “God as a transitional representation needs to be recreated in each developmental crisis if it is to be found relevant for lasting belief” (p. 208). From the perspective of Rizzuto’s work in object relations, as an individual grew and developed, their God representation changed in relation to their life experiences, and furthermore, the individual created an internalized God representation according to the specific personal needs of that individual.

Rizzuto (1979) agreed with Freud that God had “origins in parental imagos” (p. 208). However, while Freud’s (1913) parental imagos, and thus, God representations, personified judgement, law, and authority, Rizzuto’s God representations focused on the internalized objects themselves. As Jones (2013) explained, while Rizzuto focused on the internalized images and memories associated with the internalized objects, she did not focus on the immediate presence of God, or a possible relationship with God. Therefore, neither Freud’s approach, nor Rizzuto’s approach regarding image of God fully addressed the internalized relationship between an individual and their image of God (Jones, 2013).

In Playing and Reality, Winnicott (1971) proposed the existence of a “potential space between the individual and the environment” (p. 100). Jones (2013) referred to this potential space of Winnicott’s as a space of “interaction” (p. 42). For Winnicott (1971) stated, it existed “neither inside the individual, nor outside in the world of shared reality” (p. 110). Winnicott (1971) regarded this transitional space as a playground where an external phenomenon was invested “with dream meaning and feeling” (p. 51). Within this transitional space, Winnicott focused on the experience of the relationship between an individual and their inner and outer reality.
Rizzuto agreed with Winnicott that God and religion were located in what Winnicott called transitional space. For as Rizzuto (1979) explained, “Psychic reality . . . cannot occur without that specifically human transitional space for play and illusion” (p. 209). Rizzuto (1979) concluded, “The type of illusion we select – science, religion, or something else – reveals our personal history and the transitional space each of us has created between his objects and himself to find ‘a resting place’ to live in” (p. 209).

Transitional objects were by their nature temporary, and thus disappeared from an individual’s inner and outer world as the need for them changed (Jones, 2013). However, Rizzuto (1979) saw God as a specialized internalized, transitional object where God’s significance to an individual was not lost in a transitional stage, but instead became more substantial to the individual through transition.

**God concept and God image.** Moriarty & Hoffman (2013), in their work on God concept and God image, explored and expanded upon Rizzuto’s (1979) concept of God representation. They acknowledged that the foundational work of Rizzuto on God representation provided both a language and an agenda that had not existed beforehand to explore an understanding of a relationship with God. However, Moriarty and Hoffman (2013) proposed a clear distinction between the terms, God concept and God image. They defined God concept as an abstract, cognitive representation of God, “what people think about God rather than what they feel about God” (p. 1). God image, on the other hand, denoted a personal experience of God that was both subjective and demonstrative in nature (Moriarty & Hoffman, 2013). The term, God image, went beyond thinking about God and included personal, unconscious associations, preferences, and biases.
In relation to God image, Grimes (2013) cited two studies pertinent to the review of literature presented in the dissertation. The first involved research by Benson and Spilka (1973) exploring the relationship between God image and self-esteem. This quantitative study found that individuals with loving God images tended to achieve higher test scores regarding self-esteem than did individuals with impersonal or rejecting God images. This study also argued that self-esteem was “a major determinant of God-images” (Benson & Spilka, 1973, p. 306).

Stroope, Draper, and Whitehead (2013), using a national sample of American adults, examined the relationship between loving God images and an individual’s sense of “purposeful identity” (p. 35). Stroope et al. (2013) put forth the following question: “If a loving image of God helps individuals feel attached, cope with difficulties, and have a better self-image, what are the likely effects if individuals conceive God as angry at them, or distant and unconcerned about their lives?” (p. 36).

Research by Spilka, Addison, and Rosensohn (1975) explored such questions and studied Catholic youth from three parochial schools in relation to self-esteem and image of God. The findings of Spilka et al. (1975) concluded, “Apparently high self-valuation is consonant with the holdings of images of God that are both positive, close, personal and also of a deity very much involved in human affairs” (p. 162). In view of these results, however, it was not possible to conclude whether a loving God image enhanced the positive self-image of male and female students causally or through association with parents or individuals of authority. Further research was needed in this area of study.

**God image and pathology.** Grimes (2013) affirmed that a growing area of research involved the relationship between psychological stress and religiosity (p. 26). A
study by Exline, Yali, and Sanderson (2000) revealed that feelings of depression were related to an alienating and isolating God image. Schaap-Jonker, Eurelings-Bontekoe, Verhagen, and Zock (2002) corroborated these findings and discovered a relationship between pathological personality traits and God image. Grimes (2013) encouraged further research in this area for the literature revealed that an individual’s God image could influence emotions such as shame and an individual’s emotions could influence their God image.

**Attachment theory.** Pertinent to this category of God concept and God image, studies using attachment theory sought to gain an understanding of an individual’s relationship with their God image. For example, Kirkpatrick (1997, 2005) explored attachment style in relation to an individual’s God image, and Granqvist, Ivarsson, Broberg, and Hagekull (2007) examined an individual’s relationship with their God image in terms of religion and spirituality.

Two models of attachment theory described an individual’s relationship with God: the compensation model and the correspondence model (Grimes, 2013). The compensation model supported the findings that God became a substitute attachment figure that compensated for the needs of security within an individual (Grimes, 2013). In this model, an individual’s God image may provide a secure base that provided both comfort and security (Kirkpatrick, 1992). According to Kirkpatrick (1998), God met all the conditions of an adult attachment figure, for as he explained, “The idea of God as an ideal attachment figure is more than an apt metaphor: psychologically, God is perceived by many as one with whom one has a personal attachment relationship” (p. 971).
In contrast to the compensation model, the correspondence model argued that an individual’s God image corresponded to their experienced interpersonal associations and relationships (Grimes, 2013). The work of Kirkpatrick (1997) substantiated the correspondence model in relation to the various attachment styles:

The agnosticism or atheism of avoidant individuals seems consistent with their tendency to steer clear of intimacy and commitment in close relationships; the heightened rate of glossolalia among anxious/ambivalent persons seems consistent with their experience of strong emotions in close relationships; and the beliefs of secure people seem consistent with their mental models of human attachment figures as available, caring, and responsive. (p. 209)

The correspondence model, therefore, provided an attachment theory based explanation for extreme emotional relationships with a personalized God image.

Both attachment models, the compensation model and the correspondence model, supported the findings that “individuals with a secure attachment style had a more loving and less distant God image compared to individuals with insecure attachment styles” (Grimes, 2013, p. 22).

Second Domain: Shame and Spirituality

Research on shame and spirituality included studies on image of God, spirituality, and communities of faith. Thus, this domain of research included two overlapping areas of study: (a) spirituality and health (Keller, Mollen, & Risen, 2015; Koenig, 2009, 2014), and (b) spirituality and religion (Feuille & Pargament, 2015; Pargament, 2007; Wulff, 1997).
**Spirituality and health.** A review of current literature in the area of spirituality and health revealed a wide spectrum of contemporary studies. Morse (2011) asserted that “qualitative health research is developing as an important disciplinary subfield in its own right” (p. 401). Moreover, Morse argued that qualitative health research be regarded as a specialized professional form of qualitative research that dealt with its own emotional, ethical, and spiritual issues in what was often a life or death clinical context. In view of this specialization of qualitative healthcare research, Morse (2011) encouraged researchers in this field to develop their own dedicated method and research design.

In support of the growth of qualitative healthcare research and the significance of current research in healthcare and spirituality, Koenig (2014) highlighted the need for an informed medical healthcare team. Koenig (2014) emphasized the need for establishing “an atmosphere where patients feel comfortable talking about their spiritual needs with the physician and other team members” (p. 1162), and Koenig stressed the role of the spiritual caregiver as an essential part of the professional healthcare team. In addition, Keonig (2014) asserted that the role of the spiritual caregiver included “recognizing the sacred nature of the person being cared for and the holy obligation and privilege that health professionals have” (p. 1168). Koenig (2014) concluded that, “Further research, however, will be needed to determine whether training, careful dividing up tasks among team members, and practice will make health professionals comfortable and fluent in spiritual care” (p. 1170).

In an empirical, quantitative study, Murray and Ciarrocchi (2007) examined the relationship between spirituality, religion, shame, guilt, and health. Results of their study indicated that “The more one felt disconnected from God, or had spiritual struggles, the
more shame and guilt one experienced” (Murray & Ciarrocchi, 2007, p. 22). Their findings indicated a correlation between an individual’s spiritual struggles and the individual’s sense of well-being. Murray and Ciarrocchi (2007) explained as follows:

Spirituality is a robust predictor above personality to subjective well-being . . . Shame and guilt had no connection to positive dimensions of spirituality or religious behaviors—whether private or public. Shame and guilt are, however, related to negative dimensions of spirituality and religious experience—increased alienation from God and congregational dissatisfaction. (p. 33)

As stated by Murray and Ciarrocchi (2007), their findings revealed a correlation between shame, guilt, and negative dimensions of spirituality or religious experience such as alienation from God. While their findings did not reveal a direct causal relationship between disconnection from God and shame, Murray and Ciarrocchi (2007) concluded that “the overwhelming amount of data that links spiritual struggles to negative outcomes make them an important marker of intrapersonal and interpersonal distress” (p. 35). They encouraged health-care professionals to include and assess an individual’s spiritual perspectives and spiritual tradition in the promotion of their health.

Keller, Mollen, and Risen (2015), in an empirical quantitative study involving Christians recruited through their social networking sites, examined the significance of spiritual maturity in relation to Christian fundamentalism and shame. Keller et al. (2015) discovered two defining characteristics for what they called spiritual maturity: “awareness of God and realistic acceptance” (p. 34). They claimed that Christians who scored “high on fundamentalism and high on these dimensions of spiritual maturity experienced low shame” (2015, p. 34). Keller et al. (2015) surmised that “it is possible
that when fundamentalist Christians are unable to adhere to the rigid standards in which they believe, they may internalize this failure as shame” (p. 43). In view of this, their findings demonstrated “the importance of spiritual maturity in moderating shame for Christian fundamentalists” (p. 43).

**Spirituality and religion.** Within the area of shame and spirituality, a need for a clarification of terms arose in the literature. For, while Koenig (2012) asserted that “much may be learned about the human potential by studying the powerful package of psychological, social, and behavioral forces that make up religion” (p. 466), Sheldrake (1992) recognized that the concept of spirituality as distinct from religion, had taken on new significance and meaning in the lives of individuals.

In an overview of clinical research on spirituality and religion, George, Larson, Koenig, and McCullough (2000) examined spirituality and religion in relation to health. Historically, there was little differentiation made between the two terms, religion and spirituality. However, George et al. (2000) chose to differentiate between the two concepts and asserted that religion was more directly associated with formal institutions. Nevertheless, they recognized that both spirituality and religion acknowledged (a) an existence of the divine, (b) a belief in sacredness, (c) the importance of rituals, and (d) the recognition of mystical experience.

A National Institute of Health Care Research panel attempted to define the terms, spirituality and religion, and concluded that both terms included an individual’s desire to understand and connect with the divine or sacred (Larson, Swyers, & McCullough, 1997). A distinguishing feature was that religion involved “collective reinforcement and identity” (George et al., 2000, p. 104). Pickard and Nelson-Becker (2011) expanded the
definition and included a temporal element, “Religion can be considered an organized system of spiritual beliefs, values, and behaviors shared by a community and transmitted over time” (p. 139).

George et al. (2000) claimed that existing research on spirituality and religion indicated that religious involvement influenced the course of illness for the client in a positive healing manner. Furthermore, George et al. claimed that research did not indicate adverse health effects resulting from religious involvement, but rather it indicated that religious involvement had either no effect on an individual’s health, or a positive effect on their health.

A limitation of research on spirituality and religion involved the nature of the sacred in terms of multidimensionality (George et al., 2000; Kunkel, Cook, Meshel, Daughtry, & Hauenstein, 1999). Furthermore, as George et al. (2000) claimed, much of the existing research in this field was based on religion, but not necessarily on a concept of spirituality. Therefore, existing research omitted a significant portion of the population: “persons who describe themselves as spiritual, but not religious” (George et al., 2000, p. 107).

Nancy Ammerman (2013), in an in-depth qualitative study involving individuals from various religious and non-religious backgrounds, encouraged researchers to ask an important question pertaining to this present study: “Is there a significant difference between religion and spirituality?” (p. 258). Ammerman reduced her findings into four categories that described the meaning of spirituality within her study: (a) theistic, (b) extra-theistic, (c) ethical spirituality, and (d) belief and belonging spirituality. Within these four categories, her results revealed that 79% of the individuals in her study
identified spirituality with religious tradition and that 73% identified spirituality with
divine presence. Therefore, Ammerman (2013) concluded that the either/or distinction
between religion and spirituality failed to represent adequately the data from her findings.

Feuille and Pargament (2015), in a randomized controlled trial compared the
effects of standardized mindfulness, spiritual mindfulness, and relaxation on pain-related
outcomes in individuals who suffered from migraines. Feuille and Pargament (2015)
hypothesized that spirituality could “enhance the effectiveness of mindfulness for pain”
(p. 1092). However, they concluded that “contrary to expectations, adding spiritual
content to mindfulness training was not found to provide incremental benefit for pain”
(Feuille & Pargament, 2015, p. 1103). The results from their study appeared to contradict
the results from previous studies by Wachholtz and Pargament (2005, 2008) that explored
mantra meditation in relation to pain. Wachholtz and Pargament concluded that “the
explicit inclusion of spirituality into a meditation task appears to add to the efficacy of
this technique among those with migraine pain” (2008, p. 365).

As the above researchers acknowledged, additional research concerning the
relationship between spirituality, religion, and health was needed. Furthermore, there was
a need to explore and distinguish clearly between the two terms, spirituality and religion
(George et al., 2000). In addition, there was a need for reliable measurement tools and
procedures (Wachholtz & Pargament, 2008). Future studies were also needed to help
understand the meaning of personal, spiritual experiences that could lead to a clearer
understanding of “the transcendent sense of being in touch with the sacred” (George et
al., 2000, p. 112).
Pastoral Care and Cultures of Shame

David Augsburger (1986) studied the experience of cultures of shame in relation to pastoral caregiving. Augsburger (1986) stressed “the worth of each person, respecting the uniqueness of each personality” (p. 72), and asserted the importance of such universal qualities as “grace, justice, love, power, mercy” (p. 72). Augsburger (1986) maintained, “Culture mirrors theology. Theology mirrors culture” (p. 71), and he asserted that culture and personality were dependent on one another. Augsburger (1986) supported his claim with a reference to theologian Paul Tillich:

Religion is the substance of culture, culture is the form of religion. Every religious act, not only in organized religion, but also in the most intimate movement of the soul, is culturally formed. Religion as ultimate concern is the meaning-giving substance of culture, and culture is the totality of forms in which the basic concern of religion expresses itself. (Tillich, 1959, p. 42)

Tillich’s (1959) concept of “religion as ultimate concern” (p. 42) reflected a connection between faith and culture in both a universal sense and a pastoral sense.

Augsburger (1986) disagreed with classifying culture as being either shaped by shame (outer-directed) or controlled by guilt (inner-directed). Augsburger (1986) claimed that cultures included both shame and guilt as motivation for cultural conformity and control. As Augsburger (1986) explored shame from the perspective of culture, he noted that the community of the church held no exception to shame. In relation to pastoral care, he observed that for the healing of shame to begin both sources of shame: community and ego, needed to be recognized and addressed.
Pastoral Care and Human Brokenness

Jean Vanier (2004) acknowledged the influence of cultures of shame as described by Augsburger (1986), and established communities for hope, healing, and the mending of human brokenness. Vanier created the communities l’Arche and Faith and Light in support of individual’s struggling with the vulnerability and the shame of living with disabilities. Vanier (2004) ministered a gospel of love as revealed in the ministry of Jesus, “He [Jesus] awoke and fulfilled in people their deepest need to be loved without limits and to be creative and compassionate in loving others” (p. 11).

Vanier (1971) stated, “One of the greatest sufferings of man is to feel imprisoned, limited. Man is constantly seeking to break through the limits of his being” (p. 22). He described love as being fulfilled in communion. Vanier thought of communion in terms of connection with God and connection with one another in community. Vanier’s work and ministry opened a door to further research regarding community, human brokenness, and shame in the presence or absence of God in pastoral care.

Wintry Spirituality

Martin E. Marty (1983), in his book, A Cry of Absence: Reflections for the Winter of the Heart, encouraged his readers to take “a journey of the soul. . . . in the face of the threat of Absence” (p. 1). He led the reader through the psalms of the Bible and used the images of winter to depict the ever-changing seasons of the heart. Marty’s (1983) path journeyed through the Absence, the wintry way, the solstice, the dead of winter, the abandonment, the longing for presence, and then arrived at last to what Marty called a “patience for community and hope” (p. 150).
stakes out its place on the landscape next to persons who have seen God excluded from
their horizons. That exclusion is the signal of their wintriness” (p. 102). Marty (1983)
included in his description of the wintry Christian the feeling of oppression and he cited
Psalm 56:5–6, “All day long they seek to injure my cause; all their thoughts are against
me for evil. They stir up strife, they lurk, they watch my steps” (New Revised Standard
Version).

Marty also spoke of summer spirituality as the spirituality of joy and resurrection.
Marty (1983) explained how a summery Christian’s refusal to acknowledge the needs of
the wintry Christian could isolate the wintry Christian, thus leaving the wintry Christian
alone in their experience of the absence. However, Marty’s work revealed unanswered
questions and gaps in the literature. For example, could wintry spirituality lead to an
sort of spirituality, or is there just a wintry sort of personality or philosophy?” (p. 67).
Furthermore, is the sojourn of wintry spirituality necessary in the absence of God to find
hope of the presence of God? In other words, is the experience of wintry spirituality
necessary to work through the experience of the disintegration of one’s felt sense of self
in relation to God, a dysregulating other?

Absence and the cross. Expanding on the metaphor of wintry spirituality, the
work of Jürgen Moltmann (1997) could be seen to focus on an element that Marty (1983)
acknowledged, but did not emphasize, the Holy Spirit as “the unrestricted presence of
God” (pp. 10-11). Within the unrestricted presence of God, Moltmann (1997) argued,
“New life begins in the Spirit” (p. 26), and he regarded the cross as a gift to humanity of
the sending of the Holy Spirit. Moltmann’s (1997) theology of life complimented Marty’s wintry spirituality as it resonated with the perceived absence of God, and thus encouraged further research on the experience of the presence or absence of God in caregiving.

**Third Domain: Shame and Personality Type**

Hirsh and Kise (2006) explored the relationship of individuals with the sacred in terms of their personality and the Myers-Briggs Type Indicator (MBTI). They defined spirituality and religion as follows: “Spirituality refers to aligning our souls with heart, mind, and body to fulfill one’s purpose” (p. 17); while “Religion refers to a way of pursuing soulwork by banding with others who espouse the same beliefs” (p. 18). Hirsh and Kise (2006) asserted that personality type had a profound recognizable influence on spiritual experience and the presence of emotional expression.

Through their research, Hirsh and Kise (2006) discovered the significance of having a personal, spiritual dimension that would facilitate an individual’s successful journey through the challenges of life. They also discovered that each individual approached their personal spiritual dimension differently depending on their MBTI personality profile. Hirsh and Kise (2006) concluded that each profile “had their unique slant on what it means to be spiritual” (p. 18). A result of their findings indicated that when an individual’s perspective on spirituality was honored, the individual found meaning within their faith community. Moreover, their findings also indicated that when an individual’s perspective on spirituality was not honored, either the individual left the community of faith, or they left their faith entirely.

Christopher Ross (2011) provided a survey of empirical studies relating personality type to religious phenomenon. Ross (2011) noted the significance of MBTI in
relation to such themes as: God as mystery, boundaries of the sacred, experiential spirituality, and religious values and orientation. Ross (2011) concluded that Jungian typology encouraged diversity and provided a means to understand this diversity in both a formal religious context and a less formal context of spirituality. Ross (2011) advocated the need for further research in this field involving MBTI, and he specifically named the area concerning “issues raised by research on god-images from psychoanalytic object relations perspectives” (p. 186).

Ross (2011) provided clarification of the association between Jung’s theory of psychological types and the development of the MBTI as he demonstrated the contribution of Jungian typology “to our understanding of religion and personality differences” (p. 166). Ross claimed that such an understanding had the “potential to reduce conflict about religious issues within individuals, religious groups, and society at large” (p. 166). The value of this claim to our present study pertained to Bradshaw’s (2005) assertion that shame involved conflict both within an individual and outside of an individual within society. Therefore, research on Jungian typology that encouraged diversity and empathy, both for oneself and for others, may lead to a better understanding of shame within individuals in formal religion, “as well as those who pursue the sacred ex ecclesia under the sobriquet of spirituality” (Ross, 2011, p. 187).

Fourth Domain: Shame and Faith Development

A discovered gap in the literature involved the relationship between image of God, shame, and stages of faith formation as researched by James Fowler (1981, 1995). Fowler (1981) stated that he intentionally “avoided giving direct attention to normative perspectives on the being, character or will of God” (p. 292). Furthermore, according to
Fowler (1981), any path to God led “through the particular memories, stories, images, ethical teachings and rituals of determinate religious traditions” (p. 292). Fowler (1981) saw faith as a link to hope-filled community, common vision, and new life. His hope for humanity was a hope that all people would become of good faith, rather than of one faith, and be “held accountable for the renewal and extension of a universal covenant with being” (Fowler, 1981, p. 294).

**Fowler and shame.** Fowler (1995) described shame as a visual phenomenon that resulted from premature exposure of an individual’s vulnerability or deficiency. An individual’s vulnerability may be at risk as an individual faced exposure at each stage of faith. For example, an adolescent moving from stage three, Synthetic-Conventional Faith, to stage four, Individuative-Reflective Faith, assumed responsibility for their own beliefs and commitments. The resultant anxiety inherent in such a transition could as easily lead to vulnerability or deficiency as it could lead to self-reflection and self-actualization.

Regarding Fowler’s stage six, Universalizing Faith, Fowler and Dell (2006) explained that “the self is drawn out of its own self-limits into a groundedness and participation in one’s understanding of the Holy” (p. 41). In view of this, an individual could experience this stage of faith either as either liberating or threatening depending on the individual’s experience with the sacred. The potential to be at risk, exposed, and shamed was possible at each stage of faith. Fowler and Dell (2006) acknowledged that an inherent limitation of faith development research existed in the definition of the concept of faith itself, and they encouraged further research in this area of faith development.

**Fowler and pastoral care.** Fowler (1987) applied faith development theory to pastoral care, and explored Christian caregiving in relation to vocation within the church.
Fowler (1987) presented a “practical theology of pastoral care” (p. 13) that integrated praxis and transformation within the concept of faith development. Notably, he explored the importance of Christian community in relation to human vocation as “the calling to partnership with God in God’s work of ongoing creation, governance, redemption, and liberation” (p. 21). Unfortunately, considering the current research, there was no mention of the topic of shame within Fowler’s practical theology of pastoral care, and thus, further research is called for.

**Theoretical Elements and Shame Theorists**

The brief synopsis that follows outlines contributions made by shame theorists that were not already presented as literature in the Introduction chapter in relation to the formation of the operative definition of shame used throughout the study. The theorists presented earlier included Tomkins (1980) in regard to shame as a self-validating affect; Lewis (1987c) and Orange (1995) in regard to shame as emotion, notably, the emotion of shame-rage (Lewis, 1987b); Nathanson (1987, 1996) in regard to shame as self-image; and Hartling (2000) and DeYoung (2015) in regard to shame as relational.

**Gershen Kaufman.** Kaufman (1992) viewed his book, *Shame: The Power of Caring*, as an integration of interpersonal theory (Sullivan and Kell), affect theory (Tomkins), and object-relations theory (Rizutto and Fairbairn). Kaufman claimed that the false self of shame was a “disowning of self” (p. 114), and he asserted that “if we are to understand the self, the sources of splitting and self-hatred, and the evolving process of identity, then we must begin with shame” (p. xix).

Kaufman’s (1985) ambition was to evolve a language on shame that, in his words, would “stimulate fruitful lines of inquiry into the processes of shame and identification,
their interplay in the unfolding of identity, and their profound impact on the self” (p. xi).

According to Kaufman (1992), “To live with shame is to feel alienated and defeated, never quite good enough to belong” (p. 12). Kaufman observed that when shame became internalized, the person no longer felt shame; they became shame. Kaufman (1992) eased the disowning of self by “restoring the interpersonal bridge” (p. 133) that led from a shame based identity to a positive “power of caring” identity (p. 171).

Stephen Pattison. Pattison (2000) agreed with Kaufman (1985) that the invasive nature of shame threatened an individual’s sense of identity. Shame not only represented a personal wound, it was a threat to a person’s sense of self (Pattison, 2000). Pattison agreed that the internalization of shame became inseparable from the inner personality of an individual. Furthermore, as Pattison (2000) explained, “the self-rejecting person who has internalized a sense of shame will find it difficult to trust and integrate herself within human relationships” (p. 109). However, Pattison concluded that for an individual with internalized shame to be healed, he or she had to become mobilized personally and socially in his or her sphere of behavior. To this end, Pattison (2000) asserted that “building a relationship of trust is vital” (p. 167) for the healing from shame to occur.

Pattison (2000) devoted Part III of his book, *Shame: Theory, Therapy, Theology*, to “Shame and Christianity” (pp. 185-309). Beginning from a non-religious perspective on shame and then moving to a personal experience of his own shame, Pattison (2000) examined how shame was linked with Christian rituals and observances. Pattison (2000) emphasized that Christian tradition had focused solely on concepts of sin, guilt, and forgiveness, but had not focused, or even acknowledged, shame in relation to God:
For most theologians, shame has not been a significant phenomenon as part of human experience or as a feature of the relationship between humans and God. It has received a negligible amount of sustained theological attention in the twentieth century. (p. 191)

In response to this acknowledged gap in the literature on shame, Pattison (2000) explored his own personal experience with shame. For as Pattison (2000) disclosed, the motivation for writing his book was to gain a deeper understanding of his own experience.

Pattison (2000) confessed that he felt distant from God because of his experience of shame. However, while Pattison (2000) stated that God’s presence in his life was less prominent because of shame, he acknowledged that he felt a greater sense of availability to other people. Pattison’s (2000) exploration of shame and his reflection on his lived experience highlighted the value of a researcher’s own experience with the phenomenon being explored (van Manen, 2002), and is explored in relation to shame in the presence or absence of God in the Theological Reflection chapter.

**John Bradshaw.** In his book, *Healing the Shame That Binds You*, Bradshaw (2005) described the feeling of toxic shame as “true agony . . . in the core of our being” (p. 101). He claimed that the agony of shame lay hidden under many layers of self-denial, separation from self, and isolation from others. Bradshaw (2005) acknowledged the existence of what he called the disowned or false self, and described it as a new persona that a shamed person assumed in order to exist. Bradshaw (2005) stressed that an individual experiencing toxic shame had to transition to an experience of healthy shame for healing to occur. He emphasized that this transition to healthy shame had to occur in a safe, non-shaming environment.
Bradshaw (2005) brought to light significant insights into shame, such as his claim that “the fruit of mature and healthy shame is spirituality in the full sense of the word” (p. 253). However, there were gaps in the literature concerning his assertion that healthy shame was the “source and guardian of spirituality” (p. 252). This was not clearly supported by his research. Therefore, he opened a door into further exploration and study.

Brené Brown. In her study on vulnerability, shame, and personal empowerment, Brown (2007) defined shame as “the intensely painful feeling or experience of believing we are flawed and therefore unworthy of acceptance and belonging” (p. 5). Brown (2007) explored reclaiming one’s personal power in a culture of shame. She spoke of the benefit of gaining an awareness of one’s shame and of how the “power of empathy” (p. 31) could enable an individual’s resilience and strength. Brown (2007) stressed the importance of “creating a community of connection” (p. 271) in relation to healing from shame.

In her most recent book, Braving the Wilderness: The Quest for True Belonging and the Courage to Stand Alone, Brown (2017) expanded on her theme of connection in community and personal empowerment. She explored what it meant to belong and to be fully oneself. Brown claimed that society is at a time of spiritual crisis and that this crisis involved deep disconnection with one another. Brown (2017) asserted “we are neither recognizing nor celebrating our inextricable connection” (p. 46). However, Brown’s study did not explore the presence or absence of God as related to belonging and connection, and thus revealed a gap in the literature that indicated a need for further study in the areas of vulnerability, spirituality, belonging, and shame.

Patricia DeYoung. As presented in the previous chapter, DeYoung (2015) studied the experience of shame from the perspective of relational, neurobiological narratives.
She insisted, “Shame in all its forms is relational” (p. 18). DeYoung (2015) recognized the contributions of object relations theory, attachment theory, and self-psychology to the study of shame, though she saw the essence of shame as “non-verbal affect” (p. 24), and recognized the importance of personal narrative as a means of “right brain integration” (p. 102). As stated, DeYoung (2015) claimed that nurturing right brain to right brain connection was essential for creating a safe space for an individual to heal from shame (p. 87). DeYoung (2015) concluded that “knowing your own shame” (p. 77) was vital for the understanding of shame and for working with a client who was experiencing shame.

DeYoung (2015) acknowledged the research of Tangney and Dearing (2011) and expanded on their concept of “relational validation” (DeYoung, 2015, p. 80; Tangney & Dearing, 2011, p. 382). Tangney and Dearing (2011) used the term, relational validation, to refer to a facilitative therapeutic alliance where the values and strengths of the client were affirmed and validated. DeYoung (2015) included empathy in relational validation and she defined the term empathy as, “a sharing of emotional states in which neither self is taken over by the other” (p. 80). She recognized the need for an empathic connection in the therapeutic relationship between a therapist and a client struggling with shame. DeYoung did not claim to arrive at a cure for chronic shame for she concluded that shame could not be cured. Nevertheless, she affirmed that the consequences of shame could be eased or made bearable through a caring therapeutic relationship.

**Summary and Research Question**

Literature has been reviewed in relation to each of the domains of the study: (a) shame and image of God, (b) shame and spirituality, (c) shame and personality type, and (d) shame and faith development. In regards to shame and image of God, Grimes (2007)
concluded that “there is opportunity for further investigation in order to help behavioral scientists and clinicians more fully understand the depth and breadth of the dynamics of the God image construct” (p. 27). Koenig (2009, 2014) affirmed the need for continuing studies on spirituality and personal health. Fowler and Dell (2006) encouraged further research in the domain of faith development, acknowledging the challenge of cultural diversity and the complexity of non-religious spirituality. Ross (2011) extended the request for future research on god-images in terms of object relations theory. Therefore, in each domain of research, the request has been made by researchers to further the investigation and the exploration.

In response to the overwhelming need for research in each of the related domains of the study, a working purpose statement became evident and possible. This statement, based on a template provided by Creswell and Poth (2018), is as follows: The purpose of this phenomenological study is to describe the lived experience of shame in the presence or absence of God for Stephen Ministers in the United Church of Canada. At this stage in the research, the central phenomenon, shame in the presence or absence of God, will follow the definition of shame provided by DeYoung (2015) as cited earlier, and be generally defined as: *Shame in the presence or absence of God is the experience of one’s felt sense of self disintegrating in relation to a dysregulating other, God.*

**Research question.** Based on the literature reviewed, the gaps in the research, and the need for further inquiry and understanding in the problem area, the following research question emerged: “What is the lived experience of unacknowledged or unprocessed shame in the presence or absence of God experienced by Stephen Ministers who offer Christian care?
Chapter 3

Methodology

The chapter presents the methodology chosen to deepen an understanding of the lived experience of shame in the presence or absence of God in the process of caregiving in Stephen Ministry. The chapter is organized in the following sections: (a) interpretive framework and methodology, (b) population and sampling, (c) instrumentation and data collection, and (d) the data analysis. The chapter concludes with a summary that leads to the Findings chapter.

The Interpretive Framework

Guba (1990) described the function of an interpretive framework as a “basic set of beliefs that guide action” (p. 17). Creswell (2013) stated that “interpretive frameworks do convey different philosophical assumptions, and qualitative researchers need to be aware of this connection” (p. 35). Creswell (2013) affirmed that each interpretive framework, in the context of specific philosophical assumptions, contributed to the methodological approach and the foundation for meaning-making in a study. The interpretive framework shaped the nature of the qualitative enquiry as the assumptions of the selected framework guided the researcher through each stage of the qualitative process.

Creswell (2013) identified five phenomenological interpretive frameworks and indicated that the philosophical assumptions inherent in the various frameworks would direct the researcher to select a methodology most appropriate for their individual studies. The interpretive frameworks listed by Creswell (2013) were (a) Postpositivism, (b) Social constructivism, (c) Postmodern (or Transformative), (d) Pragmatism, and (e) Critical (or Race/Feminist/Queer). Lincoln et al. (2011) identified three sets of basic beliefs of
importance to the selection criteria of each of the interpretive frameworks: ontological, epistemological, and methodological beliefs. Creswell (2013) included a fourth basic belief, that of axiology.

**Social Constructivism**

Creswell (2013) regarded the interpretive framework of social constructivism as a worldview in which individuals sought to understand their presence in the world in relation to the context of the world around them. The goal of social constructivism was to “generate or inductively develop a . . . pattern of meaning” (Creswell, 2013, p. 25). According to Creswell (2013), social constructivism guided the researcher “to look for the complexity of views rather than narrow the meanings into a few categories or ideas” (p. 24). He explained that these subjective meanings are constructed through interactions with one another and through interactions with the world in which a person lives.

**Philosophical assumptions of social constructivism.** Social constructivism, also known as interpretivism (Denzin & Lincoln, 2011), upholds specific philosophical beliefs. The philosophical beliefs of social constructivism are described below.

**Ontological belief.** The ontological beliefs of an interpretive framework concern the very fabric of reality, its essence and its nature (Lincoln et al., 2011). The ontological belief of social constructivism maintains that “multiple realities are constructed through our lived experiences and interactions with others” (Creswell, 2013, p. 36).

**Epistemological belief.** The epistemological beliefs of an interpretive framework concern how the nature of reality is made known to individuals (Lincoln et al., 2011). Guba (1990) described the epistemological belief of social constructivism as a subjective approach where the “inquirer and inquired into are fused into a single (monistic) entity.
Findings are literally the creation of the process of interaction between the two” (p. 27). In view of this epistemologically, the data analysis of the findings is a co-creation between researcher and participant. Thus, the findings are interpretive and not set into stone. The integrity of the co-creation, that is, respecting both researcher and participant, contributes to the validity of the findings.

**Methodological belief.** The methodological beliefs of an interpretive framework concern how experience is approached and expressed through the phenomenological path of inquiry (Lincoln et al., 2011). The methodological belief of social constructivism holds that the co-construction of reality is experienced and expressed hermeneutically through the use of interviewing, observing, and analysis (Creswell, 2013).

**Axiological belief.** The axiological beliefs of an interpretive framework concern how individual values and personal bias are acknowledged and integrated into the study. The axiological belief of social constructivism upholds that the personal values and principles of the participants are to be honored and respected (Creswell, 2013).

**Meaning-Making in Social Constructivism**

Brown, Sorell, McClaren and Creswell (2006) regarded the work of Viktor Frankl (1997) as inspirational to their study of hospital patients waiting for a liver transplant. Brown et al. (2006) emphasized the importance of meaning-making as “a central human activity” (p. 122) and explained how Frankl’s (1997) search for meaning provided the hope needed for an individual to survive what others would have described as a hopeless ordeal. Brown et al. (2006) saw a correlation between an individual’s search for meaning and a phenomenological approach to qualitative research:
An advocate of the phenomenological approach, he [Frankl] believed that preconceived patterns of explanation distort human existence and reduce human experience to sub-human dimensions. He advocated something better: a phenomenological approach that pushed forward, in rigorous fashion, the search for meaning in people’s lives that could not be reduced to other phenomena. (p. 122)

Brown et al. (2006) were inspired by Frankl’s encouragement on meaning-making as they researched the apparently hopeless situation of the experiences of liver transplant patients. This need for meaning-making resonated with the researcher’s present study on shame where an individual experiencing shame could lose all hope of deliverance from shame (Bradshaw, 2005; Pattison, 2000), In view of this, an interpretive framework and methodology was needed to make meaning of the hopelessness of the shame experience. Thus, a phenomenological methodology within a social constructivist framework was chosen for the study.

A Phenomenological Approach

**Background of phenomenology.** Edmund Husserl (1859-1938), a father of phenomenological philosophy, was described by Moustakas (1994) as a “determined self-presence, pioneering new realms of philosophy and science. . . . [He] developed a philosophic system rooted in subjective openness” (p. 25). Moustakas (1994) claimed that Husserl was “in love with philosophy” (p. 25), and his love for philosophy fueled his passion for phenomenology as he deliberated such concepts as consciousness of being, intentionality, and the essence of a lived experience (addressed in subsequent sections of this chapter).
Husserl’s phenomenology began with a focus on the consciousness of being. According to Husserl (1965) when an individual observed an object or phenomenon, the individual could only describe the experience from a perspective of consciousness. Moustakas (1994) explained that “if the only being that can be absolute is the being that can be absolutely given, and the only being that can be absolutely given is the phenomenal being, then only phenomenal being can be absolute being” (p. 41).

Van Manen (2014) described Husserl’s approach to phenomenology “as a descriptive philosophy of the essences of pure experiences” (p. 89). Moustakas (1994) added, “By adopting a strictly descriptive approach, we can let the phenomena speak for themselves” (p. 13). The importance of letting the phenomena speak for themselves was described further by van Manen (2014) as he regarded phenomenology as “a meaning-giving method of inquiry” (p. 28):

Phenomenology is primarily a philosophic method for questioning, not a method for answering or discovering or drawing determinate conclusions. But in this questioning there exist the possibilities and potentialities for experiencing openings, understandings, insights—producing cognitive and noncognitive or pathic perceptions of existentialities, giving us glances of the meaning of phenomenon and events in their singularity. (p. 29)

Van Manen (2014) claimed that Husserl’s transcendental phenomenology sought to “capture experience in its primordial origin or essence, without interpreting, explaining, or theorizing. . . . only knowledge derived from immediate experiential evidence can be accepted” (p. 89). Van Manen (2014) explained:
From a Husserlian point of view, anything that presents itself to consciousness is potentially of interest to phenomenology, whether the object is real or imagined, empirically measurable or subjectively felt. Consciousness is the only access human beings have to the world. (p. 94)

However, not all researchers agreed with Husserl’s concept of consciousness of being. Heidegger, a renowned philosopher of the twentieth century, challenged Husserl’s concept of consciousness. Heidegger (2010) questioned the essence of being from the perspectives of being as universal, self-evident, and yet indefinable. Van Manen (2014) stated, “Heidegger points out that Husserl fails to ask what the being of these beings [of consciousness] consists of” (p. 107). Thus, Heidegger (2010) clarified that “phenomenology means: to let what shows itself be seen from itself, just as it shows itself from itself” (p. 32).

**Phenomenological process.** Creswell (2013) explained that phenomenology revealed “the common meaning for several individuals of their lived experience of a concept or a phenomenon” (p. 76). Van Manen (1990) added that phenomenology sought to describe a universal essence of the lived experience, or a “grasp of the very nature of the thing” (p. 177). Moustakas (1994) asserted that the essence of an experience was derived from (a) a textural description that “includes thoughts, feelings, examples, ideas, situations that portray what comprises an experience” (p. 47) and (b) a structural picture of how an individual experienced the phenomenon, “a picture of the conditions that precipitate an experience” (p. 35). These two descriptions, textural and structural, combined to form a composite description of the phenomenon (Moustakas, 1994).
**Characteristics of phenomenology.** The process of phenomenology as described by Creswell (2013) included the following defining characteristics:

- an emphasis on a phenomenon to be explored,
- individuals who experienced a common phenomenon,
- acknowledgement of the researcher’s bias and experience,
- a data collection process that involved interviewing participants,
- data analysis of significant statements, meaning-units, and themes,
- a discussion based on the lived experience of the participants, and
- a composite description of the invariant structure or essence of the experience.

Within these characteristics, Creswell (2013) highlighted and differentiated between two types of phenomenology: transcendental and hermeneutical phenomenology.

Creswell (2013) based his description of transcendental phenomenology on the work of Moustakas (1994), and his description of hermeneutical phenomenology on the work of van Manen (1990). Both transcendental and hermeneutical phenomenology involved the exploration of a phenomenon through the primary method of interviewing participants as the means of data collection. Also, in transcendental and hermeneutical phenomenology, the data analysis process moved from exploring narrow units of meaning, such as individual statements collected from the interviews, to wider units of meaning, such as clusters of statements and themes (Creswell, 2013).

**Transcendental Phenomenology**

Moustakas (1994) described Husserl’s transcendental view of phenomenology: “Husserl’s approach is called ‘phenomenology’ because it utilizes *only* the data available
to consciousness—the *appearance* of objects. It is considered ‘transcendental’ because it adheres to what can be discovered through reflection on subjective acts and their objective correlates” (p. 45). This also applied to objects that exist in the imagination. Moustakas (1994) described the key features of transcendental phenomenology as: intentionality, epoche, transcendental-phenomenological reduction, and imaginative variation. They are introduced below.

**Intentionality of consciousness.** Moustakas (1994) explained intentionality of consciousness: “the term *intention* indicates the orientation of the mind to its object; the object exists in the mind in an intentional way” (p. 28). Stewart and Mickunas (1990) expanded further: “To refer to consciousness as *intentional* is another way of saying that consciousness is always directed toward an object” (p. 8). Moreover, Moustakas (1994) explained how consciousness and intentionality were interconnected:

> The act of consciousness and the object of consciousness are intentionally related. . . . Knowledge of intentionality requires that we be present to ourselves and to things in the world, that we recognize that self and world are inseparable components of meaning. (p. 28)

Both Husserl (1970) and Moustakas (1994) placed importance on the object of consciousness and the act of consciousness.

**Noema and noesis.** Moustakas (1994) explained how Husserl’s (1970) terms, noema and noesis, were connected to intentionality of consciousness: “The ‘perceived as such’ is the noema; the ‘perfect self-evident’ is the noesis. Their relationship constitutes the intentionality of consciousness. For every noema there is a noesis; for every noesis there is a noema” (p. 30). The noema referred to what was *perceived to be*, “its perceptual
meaning” (Moustakas, 1994, p. 69). On the other hand, the noesis referred to the act itself of perceiving an object or phenomenon. Noesis included what an individual felt, remembered, or imagined about the object or phenomenon (Moustakas, 1994).

Ihde (1980) referred to noema as the “object-correlate” and to noesis as the “subject-correlate” (p. 333). Ihde (1980) claimed, “The noesis, the act of experiencing . . . is known only reflexively” (p. 335) as the act of consciousness of the noesis was known through the perception of the noema. Moustakas (1994) stated, “The noesis and noema refer to meanings. When we look at something what we see intuitively constitutes its meaning. When we reflect upon something and arrive at its essence, we have discovered another major component of meaning” (p, 70). Thus, together noema and noesis contributed to meaning-making in phenomenology.

Creswell (2006) agreed with Moustakas regarding the importance of intentionality of consciousness and explained the need to acknowledge consciousness in the process of phenomenology. Creswell (2006) stated, “In phenomenological research, the structure of consciousness of lived experience is explored with the goal of giving the reader an accurate understanding of the essential, invariant structure (or essence) of an experience” (p. 122).

**Epocche.** The term, epoche, referred to the process of bracketing the personal bias and experience of the researcher related to the phenomenon being studied that it did not unknowingly influence the research process. Moustakas (1994) explained that the term epoche was derived from “a Greek word meaning to refrain from judgement, to abstain from or stay away from the everyday, ordinary way of perceiving things” (p. 33). Husserl (1970) explained that the goal of bracketing, or self-disclosure of the researcher, was to
encourage unbiased exploration of the lived meaning of the experience. It also invited the reader to judge for themselves to what degree the researcher was successful in focusing primarily on the participants.

**Phenomenological reduction.** Moustakas (1994) defined transcendental phenomenological reduction, as the task “of describing in textural language . . . what one sees, not only in terms of the external object but also [in terms of] the internal act of consciousness” (p. 90). Crediting the work of Husserl (1965), Moustakas (1994) stated and emphasized that the phenomenon “must be described rather than explained, the description aiming at an intuitive grasp of the essences embodied within an experience” (p. 49). According to Moustakas (1994), the process of transcendental phenomenological reduction involved viewing the phenomenon from varying horizons of perception, reflecting on the descriptions obtained from the horizons, and exploring the descriptions for themes. Moustakas (1994) concluded, “In Phenomenological Reduction we return to the self; we experience things that exist in the world from the vantage point of self-awareness, self-reflection, and self-knowledge” (p. 95).

It should be noted that the concept of phenomenological reduction as used by Husserl (1970) and Moustakas (1994) did not refer to the abstracting or explaining of complex phenomenon through the use of theories or doctrines as in reductionism. For as van Manen (2014) clarified, “The term reduction derives from re-ducere, to lead back. The meaning of the word reduction can be misleading since the phenomenological reduction is ironically directed against reductionism” (p. 215). Thus, phenomenological reduction leads back to the meaning of the phenomenon.
**Imaginative variation.** The term imaginative variation, as used by Moustakas (1994), referred to the structural description of the experience of the participants. In other words, while transcendental-phenomenological reduction or textural description referred to *what* the participants experienced, imaginative variation described *how* the participants experienced the phenomenon. Moustakas (1994) stated, “As I come to know this thing before me, I also come to know myself as the being who intuits, reflects, judges, and understands” (p. 32). In view of this, Moustakas (1994) emphasized the importance of using the researcher’s imagination, and he cited the following quotation by Descartes, “the intellect ought to use every assistance of the imagination, sense, and memory: to intuit distinctly” (Descartes, 1977, p. 57). Thus, imaginative variation involved using the imagination to explore the phenomenon from various perspectives to discover possibilities of meaning (Moustakas, 1994).

**Intuition in descriptive phenomenology.** Husserl (1970) and Moustakas (1994) regarded intuition as another key concept of phenomenology. Moustakas (1994) defined intuition as a capacity of the mind based on reason “free of everyday sense impressions” (p. 32). He acknowledged the emphasis that Descartes (1977) placed on the primacy of intuition in “deriving knowledge of human experience” (Moustakas, 1994, p. 32). Moustakas (1994) regarded intuition as a starting place for the understanding of the human experience,

> All things become clear and evident through an intuitive-reflective process, through a transformation of what is seen; first intuitively in the common experience, in the manner in which something is presented and then in the fullness and clarity of an intuitive-reflective process. (p. 32)
Hermeneutical Phenomenology

Hermeneutical phenomenology, as explained by van Manen (1997), involved the acknowledgment of the researcher as both investigator and interpreter. Van Manen (1997) insisted that the lived experience of the researcher was a vital part of the research process whereby the participants and the researcher co-constructed meaning together. In view of this, van Manen (1997) instructed his students as researchers not to bracket out their lived experience from the interpretation process or from their writing process. Instead, he encouraged researchers to suspend judgement, to the best of the researcher’s ability, of their understanding of the experience revealed by the participants, and yet maintain a reflective approach that cultivated interest and curiosity. Van Manen (1997) insisted that the lived experience of the researcher was the starting point for hermeneutical phenomenology.

In the context of hermeneutical phenomenology, van Manen (1990) emphasized the significance of the rich descriptions from the participants and the meaning-making potential of the researcher’s interpretation. As with transcendental phenomenology, hermeneutical phenomenology did not seek to look for explanations or theoretical proofs (van Manen, 1997). However, hermeneutical phenomenology provided the means to look at individual lives as texts that contributed to the co-construction of meaning together. Through the interpretation, reflection and writing process, the researcher was led to a deeper understanding of the phenomenon being studied (van Manen, 1997).

Clarification: hermeneutical or hermeneutic phenomenology? In his work, Phenomenology of Practice, van Manen (2014) introduced a significant reframing of the term “hermeneutical phenomenology” as compared to his earlier writing. The reframing
involved using the term “hermeneutic” phenomenology to refer to an over-arching and ever-present phenomenological presence. To clarify, in van Manen’s (2014) words,

Hermeneutic phenomenology is a method of abstemious reflection on the basic structures of the lived experience of human existence . . . . Abstemious means that reflecting on experience aims to abstain from theoretical, polemical, suppositional, and emotional intoxications. Hermeneutic means that reflecting on experience must aim for discursive language and sensitive interpretive devices that make phenomenological analysis, explication, and description possible and intelligible. (p. 26)

Van Manen (2014) added that phenomenology was “in some sense, always descriptive and interpretive, linguistic and hermeneutic” (p. 26). Thus, instead of describing his own approach as hermeneutical, as did Cresswell (2013), van Manen (2014) described it as a hermeneutic pedagogical approach within a category of phenomenology that he called a “phenomenology of practice” (p. 213).

**Phenomenology of Practice**

Van Manen (2014) presented the term, phenomenology of practice, as a category of phenomenology that focused on “the development and articulation of meaning-giving methods of phenomenology on the basis of the *practical examples* [researcher’s italics] that can be discerned from the primary literature on phenomenology” (p. 212). He included the work of Husserl, Heidegger, Scheler, Merleau-Ponty, and Sartre and looked to the future of phenomenology from a perspective of “openness” (p. 213). Van Manen (2014) regarded phenomenology of practice as an experiential invitation to embrace an openness to learning, openness to the present moment, openness to wonder, and an
openness to a sensitivity toward philosophical thought, but focused more on “the personal and social practices of everyday living” (p. 213).

Van Manen (2014) argued that “phenomenology of practice distinguishes itself from the more purely philosophical phenomenologies that deal with theoretical and technical philosophical issues” (p. 213). However, while phenomenology of practice acknowledged the importance of reflective, logical thought, it emphasized the existence of experience as “subtle, enigmatic, contradictory, mysterious, inexhaustible, and saturated with existential and transcendent meaning that can only be accessed through poetic, aesthetic, and ethical means and languages” (p. 213). According to Van Manen (2014), phenomenology of practice invited new thinking and creative approaches that explored the meaning of lived experience.

Van Manen (2014) distinguished between four complimentary aspects of the epoche-reduction from the perspective of a phenomenology of practice: “the heuristic reduction, the hermeneutic reduction, the experiential reduction and the methodological reduction” (p. 222). Van Manen (2014) claimed that each aspect of the epoche-reduction contributed to the reduction proper from their own viewpoint. He encouraged researchers to reflect and bracket according to the four aspects of the epoche-reduction as below.

Van Manen (2014) claimed that the heuristic epoche-reduction contributed a sense of wonder, as obtained from the use of bracketing described earlier by Moustaka (1994), and by breaking free from all that was taken for granted about the phenomenon. The hermeneutic epoche-reduction, on another hand, would challenge the researcher to bracket their own assumptions and preunderstandings that the researcher may have concerning the phenomenon, to reflect on possibilities, and to cultivate an openness to
learning. The experiential epoche-reduction involved bracketing the theoretical aspects of the experience. It dealt with, as van Manen (2014) explained, “explicating concreteness or living meaning” (p. 225). The methodological epoche-reduction attempted to bracket all preconceived approaches to the study in the hope of arriving at an approach, quite possibly a new creative approach, best suited to the goals of the research.

The reduction proper. Van Manen (2014) claimed that each aspect of epoche contributed to the reduction proper as “meaning giving sources of meaning” (p. 228). Indeed, freeing oneself from the taken-for-grantedness, preunderstandings, theoretical and methodological assumptions that could inhibit a researcher from authentically reflecting on the phenomenon through the research and writing, all enabled the researcher to approach and engage the lived experience of the study.

Van Manen (2014) described five forms of the reduction proper encountered in the literature. It is not necessary to examine each individually. However, it is significant to note two of the approaches that apply to the study, the Eidetic and the Originary. Van Manen (2014) described eidetic reduction in the Husserlian terms of the unique what and the how of the phenomenon in consciousness. Furthermore, he explained, “The eidetic intuition is the grasping of an essential insight, and the eidetic reduction aims to arrive at the possible invariations . . . of a phenomenon” (p. 229). In contrast, however, the method of originary reduction looks at the inception of meanings of an experience and can be revealed through insights, new ideas, and the revelation of truth. Van Manen (2014) clarified that, “the originary reduction focusses primordially on the emergent meanings and how a phenomenon originates and comes into being” (p. 236).
The Research Procedure and Design

In the current project, the researcher required a methodology that would invite meaning to unfold within the context of the lived experience of the participants. The researcher was inspired by the words of Denzin and Lincoln (2011) as they offered their definition of qualitative research, “Qualitative research consists of a set of interpretive, material practices that make the world visible” (p. 3). Indeed, the goal of making the invisible world of shame visible encouraged the researcher to choose a phenomenological qualitative study that would invite meaning to unfold and be seen.

In view of the above, and considering the experiential and exploratory nature of the present study, the phenomenological methodology chosen included the thematic approach outlined by van Manen (1997) and utilized the four complimentary aspects of the eпоche-reduction as described by van Manen (2014), presented earlier in the chapter. This hermeneutical phenomenological methodology was determined to be relevant for the exploration of shame in the presence or absence of God in the caregiving process of Stephen Ministry.

Population and Sampling

The population of interest to the researcher were Stephen Ministers trained to provide Christian care in a congregation. As explained in the introductory chapter, Stephen Ministers received over 50 hours of training in caregiving. Stephen Ministers would meet with their Stephen Leader for individual supervision and for continuing education twice per month, or more frequently if needed. Therefore, each participant had the opportunity to debrief and discuss their participation in the study in a safe and secure environment, if the need had arisen.
Forty-five Stephen Ministers in the United Church of Canada were asked through an invitational flyer or word of mouth to participate in the study (see sampling procedure below). Of these, 12 Stephen Ministers from Islington United Church in Toronto chose to respond and volunteered to participate in the research. The 12 volunteers for the study, 8 women and 4 men, were representative of the gender balance ratio of women to men who participated as Stephen Ministers at Islington United Church. Participants were Christian, Caucasian, and between the ages of 25 and 85 years of age. Participants had lived in Canada for at least 5 years and spoke fluent English. Four of the participants were involved in Stephen Ministry since the program began at Islington United in 2000.

Within the United Church of Canada, clergy are not recognized as members of any congregation. In view of this, participants in the study were aware of the researcher as a member of clergy and as a voluntary associate minister. Thus, while the researcher was not their pastor, he was affiliated with the church and knew of the participants.

**Sampling procedure.** The sampling and recruitment process began with an invitation to Stephen Ministers to participate in the study through the distribution of an informational flyer approved by the Research Ethics Board of Wilfrid Laurier University (see Appendix A). Potential participants were then invited to an informational group forum presented by the researcher to those individuals who were interested in learning more about the research project. At the informational group forum, details concerning the project were explained to potential participants. The information presented at the forum also addressed questions from potential participants concerning the expectations of the participants in the project.
During the informational forum, an Informed Consent Statement, also approved by the Research Ethics Board of Wilfrid Laurier University (see Appendix B), was available for review to those individuals who were interested. The Informed Consent Statement outlined in detail the data collection procedures, the expectations of the participants, and confidentiality.

**Instrumentation**

The researcher used Form M of the Myers-Briggs MBTI questionnaire to determine the personality type of the participants. The questionnaire was administered before completion of the interview process. However, the results of the questionnaires were not tabulated by the researcher until after the interview process. The researcher received the results of the individual questionnaires with the informed consent from each participant. All participants freely agreed to forward their results to the researcher. The researcher paid the cost of administering the MBTI questionnaire and the report. The participants incurred no financial cost.

**Role of the researcher.** The instrumentation of the project also included the researcher as principal investigator of the research and transcriber of the interviews. While the researcher’s skill as a psychotherapist and as an ordained minister may have helped to establish a deep level of trust with the participants, and hopefully enabled the participants to reach rich levels of exploration, the researcher’s role in the project was not that of therapist or that of minister.

However, the researcher was aware that a perceived power differential existed with participants related to the researcher’s recognized roles as pastor, psychotherapist, and researcher. With open communication and informed consent throughout the interview
process, participants were supported to respond to the interview questions in a way that created a safe space for the participants to reflect, explore, and give voice to thoughts and feelings in the interview.

**Data Collection Procedures**

The Data was collected through semi-structured one-to-one interviews with the participants. During the interview process, the researcher used a set of open-ended interview questions based on similar interview questions used by Hirsh and Kise (2006) in their qualitative study on personality types to collect data in the study. The four interview questions used in the semi-structured interviews were as follows:

- Can you tell me of a time when you felt drawn toward God?
- Can you tell me of a time when you felt pushed away from God?
- Can you tell me of an experience when you felt drawn toward your care-receiver?
- Can you tell me of an experience when you felt distant from your care-receiver?

The open-ended interview questions encouraged the participants to go deeper into their lived experience of the presence or absence of God as they were invited to talk about struggles, explore ambiguities, and express life stories related to their experience.

The data collection procedures involved audio recording of the one-to-one interviews. The researcher transcribed the interviews, removing any identifying information, and agreed to uphold confidentiality of the participants regarding the data collected. Therefore, pseudonyms were used in the study and in any report resulting from
the research to ensure confidentiality. The audio recording of the interviews would be erased after the completion of the project.

Field notes were taken during the interview process that included “off the record” remarks given by the participants. It should be noted that these remarks were not used in the transcription of the interviews. However, these remarks informed the investigator and became part of what the researcher brought to subsequent interview sessions. They also informed the data analysis and the data interpretation process.

Body language and facial expression. Field notes were also used to keep track of the body language and facial expressions of the participants. These notes were added to the transcriptions and indicated (a) the presence or lack of presence of eye contact with the researcher and (b) the posture of the arms and legs (open or closed) of participants. A simplified, yet concise, shorthand was used that involved X’s and O’s to indicate closed or open posture of a participant (“X” indicated closed and “O” indicated open posture). For a description of how the notes on body language and facial expression were assessed into the findings, see the Data Analysis section of the chapter that follows.

Personality Profiles of the Sample

As noted previously, the Myers-Briggs MBTI questionnaire, Form M, was administered confidentially and independently to each participant before the interviews were completed and transcribed. However, the results of the MBTI questionnaires were not tabulated or analyzed into the research data until after the transcriptions of the interviews were complete. This procedure reduced the risk of a possible bias toward interviewing and transcribing each personality type. Thus, during the interview and
transcription process, the lived experience of each of the participants became the focus and not their MBTI personality type.

As determined from the MBTI test scores, of the eight female participants involved in the study, two women scored as ENFJ, two as ESFJ, two as ENFP, one as INFJ, and one as INFP. Of the four male participants, two men scored as ENFJ, one as INTJ, and one as ENFP (see Table 1). The MBTI personality profile distribution and the most frequent function pair predominant in the sample of participants are described further in the Findings chapter (see Table 2).

**Data Analysis**

The data analysis methodology involved an approach that integrated elements from Moustakas (1994) and van Manen (1997; 2014) as follows. After transcribing the interview, the researcher read the entire description of the experience to gain an overall perspective of the data. Then the researcher read through the transcriptions slowly and reflectively to highlight significant statements of participants and transitions in meaning. This led to the formation of meaning units that were determined by noting consistencies, irregularities, expectations, and surprises in the significant statements. The researcher eliminated duplications, clarified the meaning units by relating them to each other, and formed clusters of meaning units. The researcher reflected on each meaning unit and through phenomenological reduction explored the textural description of the experience.

The researcher augmented the data analysis process with the work of van Manen (1997) who described the following approaches to phenomenological data analysis:

- Thematic (exploring essential themes and sub-themes),
- Analytical (using anecdotes and reconstructed life stories),
• Exemplificative (using examples of the essential nature of the phenomenon),
• Exegetical (using intensive, reflective dialogue with existing literature), and
• Existential (exploring a tapestry created in time, space, and community).

Within the thematic approach, van Manen (2014) outlined three levels of textural analysis, “In exploring themes and insights, we can treat texts as sources of meaning at the level of the whole story; at the level of the separate paragraph; and at the level of the sentence, phrase, expression, or single word” (p. 320). To clarify, at the level of the whole story, van Manen encouraged the researcher to ask, what phrase summarized the meaning of the whole text? At the next level, in a more selective reading approach, van Manen asked the researcher to explore the essential statements that described the experience. Then, at the level of a detailed reading approach, van Manen (2014) asked, “What may this sentence or sentence cluster be seen to reveal about the phenomenon or experience being described?” (p. 320). In view of the above, van Manen’s (2014) thematic approach was used in the data analysis that revealed major themes and subthemes as it explored shame in the presence or absence of God in Stephen Ministry.

Assessment of body language. As stated earlier, the analysis of body language and facial expression involved the field notes written and added to the transcriptions of the interviews. The notes indicated the presence or lack of presence of eye contact with the researcher and the posture of the participant’s arms and legs (open or closed). The assessment of body language and facial expression was used in conjunction with the transcribed words and phrases of the participants to evaluate the presence of emotion. The meanings attributed to the body language and facial expression were derived from
the work of Helen Block Lewis (1987a), Silvan Tomkins (1987), and Karen Horney (1945) as introduced in the opening chapter of this paper and as described below.

Tomkins (1987) regarded affect as “the primary innate biological motivating mechanism” (p. 137). A rubric for assessing the presence or absence of shame began with Tomkins (1987) and his claim that “affect is primarily facial behavior” (p. 138). He described shame as an innate negative affect where the eyes and the head were lowered. Wurmser (1987) agreed with Tomkins regarding the significance of facial expression as an indicator of the presence of shame, and observed, “it is evident that the eye is the organ of shame par excellence” (p. 67).

The rubric for assessing the presence or absence of the affect of shame extended beyond facial expressions. As explained by Lewis (1987a), indications of shame also involved an individual’s heart rate, respiration and other bodily responses. In view of Lewis’ (1987a) assertion, the recognition of the presence or absence of shame included the observation of both facial and bodily responses of an individual.

To further validate the recognition and assessment of the presence of shame, the work of Karen Horney (1945) and her study on a typology of personality types was used in relation to shame. As stated earlier, Hartling (2000) adapted Horney’s model and stated that an individual who experienced shame may either “move away . . . move toward . . . or move against” (p. 4) relationships involving shame. The response of moving against shame involved “anger, resentment, and rage” (Hartling, 2000, p. 4). This was supported by Lewis (1987b) who spoke of shame-rage as hatred turned against the self. Another term that Lewis (1987c) used to refer to shame-rage was “humiliated fury” (p. 32).
In view of the above, the data analysis of body language and facial expression contributed to the assessment of the shame affect and the presence or lack of presence of the emotions of shame, rage and humiliation. A physical indication of the shame affect during the interviews encouraged the researcher to explore further the possibility of the presence of shame through the context and content of significant statements from the participants.

**A Process of Validity**

Creswell (2013) presented numerous and varied perspectives on validity in terms of its definition, importance and implementation in qualitative research. He admitted that the vast array of approaches could be confusing to researchers, and he outlined his own personal approach to validity. Creswell (2013) suggested thinking of the concept of validity as a strategy employing several approaches to safeguard the accuracy of results. He recommended using such procedures as observation, thick descriptions, triangulation, peer review, and the clarification of researcher bias to reveal the truth of the study.

Van Manen (2014) approached the concept of validity from the perspective of truth. He credited Heidegger (1998) with regard to a distinction made between two forms of truth, “veritas and aletheia” (p. 342). Van Manen (2014) stated that veritas referred to a sense of certainty related to justice, law, and righteousness, while aletheia referred to a sense of disclosure, revelation, or openness. Van Manen (2014) explained: “Aletheia is the movement of truth that does not rely on an adjudication between the true and the false in terms of fixed principles. Instead, the truth of aletheia is derived from the study of meaning and meaningfulness” (p. 343). The above distinction between truth as certainty and truth as openness to meaning-making led the researcher further to an understanding
of validity within the constructivist view as a co-construction of meaning-making in the data analysis process.

Van Manen (2014) added the concept of strength to the term, validity. “The term validity derives etymologically from the Latin *Validus*, meaning strong. The criterion of strength can indeed be used to assess the phenomenological acceptability and convincibility of a study” (van Manen, 2014, p. 347). Van Manen (2014) claimed, “The validity of a phenomenological study has to be sought in the appraisal of the originality of insights and the soundness of interpretive processes demonstrated” (p. 348). According to van Manen (2014), peer review and triangulation did not fulfill the requirements of validation because the procedures of peer review and triangulation did not provide an assurance of quality. Van Manen (2014) defined the strength of a phenomenological study in terms of the integrity of the researcher, the recognition of their personal bias, and a “scholarly treatment of sources” (p. 347).

In view of the above, the following strategies were used to safeguard the quality of the study: (a) verification of the accuracy of the transcripts, (b) reflexivity throughout the study, (c) peer consultation and debriefing, (d) the voice of each participant being heard and included in the data analysis, and (e) a scholarly treatment of sources.

**Verbatim examples.** Verbatim quotations selected from the interviews highlight the findings of the participants presented in the following chapter. The verbatim words and phrases contributed to the analysis, the formation of clusters of meaning units, and the themes of the study. The quotations from the participants were not adjusted for English colloquialisms. However, verb tense and grammatical irregularities have been corrected to ensure consistency of sentence structure.
**Researcher Bias**

Creswell (2013) stated that research began with an acknowledgement of what the researcher brought to the research, such as beliefs, ethics, politics, and conceptual bias. Creswell claimed that by acknowledging one’s own beliefs, the researcher positioned themselves in the research process. This also supported van Manen’s (2014) claim that the recognition of researcher bias and reflexivity contributed to the validity of the study.

In view of the above, it was essential for the researcher to become aware of his own bias and to reveal his bias to the readers of the study that it may be assessed fairly. The researcher’s bias, as described below, also included an experience of shame in relation to the church that is discussed further in the Theological Reflection chapter.

**Bias as an ordained minister.** The personal bias that the researcher brought to the research project included his lived experience as an ordained minister in the United Church of Canada. This was significant from various perspectives. As stated earlier, all participants in the study were involved in the congregational life of the United Church of Canada. As a member of clergy, the researcher was affiliated with the church and knew of the participants. However, the researcher was not their pastor. Second, the researcher’s training as a minister shaped his theological approach to caregiving. The theological and ministerial implications of placing Jesus at the center of one’s life was fundamental to the researcher’s faith. Finally, the theological questions that the researcher personally struggled with concerning the presence or absence of God may have colored his tone of voice and the way he had asked questions and related to the participants. The researcher maintained a discipline of self-awareness and self-reflection as he assessed the influence of his theological bias throughout the process of the study.
**Bias as a psychotherapist.** The researcher’s bias also included his experience and training as a spiritually integrated psychotherapist. The researcher had worked with clients who had experienced struggles with God and with clients who had lost their identities in experiences of shame. While this professional experience had contributed to the researcher’s knowledge and awareness of the shame experience, the researcher maintained a constant attentiveness throughout the interview process that enabled the researcher to monitor how this may have influenced his questions and communication with the participants. In a circumstance where the researcher became aware that his training as a psychotherapist was influencing him, he refocused his attention on providing a safe space for the participant and not asking leading questions of the participant.

**Training as an actor and theatrical director.** The researcher also brought to the project his professional training as a stage actor and theatrical director. As a graduate of the Ryerson Theatre School, the researcher had received training in voice, movement and stage acting. In view of this, the researcher had developed a disciplined awareness of body language, voice intonation, and emotional expression. The researcher’s experience and knowledge of the human form and the expression of emotion assisted the researcher to recognize, recall, record, and assess the body language and facial expressions of the participants.

**Researcher’s personality profile.** The researcher’s personality profile, as scored from the MBTI questionnaire administered to the participants, is INFJ. The researcher’s dominant function, introverted intuition, emphasizes the integration of ideas and concepts to help others. The researcher’s auxiliary function, extraverted feeling, strengthens the relational characteristics of collaboration and consideration for others. The researcher’s
tertiary thinking function challenges the researcher to develop objectivity when assessing situations. The researcher’s inferior function, extraverted sensing, may unconsciously influence the researcher to neglect details of immediate realities in which he may find himself. Hirsh and Kise (2006) stated that strengths of an INFJ include “envisioning innovative solutions to problems...[and] understanding the feelings and motivations of others” (p. 135).

The bias that the researcher brought to the study included the characteristics of his personality profile. The researcher’s personality influenced how he heard, interpreted and wrote about the responses from participants. Through a process of self-reflection, an awareness of these biases informed the interpretation and writing process. Van Manen (1997) stressed the importance of writing:

Writing is a reflexive activity that involves the totality of our physical and mental being. To write means to write myself, not in a narcissistic sense but in a deep collective sense. To write phenomenologically is the untiring effort to author a sensitive grasp of being itself – of that which authors us. (p. 132)

Van Manen’s (1990) view of writing embraced Heidegger’s (1968) concept of *recollection* “as a gathering of the kinds of understanding that belong to being” (p. 132).

While the methodology of hermeneutical phenomenology invited me, as researcher, to write myself into the research through my lived experience, it also encouraged me to develop a self-disciplined awareness (van Manen, 1997). Thus, the researcher brought his awareness to the key concepts of the research question: shame, the presence or absence of God, and caregiving. Also, the reflexivity of the writing process itself contributed to the validational strength and openness of the study (van Manen, 2014).
Ethical Considerations

As mentioned, the details of the proposed study were explained to the participants during an informational group forum, and each participant in the study was provided with an informed consent statement before the one-to-one interviews with participants. While the risk of emotional or psychological harm being experienced by participants from this research study was minimal, if any of the participants had experienced adverse effects because of their participation in this study, their Stephen Leader was available for debriefing and supervision as necessary. The senior minister of the church was also available for support and counselling if needed.

A plan to minimize this potential risk was initiated in the pre-interview session where a relationship of trust was initiated and developed between the participant and the researcher. During the session, the interview procedure was explained that all potential participants. Areas of emotional intensity that might arise out of participation were also discussed. Participants were given an opportunity to weigh the personal risks against the potential benefits of being involved in the project and to decide for themselves whether to participate or not. Participants were also informed that they may withdraw from the study at any time. It should be noted that none of the participants reported adverse effects from participating in the study or withdrew from the study.

Assumptions. The researcher brought the following assumptions to the study: (a) the expectation of honest responses from the participants, (b) an expectation of a degree of literacy of the participants that enabled understanding of the interview questions, (c) an expectation that participants upheld the ideals of Stephen Ministry, (d) an assumption that the participants were Christians with a belief in God (though it was not assumed that each
would share a similar theology or religious perspective), and (e) an expectation that the participants would respect the integrity of the study. It was assumed that the researcher would not lead the participants in a predetermined direction through the interview process and that the researcher would continually reflect on and assess his own bias. Furthermore, the researcher assumed that a degree of trust could be established between participant and interviewer that would create a safe space for each participant as they spoke of their life experience in relation to shame in the presence or absence of God in Stephen Ministry.

Summary

The chapter presented a methodology consistent with the interpretive framework and goals of the study that involved deepening an understanding of the lived experience of shame in the presence or absence of God in the caregiving of Stephen Ministry. The interpretive framework of social constructivism supported a phenomenological method that acknowledged the data analysis process of Moustakas (1994) and the hermeneutic thematic approach of van Manen (1997, 2014). A brief background of phenomenology was presented that acknowledged contributions of Husserl and Heidegger as foundational to phenomenology. Key phenomenological concepts, intentionality of consciousness, imaginative variation, and phenomenological reduction were described. The population, sampling procedure, instrumentation, data collection process, and data analysis were presented. In addition, it was a goal of the chapter to make it possible for scholars to continue research into shame and to effectively assess and evaluate the worth of the findings that they may reproduce or contrast the study.
Chapter 4

Findings

As stated, the study explored the research question: What is the lived experience of unacknowledged or unprocessed shame in the presence or absence of God experienced by Stephen Ministers who offer Christian care? The definition of shame used in the paper as presented in the introductory chapter was: “Shame is the experience of one’s felt sense of self disintegrating in relation to a dysregulating other” (DeYoung, 2015, p. 18).

The Findings chapter is organized in terms of the major themes and subthemes revealed through the analysis of data obtained from the interviews with the participants. The relevance of the major themes and subthemes to the research question was determined by the following criteria explained in the Methodology chapter:

1. direct reference to shame by the participants in relation to the presence or absence of God when speaking of an experience of shame,
2. indirect reference by the participants to an experience of shame in relation to the presence or absence of God, and
3. emotional indication of shame in relation to the presence or absence of God when the participants spoke of an experience of shame.

The chapter begins with the distribution of the personality profiles of participants involved in the study and a description of the MBTI dominant functions represented by participants. The chapter then proceeds thematically by reporting the major themes and subthemes as revealed by the findings. The chapter concludes by acknowledging the contribution of each participant to the formation of themes and the insights achieved towards a consistent description of the phenomenon of the study (Moustakas, 1994).
**MBTI Personality Profiles of Participants**

As stated in the Methodology chapter, the MBTI personality profiles of the twelve participants of the study were distributed as follows. The test scores of the eight female participants revealed that two women scored as ENFJ, two as ESFJ, two as ENFP, one as INFJ, and one as INFP; and of the four male participants, two men scored as ENFJ, one as INTJ, and one as ENFP (see Table 1 and Table 2). For reference, MBTI characteristics of each dominant function represented by the participants are described below.

**Extraverted feeling.** Of the 12 participants involved in this study, 6 participants (4 women and 2 men) exhibited the extraverted feeling personality trait. Hirsh and Kise (2006) indicated that this personality type tended to focus on “meaningful relationships with God and with others” (p. 200). Ross (2011) expanded and said that “extraverted feeling readily seeks connection and harmony with the feeling of others” (p. 168). The following statement from Mary illustrated this tendency: “We connected on such an amazing level. It was truly one of the most blessed conversations of my life.”

**Extraverted intuition.** Three participants (2 women and 1 man) exhibited the extraverted intuitive dominant function. A characteristic of this category included the tendency of extraverted intuitive types to understand “what was going on in other people’s minds” (Beebe, 2004, p. 96). They also tended to possess the ability to imagine life opportunities not yet seen by others. This was supported by such statements from extraverted intuitive participants as: “There is some profound spiritual thing in all people that can take them from wherever they are to new heights” (Paul), and “I am connected to his [God’s] presence” (Beverly).
**Introverted feeling.** One participant (Joan) had the introverted feeling dominant function. According to Ross (2011), “Introverted feeling concentrates on values that matter most to the individual” (p. 168). Hirsh and Kise (2006) agreed that this personality type tended to focus on nurturing one’s personhood through “issues that matter to people” (p. 235). However, when an INFP’s inferior function was activated, an INFP could struggle with “objectivity and truth” (Hirsh & Kise, 2006, p. 238).

**Introverted intuition.** Two participants (Jessica and Robert) and the researcher displayed the introverted intuition dominant function. Hirsh and Kise (2006) described the characteristics of introverted intuition as: “Seeking answers to life’s mysteries; studying the unknown; exploring the unseen through the imagination and the intellect” (p. 120). Hirsh and Kise (2006) also stated that it is common for persons with introverted intuition to feel that they “belong to God” (p. 120).

**Data Analysis and Themes**

The data analysis process, as outlined by van Manen (2014) and Moustakas (1994), involved transcribing the interviews and then reading them to gain an overall perspective of the data collected. Next, the transcriptions were read slowly and thoughtfully to arrive at meaning units. Moustakas (1994) called this step horizontalization. The third step involved clarifying the meaning units, eliminating any redundancies, and forming clusters of meaning units. This was followed by further exploration and reflection on the clusters to gain insight into the essence of the phenomenon. The descriptions gained from each participant led to what Moustakas (1994) called a “synthesis and integration . . . of the insights achieved into a consistent description of the structure of the learning” (p. 14).
The data analysis revealed six preliminary themes that were reduced to four major themes. The six preliminary themes were: (a) disconnection, (b) guilt, (c) unworthiness, (d) grief and loss, (e) connection, and (f) image of God. The preliminary themes were reduced to the four major themes: disconnection, guilt, connection, and image of God, as subthemes of disconnection emerged as: abandonment, grief and loss, unanswered prayer, and helplessness. The major theme of guilt revealed subthemes of inadequacy and unworthiness. The theme of connection revealed subthemes of prayer and community. The major theme of image of God revealed the nature of each participant’s relationship with God in the presence or absence of God.

**Theme 1: Disconnection**

Elizabeth (ENFJ) was the only participant to use the word “ashamed” in her interview. It directly referred to her experience of shame in relation to her disconnection from God. Elizabeth’s experience of disconnection is reported to begin the findings:

The only thing I could think of was, ‘I am so ashamed.’ It was so hard to finally admit that I was so ashamed . . . the feeling that the door of heaven was slammed in my face . . . you are not good enough anyway. . . . that feeling of, ‘Oh, I am so ashamed!’

Elizabeth did not mention the cause of her experience of shame, but she did mention the result of her experience as follows.

**Elizabeth’s disconnection.** When the door of heaven slams in one’s face, as Elizabeth described, it can be reasoned that a disconnection with God occurs. Elizabeth did not initially explain who slammed the door of heaven in her face, however, she acknowledged that the door of heaven was shut. Elizabeth’s statement of disconnection
from God was in direct contrast to her more connective statements about God when she perceived that the door of heaven was open to her: “God was very much a support, [someone] walking with me, like I'm not in this alone;” and “I would imagine Jesus just holding my hand.” This disparity in Elizabeth’s relationship with God exemplified a significant change in either Elizabeth’s availability to God, God’s availability to Elizabeth, or both.

Even though the door of heaven was closed in Elizabeth’s eyes, and she admitted to experiencing shame in her relationship with God, it was not evident from the findings whether Elizabeth’s shame caused her to experience disconnection from God or whether her disconnection from God caused Elizabeth to experience further shame. Nevertheless, this ambivalence appeared to create a tension within Elizabeth that could be seen in her posture and body language. For when she spoke of her shame experience, she sat in a closed position, legs crossed and she held herself tightly as if shrinking in front of me, indicating a physical expression of a disintegration of self in relation to God. This was consistent with Elizabeth’s MBTI profile as an ENFJ who needed the self-validation provided by her values and beliefs (Hirsh & Kise, 2006).

**A sense of evil.** Beverly (ENFP) described her disconnection with God. It was a vivid account of a time when she experienced a sense of evil in the absence of God: “The times that God is not with me, I think it is the devil that steps in. He [the devil] will call my name and I will blame him. Get thee behind me! Get out of my life!” Beverly was one of two participants who spoke of the absence of God in terms of the presence of evil. Beverly spoke matter-of-factly about her experience of the devil, without showing anger, remorse, or guilt. However, while the presence of evil did not appear to frighten Beverly,
her posture, vocal intonement, and avoidance of direct eye contact with me in the interview indicated a discomfort when talking about the subject and a disintegration of her felt sense of self when talking about the presence of the devil in her life at times when God was absent.

Participant Laura (ESFJ) was another participant to reveal in her interview the presence of evil in her life when disconnected from God. Laura described the devil as “the enemy,” and spoke of her struggle with fear of the enemy:

My mind can go to the worst scenario, then I struggle with guilt because fear and love cannot coexist. And if you are fearful, then this is too big for you . . . but that fear! I really believe the enemy [the devil] has been attacking me this winter with fear . . . and I felt, “God, are you there? Why aren't you answering?” So, I have felt a distance from God. Maybe he [God] doesn't care.

The above example of Laura’s deep disconnection from God also exemplified the subtheme of abandonment presented in the following section.

**Subtheme 1.a: Abandonment**

Laura’s disconnection from God, as described above, was supported by her softening tone of voice and her closed body posture in the interview. Also, her feeling of helplessness (see subtheme 1.d) as expressed in her words, “God, are you there? Why aren't you answering?” spoke of feeling lost and abandoned. Laura experienced a disintegration of her felt sense of self in the eyes of God, a dysregulating other.

Participant Anna (ENFP) also reported an experience of abandonment in relation to God as a dysregulating other during a time of intense emotional struggle in her life. Anna’s experience was directly related to the key concepts of the research question:
caregiving and image of God. The following background to Anna’s story is necessary to understand the emotional struggle that Anna experienced and her disintegration of self in relation to a dysregulating other, God.

**Anna’s history of connection with God.** Anna described herself as an only child with, in her words, “a forever relationship with God.” She had a huge curiosity of church and the Bible. She said that the story of Moses absolutely fascinated her. She understood it as the story of God looking after a young child. At home, Anna’s parents had frequent conversations about God. Therefore, Anna learned of God at a young age. Anna said, “I was made aware of God’s presence as a kid. I got my grounding in who God was, . . . God was a creation of all relationship.”

Anna believed that God, as the creation of all relationship, existed in every aspect of her life. She remembered her father asking her every morning at breakfast, “What is the church doing today?” This question meant to her, “What was I doing today?” because to her father, the church was about people, not about buildings. Anna grew up with the view that God existed not only in the church, but everywhere. Anna asserted that her knowing that God was everywhere connected her “with everything that was before and everything that was yet to come” (see also theme 3).

**Anna’s disconnection from God.** Later in life, after Anna and her husband had two beautiful children, they decided to have another child. When they learned that they were expecting twins, Anna and her husband felt great anticipation at the approaching birth of their twins. They prepared a beautiful nursery, and the twins were born amidst great joy! Then suddenly and without warning, the twins tragically died of unexplained causes. As Anna revealed, a part of her died with them:
They [the twins] were born full-term. Then one died, and then the other died, and I was really mad about that! I was not mad at God, but it took a long time to get over it. It felt like there was something I should have [done]. . . . I thought all I had to do was pray harder, do more . . . and it will aright itself, and it did not.

Anna tried to explain the anger that she felt, “I don't know if it was God that I was more angry with, or myself. It felt like I missed a step, like I hadn't heard God direct me in what I should be doing.” Anna resigned herself to the fact that the only one left to blame concerning the death of her twins was herself, for she said, “There was nothing you could blame it on.” Anna continued to try to make meaning of the tragedy concerning her twins:

Up to that point in my life people were dying in the right order. The older people were dying first. But this was not the right order. This was, you know, our children. And it was not right. And there was nothing you could blame it on. So, you are thinking, “God, where are you? . . . Did you leave? What happened?”

Anna continued to reflect and confide her feelings about her experience of loss and the absence of God in her life:

At that age, it was hard to process where God was in the picture. It felt like God was absent. It wasn't that you were angry at God, because God wasn't there at that point. You know, you are not going to be angry because God, just at that point, wasn't. Well, there cannot be a God. If we are healthy people at this stage of our life, having our children, and these children, for no apparent reason, have now died, you know, therefore God is not looking over us in this situation because this wouldn't happen, if God was looking over us.
The findings revealed that the shock of this traumatic event in Anna’s life experience and in her relationship with God touched Anna deeply. It was difficult for her to find the words to continue to speak of the incident, though she said that she was fine and wanted to continue. Anna said that she had processed the event and had moved on in her life. However, it was evident in the interview from the tone of her voice, facial expressions, her downward gaze, and averted eyes that the emotions that she had felt years before when her twins died were still very present in her awareness.

Anna stated in the interview that she was not angry with God because she could not be angry with a God who was not there. Also, Anna did not display any anger in the interview toward God. However, Anna revealed mixed feelings about God because she also confided during the interview that she felt angry at God and at herself. Anna’s words and body language supported her emotions. For when Anna asked, “How can you blame a God who is not there?” she lifted her arms half-heartedly in a gesture of helplessness (subtheme 1.d) and her tone of voice trailed softly into silence. An ever-present God that had connected Anna with all creation as a child had left her abandoned and alone at the death of her twins.

Anna wanted to blame God, but found she was blaming herself. In Anna’s words, when she felt that God was absent from her life, she felt “locked into a state of bitterness and despair.” She described her struggle with disconnection (theme 1) and abandonment (subtheme 1.a) from God: “When I felt apart from God, I felt like there was nothing to hang on to. I was just floating. . . . It felt like God was absent. I was without God.”

To summarize Anna’s experience, Anna experienced the ambiguity of feeling both angry and not angry at God. She acknowledged feeling bitterness, despair, helplessness
(subtheme 1.d), grief (subtheme 1.b), guilt (theme 2), regret, confusion and inadequacy (subtheme 2.a) related to her experience of the absence of God. Anna did not mention the word shame in relation to God. However, Anna experienced a disintegration of her felt sense of self in relation to God, a dysregulating other. Thus, Anna experienced shame.

**Subtheme 1.b: Grief and Loss**

Eight of the participants revealed experiences of grief and loss in the interviews. All eight participants struggled with the absence of God from their lives during times of despair. For example, participant John asked, “How could God let this happen?” John admitted to feeling helpless concerning the paradox of God being in control and of God being not in control. Laura spoke of her experience of grief when her father and grandmother died, “I was not angry with God, but I did feel separated from [God].” Joan also experienced a similar separation from God as her parents died and they became estranged from God, “It did feel disconnected . . . at the end of [my father’s] life, he felt abandoned, like God wasn’t there for him. It really felt that way for both [my parents].”

Participant Anna, as discussed earlier, described her grief at losing her children and experiencing the absence of God:

> When you are welcoming children into your life, and when they die, a part of you dies with them. As for me, a part of those deaths was a death of God. It felt like God was absent . . . without God, I felt locked into a state of bitterness and despair.

As described, the experience of grief, loss, bitterness, and despair revealed personal struggles of participants such as Anna with their felt sense of self in relation to God.
In view of this, the findings revealed that at times of great personal loss and experiences of grief, participants experienced a disintegration of one’s felt sense of self in relation to the presence or absence of God, a dysregulating other.

**Subtheme 1.c: Unanswered Prayer**

The experience of unanswered prayers led James (ENFJ), Jessica (INFJ), and Paul (ENFP) to question the validity of their own prayer life. Thus, James did not feel content using prayer in his caregiving, and Paul struggled with his belief in prayer, “I am still not sure what I believe.” Jessica struggled with the question of why some prayers were answered and why some prayers were not answered by God. As the findings revealed, while the experience of answered prayer (see theme 3.a) fostered connection with God, unanswered prayer led to a disintegration of one’s felt sense of self in relation to God.

As a further example, participant Laura (ESFJ) prayed to God that she may work through her feelings of guilt (see theme 2) and reconnect with God. However, contrary to her expectations, Laura’s prayer did not remove the guilt that Laura felt, “I prayed about it . . . I prayed many times, and I was never relieved of the guilt.” As important as prayer was to Laura (see subtheme 3.a), Laura’s unanswered prayer did not remove her guilt and increased the disintegration of her felt sense of self in relation to God.

**Subtheme 1.d: Helplessness**

The Mud-hole. One of the lessons plans of Stephen Ministry training was called, “Stuck in the Mud-Hole” (Haugk, 2000a, p. 32). This lesson plan described the pitfalls of Stephen Ministers who lost themselves in the problems of their care-receivers. The experience of being in the mud-hole could result from a Stephen Minister becoming trapped in his or her own emotions, from becoming codependent on their care-receivers
and getting lost in their problems (Beattie, 1992), or from feeling stuck and not knowing what to do in a caregiving relationship.

Participant Martha (ESFJ) experienced the mud-hole. Martha admitted that she did not relate at all with one of her care-receivers. Martha’s experience of disconnection included feelings of being stuck and overwhelmed. Martha asked, “Where was God?” She blamed herself for disconnecting from her care-receiver and looked to God for help. Receiving no direction from God, she continued to ask, “Where was God?” Martha felt helpless in relation to her care-receiver and in relation to God.

Participant Elizabeth (ENFJ) experienced the mud-hole from another perspective. After her experience of shame and disconnection from God (described earlier), Elizabeth struggled to find her own sense of self-worth. She confided that she wanted to “hide in a hole” (Elizabeth) and punish herself for not connecting with her care-receiver. Furthermore, Elizabeth dug deep and put up walls to protect herself:

I am a performer. That is what I do. I faked a lot . . . I could be there with somebody and I could be a Stephen Minister. I could listen to people, but there was a wall between what was truly me and what was pretending to be me.

Elizabeth and Martha exemplified a struggle that each participant potentially faced as a Stephen Minister, that of getting stuck in the mud-hole.

Participant Jessica (INFJ) experienced getting stuck and disconnecting from her care-receiver. Jessica’s care-receiver had called Jessica an evil person. Thus, Jessica felt misunderstood, confused, and she began to doubt her effectiveness as a caregiver. She also felt guilty (see theme 2) that she had let God down. As Jessica questioned, “Am I good enough? Can I do it? Can I help people? Can I be the face of God?”
Participant Joan (INFP) experienced a similar situation where the anger of her care-receiver had pushed her away and had caused a disconnection in their relationship. Joan admitted that the anger created a difficult situation for Joan to deal with. Participant Robert (INTJ) also experienced anger from his care-receiver that caused disconnection. He described his experience, “They may not physically push you away, but there is a resistance. . . . It strikes a bit at your confidence of being a Stephen Minister.”

Theme 2: Guilt

Participant Laura (ESFJ) spoke directly about feeling guilty and admitted to struggling with guilt in her relationship with God:

It was a very traumatic decision. And for ten years I struggled with tremendous guilt. I prayed about it personally. I had prayed many times, but I was never relieved of the guilt. I just felt that I was the worst person! . . . And because of that God felt very distant.

Laura pulled away from God and experienced a disconnection from God because of her guilt. Laura reflected further and revealed, “I think I knew that I had [God’s] forgiveness. But I didn't forgive myself.”

Paul (ENFP) also confessed his guilt in relation to God, “I feel guilty because . . . we don't say prayers anymore at night.” He spoke about going to church on Sundays, being on various committees, and yet struggling with his faith in God. The quieting of Paul’s voice, the shrinking of Paul’s demeanor in the interview chair, and the downward gaze of his eyes revealed emotion that was hard for him to put into words. When talking about his relationship with God and about his faith in the interview, Paul expressed a diminishment of his felt sense of self in relation to God, a dysregulating other.
Subtheme 2.a: Inadequacy

Participants Mary (ENFJ), James (ENFJ), John (ENFJ), and Joan (INFP) revealed their feelings of guilt and inadequacy. Mary spoke of her struggle with feeling inadequate in relation to her lack of belief in God, “I am not proud of myself to say this, but I believed more strongly in goodness [than in God].” James confided his inadequacy related to his understanding of the Bible, “I am not very knowledgeable about the bible to be honest with you. Though I try to live my life in a relatively decent sort of way.” James did not feel as competent or as worthy as the other Stephen Ministers who knew the Bible thoroughly, and he questioned his ability to offer biblical Christian care. John also felt insecure and at times inadequate concerning his ability to offer Christian care, “I am very insecure about that. You know, am I doing enough? . . . Can I do better?”

Participant Joan revealed her feelings of inadequacy and subsequent feelings of diminishment of self as she waited for God to tell her what to do:

I was waiting for the thunderbolt to come and say, “This is what you need to do!”

I was waiting for God to speak to me, and it was not happening! . . . I thought,

“Why is this happening? Why do others feel called, [and] others hear God’s voice? . . . How come I am being overlooked here?”

Similar to Joan and her struggle to understand why God was not responding to her, Paul also admitted, “I have felt inadequate,” in relation to caregiving and in relation to God.

Participant Jessica (INFJ) also experienced a similar inadequacy when she questioned her ability to pray to God successfully, “Why didn't God answer our prayers? . . . Maybe I didn't pray all that well . . . is it my fault? Are you saying that it is my fault that my father died? Because our prayers were inadequate?”
**Elizabeth’s inadequacy.** As reported earlier in the chapter, participant Elizabeth questioned her own self-worth as she described her feelings of shame. She admitted that during her struggle with shame, she also experienced a struggle with feeling unworthy of God living inside of her, “Sometimes it feels overwhelming! Do I really have God living inside of me?” Elizabeth questioned her worthiness in God’s eyes because of the disintegration of her felt sense of self in relation to God.

Elizabeth did not use the word, guilt, in her interview. However, guilt and shame are often confused and used interchangeably (Pattison, 2000). Also, as defined earlier, guilt and shame can be so intrinsically connected that they can appear to be the same experience (DeYoung, 2015; Miller, 1985). Further to Elizabeth’s revelation that she felt shame in regard to her own behavior, she spoke of “letting lots of people down, including myself.” Elizabeth reflected on her own words and elaborated, “It was me who turned [away from God]. We think that God has turned away from us. He doesn't turn away, we turn away.” In view of this, the findings revealed that Elizabeth’s experience of shame also included an experience of guilt.

Furthermore, Elizabeth’s experience of guilt was twofold. Not only did Elizabeth feel guilty because of her shameful behavior in the past of which she could not name, she also felt guilty because of her turning away from God. Elizabeth’s words of revelation were said softly and with a feeling of regret as she realized, “God never pushed me away. It was me who put up the wall. It was me who turned around” (Elizabeth), thus metaphorically, slamming the door of heaven shut on herself.
**Subtheme 2.b: Unworthiness**

Four participants spoke directly of feeling unworthy in relation to God in the process of caregiving, Elizabeth (ENFJ), Beverly (ENFP), Paul (ENFP), and Joan (INFP). As reported earlier, Elizabeth struggled to regain her sense of worth after admitting to an experience of shame, “It took a long time for me to find that worthiness.” Similar to Elizabeth’s experience, Beverly also revealed, “I struggle with whether I feel worthy. You know, Jesus is here with us.” While Beverly did not use the word shame, she experienced an ambivalence toward Jesus’ presence. Did the presence of Jesus provide strength and healing for Beverly, or did the presence of Jesus increase her feelings of unworthiness, disintegration of self, and feelings of shame? The findings provided insufficient data to conclude either way concerning Beverly’s ambivalence of God’s presence.

Paul admitted to feeling a sense of unworthiness related to caregiving and his relationship with God:

> I felt totally unworthy. And the context was interesting because, as I say, we went into Bangladesh, and I really felt unworthy. That is where there was a lot of foot kissing, and really worshiping you as a God. I felt totally inappropriate and unworthy. . . . I have felt inadequate.”

Paul’s feelings of unworthiness related to God resulted from his experience of being worshipped as a god. Paul could not live up to such adulation and praise from others. This experience and the experience of Paul reported earlier concerning Paul’s confessed guilt in relation to God (“I feel guilty because . . . we don't say prayers”) illustrated a disconnection of self from God and a disintegration of self in relation to God.
Participant Joan reflected on her experience of caregiving in relation to God and said, “There were times when you do feel that way [unworthy], but I also think it gives you incredible empathy for people that you are dealing with.” While Joan’s physical posture, mannerisms, and her tone of voice when speaking of feeling unworthy of God, indicated an experience of diminishment of self in relation to God, Joan attempted to find a positive validation for her experience of unworthiness. She claimed that it gave her a better understanding of those she cared for.

Elizabeth’s unworthiness. Elizabeth’s experience of shame involved a time of immense personal struggle. She admitted, “That was a big struggle for me, of me doing something really stupid.” Elizabeth did not name her shaming act, but she conceded to taking years to regain her sense of self-worth, “It took a long time for me to find that worthiness.” Elizabeth’s struggle to find her self-worth revealed further tension within her relationship with God, for she stated, “Christ lives in me, not just me and him, but together.” This dichotomy of Christ living within Elizabeth and the doors of heaven being slammed in her face appeared to increase the shame that was revealed by Elizabeth’s words, emotions, and her metaphorical shrinking physical presence in the interview room.

Theme 3: Connection

Each of the twelve participants spoke of connecting with God. For example, Mary (ENFJ) connected with God by quieting her thoughts and listening to God. She stated that she had to “claim the Holy Spirit,” in order to connect with God. As Mary explained, the Holy Spirit was her “personal call to ministry.” Mary also spoke of
hearing God’s call when reconnecting with God. She asked herself reflectively, “Does God speak directly to me?” She answered, “Yes, but not all the time.”

**Companion.** When connecting with God, participant Martha (ESFJ) described an image of walking together with God. Martha spoke of how important connecting with God was to her and how others could see the difference it made in her life:

There were years when I felt away from God, and away from the church. I really didn't know what I was missing until I got back. Even my son said to me that I was different, a different person from the mother he grew up with. The only change has been [my] relationship with God that is very strong.

The description of Martha’s connective experience with God was similar to Elizabeth’s description of walking with God and holding the hand of Jesus. Both experiences spoke of the need for proximity to God in order to maintain a strong sense of self. Laura added to this with an insight into her relationship with God and how God reconnected with her, “It is the most amazing thing, he [God] connects with us right where we are.”

**Mission.** John (ENFJ), however, spoke differently and explained how it was his mission in life that brought him closer to God, “It is very important that the way I feel about my mission in life agrees with what I would think Jesus would want my life to be. That has brought me very much closer to Jesus and to God.” John affirmed that keeping his mission and caregiving Christ-centered helped him through the difficult times.

**Peace.** Beverly (ENFP) spoke of her connection with God, “When I was without connection, I was [alone]. I had to do things to connect. . . . I remember the [bible verse] about the peace that surpasses all understanding, and I just connect to the divine in that, to God.” Beverly described what gets in her way when reconnecting with God:
I think I am aware of God's presence, but I forget that I am connected to his presence. In the Martha moments, of being in too many details, I chastise myself for not connecting to the presence of God. I overlook the fact that I probably am connected.

Beverly continued to explain that “He [God] would show up during a phone call, or in a rainbow, a bird song, or in a snowflake.”

Empathy and trust. Jessica (INFJ) spoke about being drawn toward God most of her life and experiencing God through the actions of others, “I experienced God working through a person and saw God's being shining through a person.” Jessica described Jesus as being at eye level, and explained her perception of God, “In terms of how I perceive him [God], I guess if I were to choose one word, it would be empathy.” Jessica revealed, “My children brought me closer to God, and helped me form this close relationship [with God].” Jessica did not elaborate on how her children brought her closer to God. However, feelings of compassion, empathy and being at eye level were important to Jessica in her relationship with God and with her children.

Jessica also revealed another aspect of her connection with God, trust:

The closer I get to God, I am more likely to hear him speak inside me. . . . The more I listen to his [God’s] call, the more I trust it. I do feel that assurance. . . . [When] I talk about the call, hearing the voice inside, and learning to really trust it, I guess it makes me feel more secure. I guess just trusting that when I need help, it will come.
Jessica’s trusting relationship with God coincided with Anna’s “forever relationship with God” that was reported earlier. In times of connection with God, both Jessica and Anna felt that “God was always with you in a non-judgmental way” (Anna).

**Presence.** Participant Paul (ENFP) revealed that he experienced the presence of God in situations where he thought “I should not have.” The first experience occurred at a time when he was in Calcutta:

I have trouble [understanding] the absence of God. Just because you are living on the street in Calcutta, doesn't mean that there is an absence of God, because it is the dignity that they [the children] do have, and the ability to survive in those conditions that seems to be prominent to me. It is not that they happen to be on the streets to start with. . . . That really speaks of the presence of God.

Paul experienced the presence of God through the children in Calcutta. He also connected with and experienced a similar presence of God in Toronto:

I want to mention one more thing about seeing the presence of God. This outfit, Street Haven, the one that works with drug addicts, had a mass every Christmas Eve. . . . My wife and I used to go every Christmas, because that was Christmas to us. It was the most moving thing! To see these rough tough street kids, with marks up and down their arms, and tattoos up the wazoo, who could be very difficult, just become angels. . . . You would swear that the candlelight was inside them as well as outside them.

Paul had not expected to connect with God during his experiences of God described above. It could be seen from Paul’s soft and genuine expression and his felt sense of
incredulity and yet amazement in the interview that Paul did connect with God as he described, and that his experience touched him deeply.

Ambivalent connection. James (ENFJ) and Robert (INTJ) spoke of connecting with God in a less dramatic manner. James admitted, “I do not connect with God the way other people do.” As James made this comment, he looked down averting my eyes. It appeared from his posture and mannerism that James was uncomfortable revealing his relationship with God for fear of being judged. I assured James, in my role as interviewer, to only speak of what he was comfortable sharing with me. He relaxed and added in a light-hearted manner, “I had trouble discerning whether God was a Catholic or a Protestant.” He smiled, but with a grain of truth in his statement about his relationship with God, “I can't really say that I felt drawn towards God,” He paused a moment, and continued, “Nor have I felt separated from God either.”

Robert, on the other hand, admitted, “there has always been a time when I have been searching for God in some way.” Robert explained further:

When [I] feel drawn toward God, I think it is within [myself] that [I] feel that longing . . . that need to connect to people, to the world, to nature, to friends, to relatives, to a sense of something greater than ourselves. God is in all of that! Robert elaborated on his sense of longing for God and on his process of meaning-making to find God:

I want to stay closer to God, feeling the presence of God . . . because of interaction with other people. . . . Just the fact that every person is a child of God. . . . I keep looking at each person, difficult as it may be, but seeing not only a child of God, but seeing the face of God in each person . . . be it a
homeless person waiting for a handout sitting in an alleyway, or the business
baron in a Bay Street tower rushing with his briefcase.

Robert believed that connecting with God meant that he was interconnected with
everyone: “It is God that unites us. . . . God is working through us. . . . I feel connected
to God with that.”

**Elizabeth’s reconnection.** Elizabeth spoke of reconnecting with God, “It takes
struggle . . . to get there [to reconnect].” Elizabeth explained as follows:

I can do that, put up walls easily, I can do that. I have been doing that a long time.

“Okay, I won't let you in, I have my walls.” It took a long time of letting Jesus
take every rock down . . . totally being open and not even expecting that would
happen, that feeling of, “Oh, I am so ashamed!” That was when he opened the
door so I could come in.

In the case of Elizabeth, after she experienced the shame of not being good enough in the
eyes of God (“You are not good enough, anyway”) and in the eyes of her community, she
described her reconnection with God. Elizabeth realized that it was not God who had
slammed the door of heaven shut in her face. Elizabeth understood that she had slammed
the door of heaven on herself, “He [God] was just waiting for me to admit my weakness
and come back.”

Elizabeth expanded on her experience of weakness in relation to God and her
need for strength as follows:

And then through that whole long period of struggle, the one really wonderful
thing that I learned was . . . I don't really want to say it was worth it, but it was
a benefit in the end. It is okay to say that I'm not strong. I like to be strong. I
am a leader. I like to have everything organized. I do not want to come across as a weak person. That is just my personality. But I could say, “Yeah, I am not always strong. I am weak.” And that took a lot of courage.

Elizabeth called the above realization “a turning point” in her relationship with God. She admitted that she did not understand God, but she tried to explain her relationship with God in terms of peace and balance, “It is a paradox, but Jesus always works with paradoxes. It's like [you are] falling into balance. There is an immense peace in that.”

**Subtheme 3.a: Connective Prayer**

**Prayer for presence.** Participant Mary (ENFJ) spoke of the significance of prayer in her ministry. Mary revealed, “My biggest prayer is that people will experience God in me.” Martha (ESFJ) confided, “I remember praying about it because I did feel distant from God.” Martha explained that she practiced a form of meditation known as healing prayer. Elizabeth spoke of the importance of prayer in her caregiving, “In my life, prayer is being one with God.” John (ENFJ) wanted his care-receivers “to know that belief in Jesus, prayer, and embracing religion at an emotional level, can help them.”

**Prayer for self-care.** Robert (INTJ) spoke about the importance of praying for self-care in order that caregivers “have renewed energy, renewed strength . . . it is a time of trying to refill the well within yourself.” Robert revealed his reliance on what he called the Serenity Prayer. He would pray for: “the courage to change the things we can change, the patience not to change what we cannot change, and the wisdom to know the difference” (Robert).
**Space for prayer.** Beverly (ENFP) spoke of the importance of having a private space to pray. Beverly described such a sacred sanctuary where she could be alone with God:

I used to go visit another church which had this great big tree trunk in the middle of the church that was carved out, and it was called, the Mother of God. And you could sit inside it. The carpenter had found this tree in the woods that was hollowed out by lightning. It was eight or ten feet tall and huge. He carved it to look like Mary, and he carved it so that you could sit inside it. You would climb in, sit inside, and you would pray. It was a place that I used to go and pray for my children.

Beverly did not always require a private space to pray in. However, she said that being in such a space helped her to connect with God.

**The miracle of prayer.** Laura (ESFJ) spoke of the following two powerful examples of the transforming power of prayer in relation to caregiving. The first episode concerned Laura and her children:

I took them [my children] to a church, to a prayer meeting, and they were healed. They [the doctors] told me that they would never be healed. It was something they [my children] would have the rest of their lives. They were healed of that!

Laura gave details of her children’s disorder in the interview. However, the details are withheld in the paper for confidentiality. Laura understood that other people may find it difficult to believe the miraculous healing of her children. She knew that other people
would look for a rational explanation beyond prayer. However, Laura knew her prayers for her children had been answered by God.

Laura’s second example of the miraculous power of prayer occurred when she was the instrument of healing herself, and God’s power had worked through her:

I just put my hands on her head and I prayed into her ear, dear Jesus, just take this girl's headache away. And about five minutes later, there was a blood curdling scream, “He did it! He did it!” And I am thinking, “Who did what?” She [the girl] said. “Jesus took my headache away!”

Laura knew that prayer could work miracles, for she had experienced it personally. However, when prayers were not answered, as reported earlier (theme 1.c), Laura experienced a diminishment of self in relation to God.

**The ambivalence of prayer.** Nine of the twelve participants spoke with deep conviction of the power of prayer in their connection with God in relation to caregiving. However, James (ENFJ), Jessica (INFJ), and Paul (ENFP), the three participants who did not fully integrate prayer into their ministry of care, experienced an ambiguity in relation to prayer. For example, James confided his feelings of hesitancy regarding prayer, “I am not really a great one for prayer, I do not pray a lot. But I like to think that there is some part of it that is helping one way or another.” James acknowledged the benefit of prayer, and yet he was unable to use it in his caregiving.

Jessica spoke of similar feelings about prayer, “I must be honest because to this day, I still have very mixed feelings about prayer.” Jessica explained her ambivalence toward praying for her care-receiver, “When we ask for something in prayer, we don't always get it, and when that happens, I picture [Jesus] crying along with us and sharing in
our sorrow.” Not satisfied that she was being clear, Jessica described a time when she was angry with God for not answering her prayers. She struggled, “Why didn't God answer our prayers?” Jessica confided that prayer was difficult for her to understand, especially when she heard such statements from her care-receiver as, “I prayed for this thing, and my prayer was answered.” The findings revealed that unanswered prayer was a source of struggle for Jessica and a possible source of disconnection from God.

As reported earlier, Paul spoke of prayer in relation to his feelings of shame and guilt (theme 2) in relation to God, “I feel guilty because . . . we don’t say prayers anymore . . . I am still not sure what I believe.” Paul spoke softly, looking down, almost in tears and added, “So prayer for me is complicated.” Speaking about prayer opened an emotional release for Paul that touched his disintegration of self in relation to God.

The findings revealed that participants Laura, James, Jessica, and Paul found prayer to be ambiguous in their ministry of care. For while answered prayer could bring forth healing miracles, unanswered prayer could result in the experience of shame as the disintegration of one’s felt sense of self in relation to God, a dysregulating other.

**Subtheme 3.b: Community**

Robert (INTJ) explained that community gave him a sense of purpose in his ministry with God, “This whole sense of community, this sense of service . . . a sense of being all that you can be in God’s world.” He believed that within community, “We get our value from what we do, not who we are,” and he described community as a “ripple effect on the world” that interconnected everyone with something greater than themselves:
That need to connect to people, to the world, to nature, to friends, to relatives, to a sense of something greater than ourselves. . . . God is in all of that! . . . God is everywhere. God is in my life. He is in everyone's life. We don't always recognize it as God.

Not only did Robert see God as being everywhere and in everyone, he recognized that God was a means to understanding the interconnectedness of God’s creation, for Robert continued:

Yes, a sense of community. . . . I am part of a large family. And that one family extends beyond the lines of the bloodlines of the nuclear family, to everyone I'm connected with. It is an interconnection with everyone.

In addition, Robert emphasized that a community based on faith was important to his caregiving:

I think more importantly . . . is being connected with a community of faith . . . .

It never makes me doubt my faith in God. . . . God is always there, even if I do not know what to do. . . . Here at church, and I think in many other churches too, there is very much an emphasis that we are a community . . . God unites us.

Robert gained a sense of strength from his community of faith. As he said, even when he did not know what to do in a caregiving situation, his community of faith connected him with his care-receiver through God and God’s creation.

Beverly (ENFP) spoke about a time when she was without community, “I was without connection. I was by myself. I had to do things to connect. You have to find something in community.” Beverly cautioned others not to get lost in community, “You can’t stay connected to everybody . . . you will spread yourself too thin.” She advocated
finding balance in community and that helped Beverly find, as she said, “the peace that surpasses all understanding.”

Jessica (INFJ) told of an experience when she felt God’s presence through a relationship with another person in community, “I think it was the first time that I experienced God really working through a person, seeing God’s being shining through another person.” Jessica referred to a caregiving experience at a summer camp where she witnessed a fellow caregiver extend love and respect towards a care-receiver. Jessica’s experience in community helped her to trust “that when I need help, it will come.”

Joan (INFP) described her memories of growing up in a small town where she had such a meaningful church community connection. For her, church was community, “It feels like home!” Joan was involved in the church choir and said, “I don’t have any great standout memories of church . . . it was just that community connection.” When Joan spoke about her church community and reflected on it, she relaxed in her chair in the interview and she felt calm, less anxious about church.

Paul (ENFP) and James (ENFJ) confided struggling with their faith in community. James admitted that he struggled to connect with God “the way other people do,” and Paul said, “I don’t know how to say it, but I don’t go around loudly saying, ‘I am a Christian’.” While James experienced a diminishment of self in relation to God and the church community concerning his theological knowledge and training, he valued his friendships and personal connections within community. On the other hand, Paul said he was nurtured more by the worship experience in church than by his friendships in the church, “I love the ritual. I love the singing, and all the fancy stuff that goes with it.” Paul continued, “I felt it was an experience of God.”
Anna (ENFP) described her concept of church community as “where God resides in our relationships together. It is in heart space. . . . I feel that we are all joined in the heart of God.” As much as Anna was involved in her church community and could be found daily at the church building, she claimed that church was far more than the building itself and more than showing up for worship on Sunday morning. Anna lived and modelled a life of community where, as she said, “Everything is sacred.”

As reported earlier in the findings, Elizabeth and Laura who experienced shame and guilt in community also longed for a community where they would be accepted and free from their shame and guilt. Elizabeth believed that Jesus would walk with her into community, “I would imagine Jesus holding my hand.” Likewise, Laura wanted the assurance of God’s presence and forgiveness to reconnect with God in community.

**Theme 4: Image of God**

As defined in the Review of Literature chapter, the term, image of God, was used in this paper to represent an individual’s relational construct of God that acknowledged the lived experience of God in the lives of the participants. In view of this definition, the participant’s relational and experiential construct of God integrated an individual’s God representation (Rizzuto, 1979), cognitive God concept, (Moriarity & Hoffman, 2013), and emotional God image (Grimes, 2013).

**God as male.** All the participants used the pronoun “he” when speaking of God, even though participants such as Anna called God “not human,” and Joan indicated that God was “nature.” The findings revealed that the concept of a paternal image of God provided either a positive experience of great security for participants or a negative
experience of insecurity and diminishment of self, depending on each participant’s circumstance and their relationship with God.

For example, Martha experienced being bullied by God and felt that God was picking on her, “Why? Why me? Why is this happening?” In Martha’s words, “I really thought God had deserted me. I could not get past that part... the immediacy of blaming God for picking on me.” For Martha, the experience of being bullied by God resulted in a disintegration of self in relation to God.

In similar experiences, Laura, Joan, and Anna also experienced the absence of God and the fear of abandonment that resulted in a disintegration of self in relation to God. For example, when Laura and Elizabeth felt the guilt of letting God down, they experienced the idealized presence of a father’s love being removed from them. Also, when Anna, Laura, Jessica and Paul struggled with unanswered prayer, they experienced the paternal image of God judging them as being unworthy of answered prayer.

In view of the above, a dominant emotion revealed in the findings related to a patriarchal image of God was fear: fear of being judged (Anna, Laura, Jessica, and Paul), fear of letting God down (Elizabeth and Laura), fear of being bullied (Martha), and the fear of abandonment by God (Laura, Joan, and Anna). The emotion of fear did not indicate a direct presence of shame. However, as perceived and described by the participants, the presence of the qualities of judgment, abandonment, and condemnation from one’s image of God led to feelings of disintegration of one’s felt sense of self in relation to a dysregulating other, God.

God is everywhere. Each participant described the omnipresence of God as God being everywhere at the same time. Mary, Elizabeth, Robert, and John called this
attribute of God, Spirit. John referred to this attribute of God as “an envelope of love” and “a sense of completeness.” Beverly spoke of God’s presence as “a sense of intimacy,” while James, Anna, and Paul spoke of their “knowing” that God was near as a universal presence. Jessica associated God with empathy, for she felt that God was intimately near her and knew her empathically.

The omnipresence of God presented a dilemma to participants who experienced God’s absence. For example, Robert described his struggle, “God is everywhere . . . [yet] I am searching for God. I don’t understand.” Robert struggled to find a God that was believed to be everywhere and in everything, but was unavailable to him. The experience of God being everywhere, yet unavailable, created tension in Robert’s relationship with God. Robert questioned God’s presence.

Another example of the tension created by God’s omnipresence was revealed by Joan as she spoke of her struggle with her unanswered prayer, “I was waiting for the thunderbolt, waiting for God to speak to me, and it is not happening.” Participant Anna also struggled with her search for an omnipresent God, and with her resultant feelings of guilt, “God, where are you?” (Anna). In view of this, the findings revealed that the absence of an omnipresent God contributed to a disintegration of self in relation to God.

Elizabeth’s image of God. Elizabeth (ENFJ) spoke of many personal images of God related to the key concepts of shame and caregiving. She held more images of God than any of the other participants. She began, “I have a funny image of God.” Then Elizabeth proceeded to speak of the wide range of metaphors that made up her images of God. Elizabeth attempted to establish meaningful relationship with all her images of God:
God is definitely male. He is a “He.” God is also light. . . He is a rock. [God is] somebody I can rely on, somebody who will not let me down. . . People have let me down, but God will never let me down. [God] is very much that rock, that support, that strength, that mighty fortress! He has the strength.

But he [God] is also the breeze, you know, that you cannot see on the trees. I love the wind and to hear that wind, and being outside. A lot of people find God in nature. I don't look at each leaf and say there is God in that. That is not what God is to me. But he is in the overall . . . Wow, look at that sunset! Or in pictures of absolutely gorgeous landscapes as a whole, or in a thunderstorm, but definitely in light.

At this point in the interview, there was a noticeable pause as Elizabeth reflected on her own words and on her experience of God. She lowered her head and spoke softly, as if she were trusting me with a personal secret and she confided, “God is also in darkness . . . like a pregnant darkness.” Then Elizabeth continued to share with me her thoughts and feelings about God in the darkness of her life:

A lot of things happen within that dark, and it is not all bad. I think that darkness is [part of] our struggle. It is not all bad because, if it wasn't for [the darkness], we would not know how bright and wonderful the light is.

As Elizabeth continued her reflective self-examination of her relationship with God, she revealed a characteristic that helped define her personal relationship with God. She spoke of the many ways God was present in her life:

The image that I have of God changes according to situations, according to what I need. I have no problem saying, “Ok God, I need you right now to be the rock.
Can you be the rock?” Not that I am telling him what to do, but [I am] telling him my needs, “God, I need lightness. God, I need strength, or right now, I need laughter.”

Elizabeth’s everchanging image of God expressed her need for dependence on God’s presence and for assurance that God was near. For, whether Elizabeth required God to be rock, light, or laughter, she relied on God’s presence to fill her need.

As Elizabeth expanded on her image of God, she explained that she felt an intimate connection with God. It was a revelation not mentioned by other participants.

Elizabeth confided the following with a feeling of innocence and trust:

I would imagine Jesus just holding my hand. In my mind, God and Jesus [are] the same person, the same Spirit. Christ lives in me, not just me and [Jesus separately], but together. It's beautiful! Because I have God inside me, that gives me strength. That gives me confidence to feel that someone is catching me . . . knowing that the letting go is also a submitting to God's will. I trust that God is with me. I can let God, let go and let God, although I don't like that cliché. It is more of a breathing out and relaxing into his presence. I'm weak, but I have Jesus. He is strong. God is a big presence in my life.

Elizabeth experienced a paradox of connection (theme 3) and disconnection (theme 1) due to the intimate relationship revealed by Elizabeth that God lived inside her. For when Elizabeth submitted to God’s will and trusted in God, she felt connected with God. She expressed that connection by saying, “I could see myself the way God sees me. I could see every tiniest little blood vessel in my body, every part of me, and I felt, ‘This is love. God loves me’. However, when Elizabeth turned away from God and slammed the door
of heaven behind her, Elizabeth not only experienced disconnection from God, but she experienced the shame and guilt of that disconnection, “Oh, I am so ashamed!”

**Summary of image of God.** The findings revealed a diversity of images of God. Within the diversity of images of God described by participants, there was revealed a consistency of lived experience related to the presence or absence of God. For example, regardless of a participant’s image of God, be it light, darkness, rock, spirit, companion, guide, etc., a participant could experience God as present or absent. In view of this, the experience of God’s presence or absence evoked either a positive or negative affect determined by a participant’s relationship with their image of God. The findings revealed that a negative affect resulting from a participant’s experience of the presence or absence of God included an experience of shame as a disintegration of one’s felt sense of self in relation to God, a dysregulating other.

**The Composite Description**

The textural descriptions of what participants experienced as the disintegration of their felt sense of self in relation to a dysregulated other were combined with a structural description of how they personally experienced shame in the presence of absence of God. The composite description, revealed by a reduction of themes and subthemes, led to the essence of shame in the presence or absence of God as disconnection (theme 1), the overarching theme of the study. However, within the essence of disconnection there emerged an accompanying need for “time out,” or a time to be still with one’s shame. As Creswell (2013) specified, the composite description led to the discussion that follows.
Chapter 5

Discussion

The Discussion chapter proceeds through each domain of the review of literature to engage where the findings support or differ from the current literature and where the findings may build upon or expand on the current literature. During the discussion, the voices of the participants resurface to highlight similarity or point out irregularity in the findings as related to the literature. The discussion proceeds conversationally, and within each domain of research the related themes of the findings are presented.

Creswell and Poth (2018) described the discussion phase of a phenomenological research project as “turning the story” (p. 287). They encouraged researchers to maintain congruence between the approach of the inquiry, the methodology, and the philosophical framework. Phenomenologically, Creswell and Poth (2018) described turning the story as the combination of textural and structural descriptions “to convey an overall essence of the experience” (p. 78).

The meaning of the word, convey, indicates “to express, to communicate, or to put into words” (Merriam Webster). Thus, turning the story of the lived experience of shame in the presence or absence of God in Stephen Ministry required the researcher to put into words that which would defy being put into words. By way of explanation, each theorist presented earlier in the theoretical elements section of the Literature Review acknowledged that an individual experiencing shame would seek to hide or remove themselves from view. As Pattison (2000) indicated, individuals experiencing deep shame would rather die from shame than be seen by others. Thus, turning the story required of the researcher to make the invisible world of shame visible to the reader.
First Domain of Research: Image of God

The theme of disconnection emerged in the study as an overarching theme or essence of the findings related to the experience of shame in the presence or absence of God in Stephen Ministry. As no previous research existed on the topic of shame in the presence or absence of God in Stephen Ministry, there was no prior composite description of what the participants experienced and how the participants experienced shame in the presence or absence of God. Thus, related research was reviewed in chapter two, and as outlined, three preliminary topics surfaced from a data search on shame and image of God: (a) self-worth and image of God, (b) the healing power of image of God, and (c) sexual abuse and image of God. Sexual abuse and image of God showed a direct link between shame and an individual’s relationship with their image of God. Therefore, studies by Murray and Ciarrocchi (2007) and Messina-Dysert (2012) begin the discussion of the literature regarding an individual’s image of God and their experience of shame.

Sexual abuse in relation to disconnection. Stephen Ministers are called upon, not as therapists, but as spiritual caregivers to care for those who have experienced trauma (Haugk, 2004). In view of this, results of the current study supported research by Murray and Ciarrocchi (2007) regarding spirituality, shame, and guilt as predictors of sexual attitudes. In their study, Murray and Ciarrocchi (2007) discovered that a “sense of alienation from God predicted shame and guilt” (p. 222).

As reviewed in the literature, Messina-Dysert (2012) explored the experience of spiritual disconnection in a study on rape. While none of the participants revealed that they experienced rape or sexual abuse during the interviews, the concept of rape as spiritual death where victims could not see themselves “in relation to the divine”
(Messina-Dysert, 2012, p. 123) related to the findings of the current study. For Messina-Dysert (2012) revealed that when an individual could not express their pain of being raped, they experienced invisibility and an estrangement from self, community, and God. The findings of Messina-Dysert (2012) supported the findings of the current study regarding individuals who could not express their experience of disconnection from God in their community of faith. For, as Tomkins (1980) asserted, shame was experienced as a “self-validating affect” (p. xxviii) where the negative self-reinforcing spiral of shame would continue to grow.

As an illustration from the findings, Elizabeth experienced disconnection and shame as a disintegration of her felt sense of self in relation to God, a dysregulating other. To restate, a dysregulating other is someone “who fails to provide the emotional connection, responsiveness, and understanding that another person needs in order to be well and whole” (DeYoung, 2015, p. 20). Elizabeth’s experience of God failed to meet the emotional connectedness and responsiveness that Elizabeth required to feel whole and healthy in relation to God. Elizabeth confided how difficult it was for her to acknowledge her shame of disconnection from God in her church community, “It was so hard to finally admit that I was so ashamed.”

**God as a dysregulated other.** DeYoung (2015) did not specifically address religious issues or images of God in her study on shame. However, the findings of the current study supported the work by DeYoung (2015) in view of the experiences of the participants where God failed to meet their emotional connectedness and responsiveness. Indeed, the omniscient, omnipresent, and all-powerful attributes of God could magnify the influence of a dysregulated other to unbearable proportions as explored below.
DeYoung (2015) described the process from dysregulation to chronic shame: Shame starts as a simple right-brain to right-brain dysregulating event, but as those events, unrepaired, cluster in memory and wire up consistently with other neural events, shame becomes a chronic relational emotion shaped and colored by the relational contexts in which it came to be. (p. 42)

In view of this, God can be experienced as a powerful dysregulating other. DeYoung (2015) explained further, “If we are in emotional distress, what we get from unhealthy relationships will leave us feeling more shame, guilt, and confusion” (p. 20). Expanding on this, DeYoung (2015) added and emphasized the heightened vulnerability of children and their resultant susceptibility to dysregulation and experiences of shame.

**Stephen Ministers as children of God.** While the experience of shame as related to children was not a focus of DeYoung (2015), nor of this present study, her comment on the vulnerability of children inspired a discussion on the concept of children as it related to a family of faith and the experience of the participants as children of God. To be clear, all participants in the study were adults. Yet Stephen Ministers are instructed in a process of Christian care that recognised God as Father, and Christians as children of God. Thus, within the metaphor of church as a family, Stephen Ministers attend church as children looking for assurance, connection, and love. In view of this metaphor, it is reasonable to state that Stephen Ministers feel, not only a heightened responsibility for caregiving, but a heightened vulnerability to God as Father in the process of offering care.

**“The wrath of God” in relation to unworthiness.** Stroope et al. (2013), in their study on God image and identity, asked: “If a loving image of God helps individuals feel attached, cope with difficulties, and have a better self-image, what are the likely effects if
individuals conceive God as angry at them, or distant and unconcerned about their lives?” (p. 36). In response to this question regarding a diminishment of self-esteem in relation to a distant or unconcerned God, the results of the current study furthered the research of Stroope et al. (2013). Findings of the current study indicated that during an experience of shame as the disintegration of one’s felt sense of self in relation to God, the absence of God was interpreted by participants in relation to feelings of inadequacy and feelings of unworthiness. As participants said, “Maybe, God doesn’t care?” and “I am not worthy anyway.” In view of this, feelings of inadequacy and unworthiness contributed to the over-arching essence and experience of disconnection from God.

*The presence of evil.* In terms of the operative definition of shame used in the study, participants Beverly and Laura experienced shame as the disintegration of their felt sense of self in relation to the absence of God. They described the absence of God as the presence of evil. As Beverly stated, “The times that God is not with me . . . it is the devil that steps in.” Laura also described the devil as being present in the absence of God as she called, “God, are you there? Why aren't you answering?” The experience of shame in the presence of evil expanded on the findings of Murray-Swank and Pargament (2005). Their research did not include reference to either the presence of evil or to the devil in an experience of sexual abuse and disconnection from God.

*“The open arms of God” in relation to connection.* Connection emerged as a major theme in relation to recovery from an experience of shame. In support of Murray-Swank and Pargament (2005), findings of the present study revealed that positive God images could facilitate recovery from shame and connection with God. For example, after her experience of shame, Elizabeth indicated the importance of her positive images of
God, “I would imagine Jesus just holding my hand” and “God is my rock . . . God is my light.”

In further support of the findings of the current study, research by Stroope et al. (2013), explored the relationship between loving God images and an individual’s sense of “purposeful identity” (p. 35). For, the images of God as described by the participants of friend, guide, healer, shepherd, mentor, and companion, spoke of a loving and caring connection with God. Furthermore, in relation to a loving God image, the participants spoke of feeling peace, purpose and mission in their ministry of caregiving. Thus, the concept of purposeful identity as used by Stroope et al. (2013) resonated with the ability of the participants as Stephen Ministers to offer pastoral care when connected to God through a loving God image.

Research by Benson and Spilka (1973) that explored the relationship between an individual’s God image and the individual’s experience of self-esteem, also supported the results of the current study. Benson and Spilka (1973) found that individuals with loving God images tended to achieve higher test scores regarding self-esteem than those with rejecting, judging or impersonal God images. While the current study did not directly assess self-esteem, the results did indicate that loving God images tended to encourage a participant’s feeling of peace and safety, both within their caregiving relationship and within their relationship with God.

“Where two or more are gathered” in relation to community. Messina-Dysert (2012) explored a process of healing from shame that involved the expression of a person’s experience of shame and release of their pain in the context of community. Their results acknowledged the presence of a divine power for spiritual healing that was
experienced in the “intimate interactions with others” (p. 130). In support of Messina-Dysert (2012), findings of the present study affirmed the experience of a healing presence within community. For example, participant Jessica described her connection with God and community in terms of empathy and compassion, “If I were to choose one word, it would be empathy.” Jessica clarified that she connected with God through the action of others, “I experienced God working through a person, and saw God's being shining through a person.”

Further in support, the healing from shame that Anna experienced reinforced the findings of Messina-Dysert (2012) that self-image and self-worth were healed through the release and expression of an individual’s struggle and pain within community. For in Anna’s case, it was the community of her home and the community of her church family that provided this means of expression. The support and personal interaction with others in Christian community provided a means for Anna to heal from her experience of shame as the disintegration of her felt sense of self in relation to God.

Messina-Dysert (2012) spoke of community in terms of “spiritual resurrections” (p. 128) and defined community as follows:

Community can be two people. By reaching out to one other individual the rape victim can accomplish the steps and begin her journey of spiritual resurrection. Because the divine is experienced within those intimate interactions with others, the woman is able to achieve redemption. (p. 130)

Participant Beverly spoke of finding balance in community that she may feel, as she said, “the peace that surpasses all understanding.” Joan described her church community, “It feels like home!” Anna described her concept of church community as “where God
resides in our relationships together. It is in heart space. . . . We are all joined in the heart of God.” Thus, the results of Messina-Dysert (2012) supported the findings of the present study concerning the importance of acceptance in community for recovery from shame.

**Faith-filled community.** Participant Robert revealed that the context of a faith-filled Christian community was important to his caregiving. While Robert acknowledged community as connection to “something greater than ourselves,” Robert saw the value of faith within community. Robert emphasized, “At church . . . there is an emphasis that . . . God unites us.” Robert’s emphasis on Christian community as a basis for connection added a spiritual component that went beyond Messina-Dysert’s (2012) claim that “spirituality . . . would be better understood as striving towards goodness and righteousness within the world” (p. 122). Indeed, the findings of the current study indicated that the Stephen Ministry focus on scripture and Christian caregiving enabled a foundation for compassionate connection with care-receivers of the faith community.

**Second Domain of Research: Spirituality**

As stated in the review of literature, Keonig (2014) asserted that a spiritual caregiver must develop their ability to recognize “the sacred nature of the person being cared for and the holy obligation and privilege that health professionals have” (p. 1168). This supported the caregiving process of Stephen Ministry that recognized both the sacred nature of the care-receiver and the holy obligation and privilege of the caregiver (Haugk, 2000a). Findings of the current study also supported the Stephen Ministry mandate regarding spirituality and caregiving. For each of the participants acknowledged the importance of the sacred in the Stephen Ministry process.
“Wrestling with angels of God” in relation to disconnection. As reviewed, Murray and Ciarrocchi (2007) examined the relationship between spirituality, religion, shame, and health. To restate for reference, the results of their study indicated, “The more one felt disconnected from God, or had spiritual struggles, the more shame and guilt one experienced” (p. 22). The findings of the current study supported the findings of Murray and Ciarrocchi (2007) that revealed a relationship between an individual’s disconnection from God and an individual’s sense of well-being. For as Murray and Ciarrocchi (2007) concluded, shame and guilt were “related to negative dimensions of spirituality and . . . increased alienation from God” (p. 33).

Also, Murray and Ciarrocchi (2007) claimed that “the overwhelming amount of data that links spiritual struggles to negative outcomes make them an important marker of intrapersonal and interpersonal distress” (p. 35). This claim that stressed the importance of spirituality in promoting health supported the findings of this paper, for as Stephen Ministry encouraged, and as the participants revealed in the findings, acknowledgement of an individual’s spirituality was significant in the promotion of health.

However, while Murray and Ciarrocchi (2007) claimed, “Spirituality is a robust predictor above personality to subjective well-being” (p. 33), the findings of the current study revealed that the diversity of personality types represented by the participants of the study indicated a uniqueness of each personality profile’s approach to spirituality. In view of this, the results of the current study highlighted the importance of personality in relation to spirituality as discussed further in the third domain of research to follow.

“God are you listening?” in relation to unanswered prayer. As findings revealed, unanswered prayer as experienced by James, Jessica, and Paul created
disconnection from God. James and Paul did not feel comfortable using prayer in their caregiving. As revealed, James felt guilty about prayer and about his lack of knowledge of the Bible. The guilt that James felt also disconnected him further from God and from his care-receiver. Likewise, Paul also struggled with his faith in prayer, “I am still not sure what I believe,” and Jessica struggled with why some prayers were answered and why some were not answered. In view of this, the findings related to unanswered prayer supported the results of Feuille and Pargament (2015) in regard to the presence or lack of presence of spirituality in meditation and prayer. For unanswered prayer led to confusion, disconnection, and shame as the disintegration of one’s felt sense of self in relation to God in caregiving.

“Letting God down” in relation to guilt. As reviewed, Keller et al. (2015) studied the significance of spiritual maturity in relation to shame and Christian fundamentalism. To restate, Keller et al. (2015) claimed that spiritually mature fundamentalist Christians “experienced low shame” (p. 34). Further, they proposed that “when fundamentalist Christians are unable to adhere to the rigid standards in which they believe, they may internalize this failure as shame” (p. 43).

In support of Keller et al. (2015), when participants Anna, Paul and Laura felt that they had let God down, the findings revealed that they internalized the failure as shame. In other words, from their individual perspectives, they were unable to adhere to the high standards in which they believed. They experienced what DeYoung (2015) referred to as shame-laced guilt that furthered disconnection from God. In view of this, when Stephen Ministers could not meet their own spiritual expectations, their spiritual disconnection led to feelings of guilt and shame.
Moreover, results of the current study went beyond the work of Keller et al. (2015) as findings revealed that a participant’s awareness of God did not necessarily reduce shame. In fact, results of the current study revealed that feelings of shame and shame-laced guilt were related to an individual’s relationship with God and not their awareness of God’s presence. For example, when the door of heaven was closed to Elizabeth and she became aware of God living inside of her, her feelings of shame and disconnection from God increased. It was only after her reconnection with God as the door of heaven was reopened for her, that her awareness of God reinforced her recovery from shame. In view of this, and contrary to a result of Keller et al. (2015), an awareness of God alone did not reduce shame. For, current findings indicated that the nature of the relationship with God was related to the experience of shame as the disintegration of one’s felt sense of self in relation to a dysregulated other.

“Love one another” in relation to connection. As reviewed, Murray-Swank and Pargament (2005) explored spirituality in a case study concerning recovery from sexual abuse. Results of their study indicated that although survivors of sexual abuse often experienced feelings of abandonment from God, spiritual caregiving facilitated survivors of sexual abuse in a transition “from a place of anger, abandonment, and spiritual disconnection to a place of increased hope, connection, and spiritual renewal” (p. 201). The results of the current study supported the findings of Murray-Swank and Pargament (2005) as related to spirituality and connection, and was further supported by the scripture passage from John 13:34 used in Stephen Ministry, “Just as I have loved you, you also should love one another” (New Revised Standard Version).
“Lord, hear my prayer” in relation to connective prayer. Wachholtz and Pargament (2008) found that “the explicit inclusion of spirituality into a meditation task appears to add to the efficacy of this technique among those with migraine pain” (p. 365). In support of Wachholtz and Pargament (2008), results of the current study highlighted the significance of prayer and spirituality in the caregiving process of Stephen Ministers.

The results of the current study indicated that prayer enabled connection and reconnection with God. For example, Mary spoke of her need to connect in prayer and her hope that “people will experience God in me.” Martha confided that she prayed “because I did feel distant from God” and she needed to reconnect with God. Martha also revealed that she practiced a form of prayer and meditation known as healing prayer that combined Christian and non-Christian practices. Elizabeth spoke of the connective power of prayer in her caregiving, “In my life, prayer is being one with God.”

Prayer is central to the Stephen Ministry process of caregiving (Haugk, 2000a). While the significance of prayer is discussed further in the Theological Reflection chapter, it is important to highlight the faith and trust that Stephen Ministry placed in prayer as maintaining a positive relationship with God. In view of this, prayer in Stephen Ministry acknowledged the presence of the divine in a healing relationship.

Third Domain of Research: Personality Type

Hirsh and Kise (2006) studied the relationship between an individual’s spirituality and their personality type. To restate, they defined spirituality as “aligning our souls with heart, mind, and body to fulfill one’s purpose” (p. 17), and defined religion as “a way of pursuing soulwork by banding with others who espouse the same beliefs or creeds” (p. 18). Hirsh and Kise (2006) claimed that personality type had a recognizable influence on
spiritual experience and emotional expression. They concluded: (a) when an individual’s perspective on spirituality was honored, the individual found a meaningful place within their faith community, and (b) when an individual’s perspective on spirituality was not honored, then the individual left their community or their faith entirely.

“God as judge” in relation to MBTI and disconnection. Hirsh and Kise (2006) claimed that an ESFJ under stress could see “God as judge” (p. 209), especially if their high standards were not met. Consistent with Hirsh and Kise (2006), participant Laura (ESFJ) struggled with keeping her Stephen Ministry relationships process oriented: “I want to see the results . . . and that is a little bit of who I am . . . I want the results.” When Laura failed to maintain a process-oriented view and failed to meet her own high standards of care in Stephen Ministry, she felt disconnection from her care-receiver and from God.

Also, consistent with Hirsh and Kise (2006), when John’s (ENFJ) core values and beliefs were compromised in a Stephen Ministry relationship, he would pull away from his care-receivers. This was consistent with an ENFJ who needed the validation provided by his or her values and beliefs to remain connected. John stated, “They just want me to tell jokes and have a fun time.” John did not consider telling jokes and having fun with his care-receiver as part of his Stephen Ministry process, and thus, consistent with Hirsh and Kise (2006), he disconnected from them.

Anxiety would manifest for an ENFJ when their inferior function, Introverted Thinking, was called into action and they were forced to be critical or objective. This was supported by James, Mary, and Elizabeth, ENFJ participants, who felt misjudged by care-receivers when their sense of purpose was being devalued. Such feelings of anxiety and
disconnection, as reported in the findings, were consistent with Hirsh and Kise (2006) regarding the ENFJ profile.

Supportive of the above research, when the activation of a participant’s inferior function created anxiety of being judged, the findings indicated a likeliness of the participant to experience disconnection from both God and their care-receiver. In view of this, a Stephen Minister could develop an awareness of their MBTI inferior function that it may strengthen and reduce stress in a caregiving experience (Hirsh & Kise, 2006).

“I can’t measure up” in relation to MBTI and guilt. The theme of guilt in relation to the MBTI profiles of participants also aligned with the research of Hirsh and Kise (2006). For when Laura was unsure of how to proceed in her caregiving, she described her anxiety as being “pushed away, but drawn towards God.” Hirsh and Kise (2006) explained that when an ESFJ such as Laura was under stress, they could experience the shame and guilt of thinking, “God has a yardstick and no matter how hard I try, I can’t measure up” (p. 209). Thus, when Laura was unsure of how to proceed in her caregiving, she felt guilty of not doing enough for her care-receiver and she would disconnect from her care-receiver. In view of this, Laura’s feeling of guilt led to feelings of disconnection and the disintegration of her felt sense of self in relation to God.

Also, in support of Hirsh and Kise (2006), when Jessica (INFJ) failed to meet a care-receiver’s expectation in Stephen Ministry, she felt the guilt of not meeting God’s expectation of herself either. This caused a further disintegration of her felt sense of self in relation to God and resultant feelings of shame. As Hirsh and Kise (2006) explained, “INFJ’s may deepen their own sense of loss by holding themselves accountable for things beyond their control” (p. 138). In a similar experience of guilt, Robert (INTJ) found it
difficult to focus on the here and now when his inferior function, extraverted sensing, was triggered. As reported, Robert’s feelings of shame-laced guilt were related to his experience of inadequacy in his caregiving.

Further in support of Hirsh and Kise (2006) and the experience of shame-laced guilt and disconnection, when Joan’s (INFP) inferior function, extraverted thinking, was activated, Joan found it difficult to be objective. When Joan did not receive precise directions from God, she felt unworthy of God (subtheme 2.b) and guilty that she was not doing enough for her care-receiver. In view of this, from an MBTI perspective, a Stephen Minister’s experience of inadequacy and unworthiness in caregiving contributed to feelings of shame-laced guilt and disconnection.

“All are welcome” in relation to MBTI and connection. As stated, and consistent with Hirsh and Kise (2006) and Ross (2011), the extraverted feeling profile focused on harmony and meaningful relationships. In support, ENFJ participants John and Elizabeth spoke of their meaningful relationships and connection with their care-receivers and with God. John said, “The joy of having this spiritual center allows me to feel more serene.” Elizabeth confided that her care-receiver “was going through a time of crisis that I could relate to . . . I knew exactly what she felt.” Furthermore, Mary and Elizabeth illustrated their need for connection. Mary confided, “We connected on such an amazing level. It was truly one of the most blessed conversations of my life.” Elizabeth, as revealed earlier, stated, “I would imagine Jesus holding my hand.”

Furthermore, consistent with Beebe (2004), individuals with dominant extraverted intuition tended to show an aptitude for imagining opportunities not yet seen by others in community. This was supported by statements from EN participants such as: “God
connected you with everything” (Anna); “There is some profound spiritual thing in all people that can take them from wherever they are to new heights” (Paul); and “I am connected to his [God’s] presence” (Beverly).

“Eye to eye with Jesus” in relation to MBTI and community. Also, consistent with Hirsh and Kise (2006) and Ross (2011), findings revealed a strength of introverted intuition as shown by Robert (INTJ) and Jessica (INFJ) related to the themes of connection and community. For both Robert and Jessica exhibited the ability to connect effortlessly in community with their care-receivers and to establish trusting relationships. As Jessica explained, she was led by her empathy and her compassion, “If I were to choose one word, it would be empathy.” Further, her description of Jesus as being at eye level with her spoke of the intimacy of her connection with God and with her care-receiver.

Ross (2011) acknowledgment that an understanding of MBTI and personal differences had “potential to reduce conflict about religious issues within individuals, religious groups, and society at large” (p. 166). In view of this, findings of the current study encouraged further research exploring the strengths of introverted intuition in relation to community building and conflict reduction.

Fourth Domain of Research: Faith Development

As the door of heaven opened, an individual was faced with a choice of either walking through the door or turning away from the door. In a Stephen Ministry context, this led to the next domain of research in relation to faith development and shame in the presence or absence of God. For the Christian beliefs of Stephen Ministry encouraged all who were ministering in pastoral care to walk with Jesus through the open door toward
heaven. However, as reviewed, there was a gap in the literature acknowledging shame in the presence or absence of God in caregiving. Furthermore, there was also a discovered gap in literature in relation to shame and stages of faith development as researched by James Fowler (1981, 1995).

To be clear, the supportive nature of this domain of research was of value to the study as follows. As stated earlier, Fowler (1981) regarded faith as a link to a community of common vision. Further, as cited, Fowler (1981) regarded all people as “accountable for the renewal and extension of a universal covenant with being” (Fowler, 1981, p. 294). Thus, Fowler’s (1981) concept of faith can be viewed in relation to the theme of community, specifically a community of faith as common vision.

**Vulnerability and shame.** Fowler (1995), as explained, saw shame as a visual phenomenon that resulted from exposure of an individual’s vulnerability. Thus, Fowler’s definition of shame supported results of the current study that recognized vulnerability in the themes of inadequacy (subtheme 2.a), unworthiness (subtheme 2.b), grief and loss (subtheme 1.b), and helplessness (subtheme 1.d). In view of this, and complimentary to the work of Fowler (1995), it can be stated that participants did experience moments of vulnerability within their experience of shame as the disintegration of their felt sense of self in relation to God, a dysregulating other in regard to their faith.

Findings of the current study were also aligned with the research of Brené Brown (2006) who explored vulnerability in relation to shame resilience theory and empathy. Brown (2006) spoke of a “vulnerability continuum” (p. 48) that acknowledged the degree to which an individual was aware of their own vulnerability, and she claimed that becoming aware of vulnerability was important in developing personal resilience.
(2006) concluded that her research “clearly identified ‘experiencing empathy’ as the opposite of ‘experiencing shame’” (p. 47). She cited Ivey, Pederson, and Ivey (2001), and described empathy as “the ability to perceive a situation from the other person’s perspective—to see, hear, and feel the unique world of the other” (Brown, 2006, p. 47).

Empathy, as described by participants of the current study resonated with the work of Brown (2006) on resilience and shame. For as Jessica asserted and cited earlier, if she could choose one word to describe her Stephen Ministry in relation to God and her care-receiver, it would be empathy. Also, as discussed earlier, empathy was a dominant strength of introverted intuition as related to caregiving in Stephen Ministry.

**Speaking Shame**

Brown (2006) encouraged developing a personal vocabulary for shame:

“Speaking shame is about developing fluency in the language of shame” (p. 49). Brown (2006) asserted that speaking shame, “advocates learning about shame in order to increase our social and emotional understanding of shame” (p. 50). While Brown (2006) did not specifically itemize spirituality, faith formation, or personality type in her shame resilience theory, she encouraged each individual to gain awareness of their shame.

The work of this study regarding image of God, spirituality, faith formation, and personality type expanded on Brown’s (2006) concept of a “speaking shame continuum” (p. 50). Each domain of research provided opportunity to explore and gain an awareness of shame from the perspective highlighted. Furthermore, it provided opportunity to discover overlapping areas of influence where one domain either augmented or perhaps contradicted another. The results of the current study not only supported Brown’s (2006) research on the need to give a voice to shame, but amplified the need to be heard into
each domain of research regarding image of God, spirituality, faith formation, and personality type.

In response to Brown’s (2007) question regarding shame, “How do we confront a feeling or experience that, by its very nature, is something we don’t want to talk about?” (p. 4), results of the current study show that we can begin in each domain of research. An individual experiencing shame as the disintegration of their felt sense of self in relation to a dysregulating other may speak of their image of God that they may give voice to their shame. An individual experiencing shame may reflect on their spirituality and their relationship with their faith community that they may give voice to their shame. Also, an individual experiencing shame may become aware of the strengths and challenges of their MBTI personality profile and learn how such an awareness may influence their felt sense of self in relation to God, a dysregulating other, that they may give voice to their shame. The domain of faith formation may likewise lead an individual to gain an awareness of their shame. Each domain potentially opens a door into conversation about shame.

The Theological Reflection chapter that follows continues the discussion on opening a door into conversation about shame. The overarching theme or essence of disconnection is unpacked and expanded further theologically to reveal a deep longing within the experience of disconnection in the presence or absence of God in Stephen Ministry. One may assume that the longing of disconnection is reconnection, to reconnect with a loving God and be free from shame. However, current results suggested that an essence of disconnection was to take “time out” to acknowledge and speak of shame as disconnection, and to permit oneself, metaphorically, to die from shame.
Chapter 6

Theological Reflection

The chapter continues to turn the story of the essence of the lived experience of shame in the presence or absence of God in Stephen Ministry. In view of this, the chapter explores theologically the overarching theme of disconnection, and proceeds through a discussion of Christian care from the perspective of Stephen Ministry founder, Kenneth Haugk. The discussion highlights the relevance of scripture in the process of Christian care and includes a perspective of church as a culture of shame (Augsburger, 1986). This is followed by a reflection on wintry spirituality (Marty, 1983) and prayer in relation to disconnection and shame. The chapter also describes the researcher’s personal shame experience positioning the researcher into the theological reflection.

1 John 4:12 revealed: “No one has seen God; if we love one another, God lives in us, and his love is perfected in us” (New Revised Standard Version). The passage inspired theological reflection on each of the four domains of research in the dissertation relating the key concepts of the research question: shame, the presence or absence of God, and Christian caregiving. As an ordained United Church minister who has experienced shame in the presence or absence of God in relation to caregiving, I have struggled emotionally and wrestled theologically as I strove to understand the experience of shame. If I were to choose one passage to convey the theological hope of this project, it would be this.

Stephen Ministry and Christian Care

As introduced earlier, Haugk (1984) claimed that Christian caregiving involved a distinctive way of relating to those in need. To restate for emphasis, he argued that the recognition of this distinctiveness was essential to actualize the full potential of Christian
Haugk (1984) asserted, “Christians are responsible for care; God is responsible for cure” (p. 19). Haugk (1984) insisted that Stephen Ministers approach caregiving with compassion and sensitivity to the needs of their care-receiver. Participant John affirmed this view in his insistence that Stephen Ministry had to be caregiving from a Christian perspective and participant Robert also insisted that Stephen Ministry was, first and foremost, a Christian ministry.

Haugk (2004) believed that the incarnate compassion of Christ was made tangible through Stephen Ministry. He asserted that when a Stephen Minister offered love to their care-receiver, it was equivalent to offering love directly to God, and he cited the passage from Matt. 25:40, “Truly I tell you, just as you did it to one of the least of these who are members of my family, you did it to me” (New Revised Standard Version). The Stephen Ministers participating in this study were taught to uphold this belief (Haugk, 2000a).

The Bible as the Word of God. As the participants spoke of their caregiving relationships, the importance of scripture was revealed as a constant reference in their Stephen Ministry. The following are examples of God’s presence, love and compassion:

- “He will wipe every tear from their eyes” (Rev. 21:4, New Revised Standard Version);
- “Even though I walk through the darkest valley, I fear no evil” (Ps. 23:4, New Revised Standard Version); and
- “My grace is sufficient for you” (2 Cor. 12:9, New Revised Standard Version).

In Stephen Ministry, scripture is used to ground and inspire both the caregiver and the care-receiver in Christian faith. Scripture provides potential connection and strength for the caregiver as they ignite a heart of hope within their care-receiver.
Moreover, in the context of Stephen Ministry, hope is viewed as an anchor that secures one’s faith (Haugk, 2004). However, when the anchor fails, as in the experience of internalized shame, and possibility of hope is absent, Stephen Ministry relationships are at risk. Haugk (2004) encouraged the caregiver to create a safe space in the caregiving relationship. However, he did not acknowledge how the existence of shame in the presence or absence of God could influence the giving and receiving of care.

The Bible and suffering. Each of the participants revealed their struggles as they worked with those who also suffered. Stephen Ministry viewed suffering from a biblical understanding. Haugk (2004) claimed that the Bible was full of human suffering ranging from the shaming of Adam and Eve to the extreme humiliation and sacrifice of Jesus Christ. Haugk referred to the Book of Job as the most powerful biblical example of human suffering. Haugk (2004) prayed as a Stephen Minister about suffering:

Open my mind, O Lord, to the influence of your blessed Word. Teach me what you would have me know about suffering. Let knowledge chase away my preconceptions and misconceptions, and let love animate the understanding I gain. This I ask in the name of your son, Jesus. (p. 19)

This prayer does not ask that suffering be removed, but that suffering may be understood in wisdom and grace.

Suffering and disconnection from God. The passage from Job 23:8-9 illustrated disconnection from God, “If I go forward, he is not there; or backward, I cannot perceive him; on the left he hides, and I cannot behold him; I turn to the right, but I cannot see him” (New Revised Standard Version). Job was faithful to God, yet Job experienced disconnection from God. From a Stephen Ministry perspective, God does not disconnect
from God’s people. Thus, disconnection from God can result from a person not knowing or feeling God’s presence. Also, Stephen Ministry does not equate disconnection with sin. However, disconnection can result from suffering, as Haugk (2004) affirmed, “Suffering . . . can cause people to question God’s presence” (p. 30).

**Shame and sanctuary.** Stephen Ministry does not speak of sanctuary in relation to a process of healing from shame. However, concepts of walking with a care-receiver, respecting their values and needs, upholding confidentiality, and creating a safe space for a care-receiver speak to the meaning of sanctuary. As findings of the paper indicated, a dimension of sanctuary, or rather, a dimension of disconnection as related to a need for sanctuary surfaced. While the essence of disconnection touched upon values of safety, companionship, and confidentiality in the experience of shame in the presence or absence of God in Stephen Ministry, it extended beyond these qualities and recognized a need for time out, or stillness, in the experience of shame and caregiving.

**Church as a Culture of Shame**

**Shame and disgrace.** As introduced in the literature, Augsburger (1986) explored pastoral care in relation to shame and stated that shame included “an impulse to conceal and a yearning to be accepted” (p. 115). Augsburger stressed that there is only one word in English to describe the many facets of shame, and that word is intrinsically connected to the meaning of being disgraced. Augsburger (1986) affirmed that disgrace could occur in the eyes of oneself and in the eyes of a community, and thus the internal negativity of shame and the external communal rejection of shame caused “the disintegration of one’s world” (p. 116). Augsburger asserted that identifying shame was the first step in moving from the disgrace of shame to the grace of healing.
A theology of grace in relation to shame. Augsburger (1986) developed a theology of grace and explored shame from a biblical perspective. He outlined a process of healing from shame that included reclaiming the many facets of the ego and “grieving for their loss and betrayal” (Augsburger, 1986, p. 135). As much as regaining a sense of purposeful identity contributed to recovering from shame, Augsburger recognized that a time of grieving was necessary for the healing of shame to occur.

Augsburger (1986) saw the biblical narrative of Adam and Eve from a perspective of shame and the revelation of nakedness. He asserted that the core of the biblical story was the presence of grace: “Grace offers the support that allows trust to replace anxiety, acceptance to restore honor where we were shamed, and forgiveness to resolve guilt” (p. 139). While grace could not restore Adam and Eve to a state of innocence, unashamed of their nakedness, grace could provide them with strength and renewal of personhood.

Augsburger (1986) referred to the more than 150 references to shame in the Bible, and he argued that the underlying facet of biblical healing regarding shame was the grace of God: the grace that mended brokenness, restored connection, rebuilt relationships, and illuminated the goodness in humanity. As per Augsburger, the transformative power of grace transcended the limitations of shame and guilt cultures. In relation to the experience of shame in a church community, God’s grace could facilitate a process of healing.

A Theology of Communion

An unexpected connection. As introduced in the literature, the ministry of Jean Vanier enabled a personal process of reintegration of the researcher’s felt sense of self in relation to God and community. The process of reintegration involved a shift from left-brain logic to a right-brain to right-brain connectivity that opened for the researcher a
possibility of a world beyond shame. The right-brain relational approach, as described by DeYoung (2015), emphasized that right-brain interactions were vital for an understanding of a personal experience of shame. In view of this, the researcher reflected further on his own experience of shame as the disintegration of his felt sense of self in relation to God.


In a culture where we are regarded as human *doings* rather than human *beings*, it’s no wonder that so many of us walk around feeling wounded, afraid that if accident or illness or the diminishments of age were to prevent us from achieving, there would be no love left for us. (p. viii)

The resignation of being unworthy of love lies at the heart of shame (Pattison, 2000). The focus and insistence found in Western culture on personal accomplishments as the marker of personal success can force an individual deeper into the experience of shame where community expectations are not met, hope is unrealized, and personal values rejected.

**The heart of shame.** Vanier (1971) spoke of the heart of shame from a viewpoint of woundedness and lack of self-worth. Vanier insisted, “There is a thirst in the heart of man, a deep yearning *to be understood*, to be loved and to love” (p. 22). He equated this need with the desire of people to live in communion with one another. When communion was absent from relationship and isolation, disconnection, and the disintegration of one’s felt sense of self prevailed, then as Vanier revealed, “all taste for living” (p. 26) was gone.

Vanier (1971) maintained that an individual who felt weak or vulnerable of heart began to feel reconnected when they felt important to at least one other person. Being of value and being in communion with another made a difference in relation to a person’s
self-confidence, self-esteem, and self-love within the individual. Vanier (1971) offered insight into the process of walking with an individual in their brokenness:

We must go slowly, gently. He needs someone who will give him a little strength, a little energy, a little motivation in small doses which do not extinguish what Isaiah calls: “the vacillating flame” of his life. We must approach him with tenderness and gentleness to reanimate it. (p. 32)

Vanier spoke of the need for someone to genuinely strengthen and motivate. Yet, in the wilderness of shame, from personal experience, it echoed relentlessly as no one heard.

The Researcher’s Experience of Shame

As van Manen (1997) illuminated, the researcher’s own story is woven through each part of the dissertation process. Thus, the researcher’s experience of shame as the disintegration of one’s felt sense of self in relation to the presence or absence of God in the community of the church is a touchstone for theological reflection as it connects with Augsburger’s (1986) theology of grace and Vanier’s theology of communion.

Allen and Piercy (2005) claimed that the freedom of the researcher to be himself or herself in hermeneutic phenomenology, albeit self-reflectively, acknowledging hopes, dreams and potential bias, empowered the researcher to add to the understanding of what it meant to be human. To reflect theologically on the research question required courage. It required from the researcher the exploration of questions that as a member of a faith community, the researcher was not yet ready to acknowledge in a church environment. Primarily, “How could shame exist at all in a community based on unconditional love?”

To speak of the unspeakable. As introduced in the first chapter, the researcher’s experience of shame was difficult to put into words. There was experienced a personal
disintegration of one’s felt sense of self in relation to members of family, friends, God, and community. The researcher concurred with Brown (2012) that “shame derives its power from being unspeakable” (p. 58), for words could not be found to ease the pain. After years of silence and right-brain relational healing, encouragement was found to reflect further on shame as experienced and illustrated by the journal entry below:

The problem began with the words, “I love you.” I found it curious that these three words spoken in the heart could lead to the immense problem area of this study. Bundled within these three words was an impulse and intent to care for the object of one’s love, and most certainly to be cared for by the object of one’s love as it held a sacred space within one’s heart.

While the problem began with love and trust, the core of the problem was revealed in the words, “I need you; where are you?” A caring church community had vanished, personal connections had dissolved, and a belief in an ever-present, ever-helpful God had disintegrated. I felt abandoned, shamed, and most of all, without hope.

Was loving church a foolish, immature idealization? Did I bring shame upon myself through unrealistic expectations of divine intent? Could I have prevented the pain, the humiliation, and the relentless disgrace of dying from shame? These unanswerable questions kept escalating in my mind. However, the one question that I could answer created the deepest wound, “Could I have let go of my ideals and abandoned my belief in what God was asking of me?” The answer, to my ongoing frustration, always came out the same, “No, love one another as I have loved you.” (Tamas, journal, 2015)
Recollection, from years later, was that shame extinguished the flame of spiritual life. It diminished the desire to be seen, as it screamed out a desire to be heard.

Moreover, the shame-bound experience involved a reoccurring script of words, thoughts and emotions in nightmarish proportions. It was not a logical experience, but a relentless stream of consciousness attacking from all sides of one’s being simultaneously. As described by DeYoung (2015), the script echoed such words, “Don’t connect. Don’t trust. You will only get hurt” (p. 145). Pattison (2000) labelled such a script as a response to the diminishment of self and to feelings of being unlovable. Bradshaw (2005) described it in terms of hiding our true selves and adopting “a false self” (p. 119).

**Into the lion’s den.** The biblical story of Daniel and the lions spoke of the power of faith surmounting great obstacles. As the story was told, Daniel, loyal to the king and innocent of any wrongdoing, was thrown into a den of lions (Dan. 6:16). Daniel’s faith in God saved him, and the lions were tamed in God’s presence. While this story revealed a biblical belief that God will save those who have faith, my experience with shame stated that shame diminished one’s values and self-respect from God’s presence.

Further, the relevance of a divine connection with God appeared meaningless to the researcher. The concept of grace became incomprehensible and unreachable. As Anna asked, “How can you turn to a God who is not there?” If God allowed a shameful experience to happen, it was reasonable to think that God was not going to resolve it. The researcher’s experience of shame resonated with Anna’s experience. However, while Anna embraced a theology of thankfulness in her transition to reconnect with God, the researcher found himself stuck, powerless, with a threat of becoming forever frozen in shame.
Winter Spirituality and Shame

As stated in his book, *A Cry of Absence*, Marty (1983) led his readers through “a journey of the soul” (p. 1). Using the imagery of the winter seasons of the heart, Marty’s journey travelled through the long dead of winter, the deceptiveness of January thaw, the return of winterkill, and the presence of winter-fallow. The researcher followed Marty’s wintry path and discovered that winter spirituality connected with the lived experience of shame in the presence or absence of God. Marty’s wintry portrayal of Christianity spoke to the essence of disconnection. His wintry landscape resonated with the chill of being alone, the fear of cold months of isolation, and the growing sense of abandonment that a wintry spirituality included. The theological theme of disconnection surfaced on Marty’s frozen landscape as in the interviews, as participants shared their experiences of God’s absence. In relation to a winter Christianity, a sense of coldness was experienced in the disintegration of one’s felt sense of self in relation to a dysregulating other that had provided warmth in the past and was now chillingly absent.

A winterbourne theology of absence. Marty’s (1983) journey through winter spirituality arrived, however fleetingly, at a glimpse of God’s presence that he referred to as the “winterbourne flow in the heart” (p. 101). He described the experience as a longing for presence, just as in January the ice began to melt far below the surface and currents of water could be faintly heard in the depths. Theologically, the imagery indicated hope, yet it was a hope unrealized because the season of winter-kill would return in a fury to bury deeper the winterbourne flow. Looking at Marty’s (1983) metaphor of hope, one could glimpse a movement of life that beckoned, just as the findings revealed the longing of an individual experiencing shame beckoned the individual to somewhere other than where
they were frozen in shame. Indeed, the winterbourne moments of hope of freedom from shame were deceptive and without certainty in the heart of a person experiencing shame, yet they lived deep beneath Marty’s frozen landscape of disconnection.

**A time of waiting.** Marty (1983) spoke of the disconnection and abandonment that was experienced by the wintry soul and explained, “The abandoned person who excludes God from her [or his] horizon remains simply abandoned. Her [or his] story seems to end with simple dereliction” (p. 125). However, Marty’s journey did not end with dereliction, for he continued through the winter, not to a summery Christianity of resurrection, not into hope, but into a *patience* for hope – a time of waiting as patience.

**Patience for hope.** Marty’s (1983) wintry concept of “a patience for community and hope” (p. 150) surprised the researcher. For being patient, in an experience of shame in the presence or absence of God, was implausible at the time of feeling shame. Thus, the researcher struggled with Marty’s insight into patience for hope. The ability to be patient when struggling with internalized shame was beyond the scope of the researcher. On reflection, the researcher recalled not being able to unwind from shame to make room for other emotions, nor could he create a space for hope.

The bias of one who knows the experience of shame was that they wanted to be left alone as much as they wanted to be held. They did not want to exist in shame, yet they *were* shame. Thus, they did not want to exist. There was a need to die from shame because once an individual has been shamed, they cannot be un-shamed. However, as participants spoke of their own shame experiences, they paused, reflected, and listened in the silence. It was a silence that existed in the disintegration of one’s felt sense of self in relation to God that revealed a need to be still, a need to be with one’s own shame.
“Be still and know that I am God” (Ps. 46:10, New Revised Standard Version).

The results of the study suggest that solitude and silence are integrated into an essence of shame as disconnection in the presence or absence of God. Marty’s (1983) sojourn of wintry spirituality illuminates a possibility of patience for community and hope in the experience of shame as disconnection and disintegration of one’s felt sense of self in relation to God. Thinking theologically of “stillness,” what comes to mind is Rollo May (1994) and his description of the moment that precedes the creative act, that moment after all else has failed, and one has passionately hit the wall repeatedly. At that moment, defeated and all but unconscious, the gift of creativity is given. Theologically and heuristically, personal experience revealed that in the silence we begin to know God.

Marty (1983) saw prayer as a possible means of getting to know God in silence. He distinguished between mystical and prophetic prayer. He referred to mystical prayer as meditative seeking “for union with the infinite” (p. 14), a slow contemplative ascent to heaven where an individual longed for God in the great unknown. Prophetic prayer, on the other hand, involved a plaintive cry from deep within an individual accompanied by a longing for God to meet oneself where they were.

**Apophatic and kataphatic prayer.** Frederick McLeod (1986) explained prayer in a related way using the terms, apophatic and kataphatic, “Kataphatic prayer employs thoughts and images while apophatic transcends these [images]” (p. 41). Like Marty’s description of mystical prayer, McLeod (1986) described apophatic prayer as a “state where one is taken outside oneself to live in God” (p. 43). Through apophatic prayer, “One seeks to reach beyond conscious awareness – beyond thoughts and images – and arrive at the depth of one’s being, there to await the coming of the Lord” (McLeod, 1986,
In view of this, apophatic prayer could be thought of as a ritual or mantra used to connect with God as the unknown.

On the other hand, kataphatic prayer did not involve emptying oneself of thoughts and images, but instead used all of one’s being to connect with God. The act of kataphatic prayer included one’s imagination, emotions, thoughts, and senses. McLeod (1986) stated that kataphatic prayer called forth “experiences of God’s merciful and salvific love” (p. 50). The emotional experiences of kataphatic prayer resonated with Marty’s (1983) description of the cries of prophetic prayer as expressed in the Psalms of the Bible.

As findings indicated, the predominant form of prayer used during an experience of shame as expressed in the interviews was kataphatic or prophetic prayer. For, ten of the twelve participants found meaning in prayer as talking to God personally in the process of caregiving. Further as noted, the experience of shame as the disintegration of one’s felt sense of self in relation to God also diminished one’s identity in the eyes of the community (DeYoung, 2015; Kaufman, 1992; Pattison, 2000). In view of this, within the experience of shame, the emotion of humiliated fury or shame-rage could reside at the core of an individual (Lewis, 1987b) and could further elicit the cries of prophetic prayer.

**Solitude and Silence in Stephen Ministry**

As stated, Stephen Ministers were encouraged to invite God to be the cure, and to be comfortable in the silence: the silence of praying to God, the silence of hope, and the silence of waiting for God. In terms of solitude and silence, Haugk (1984) spoke of the arms of God as a sanctuary, an eternal dwelling place where all could find comfort and spiritual wholeness. Marty (1983) agreed, “Brokenness and wounding do not occur in order to break human dignity but to open the heart, so God can act” (p. 123).
Prayer as a Stephen Ministry tool for transformation. The focus in Stephen Ministry on prayer as a source of hope and strength for both caregiver and care-receiver acknowledged prayer as a Stephen Ministry tool for transformation. Each participant, except for James and Paul, confirmed that prayer was their Stephen Ministry life-line. As reported in the findings, participants such as Anna affirmed that prayer connected all humanity with all of God’s creation. Further, results indicated that prayer facilitated interpersonal connection between caregiver and care-receiver in Stephen Ministry.

The lesson plans of Stephen Ministry described prayer as talking to God as Father. Within this conversational prophetic prayer was a desire for things to be different: for the disconnected to be reconnected, for the isolated to be embraced in community, and for the broken-hearted to be made whole. While unanswered prayer led Elizabeth, Anna, and Laura to experience guilt and shame, ten participants continued to rely on prayer.

Haugk (1984) explained why some Stephen Ministers were hesitant to pray: “A major reason people are reluctant to pray with others is their uncertainty as to how to go about it” (p. 106). He reminded, “Remember that God invites you to address him as your loving Father. . . . God is a loving God who involves himself in the lives of his people” (p. 112). Haugk (1984) concluded, “[Prayer] is based on the needs of the other person, confidently expecting God to act” (p. 117).

The researcher’s prayer of petition in the silence. The researcher prayed the Beatitudes as a prayer in silence. The need to be still was amplified by each verse as he prayed in solitude and in shame:

Blessed are the poor in spirit, for theirs is the kingdom of heaven. Blessed are those who mourn, for they will be comforted. Blessed are the meek, for they
will inherit the earth. Blessed are those who hunger and thirst for righteousness, for they will be filled. Blessed are the merciful, for they will receive mercy. Blessed are the pure in heart, for they will see God. Blessed are the peacemakers, for they will be called children of God. Blessed are those who are persecuted for righteousness’ sake, for theirs is the kingdom of heaven. Blessed are you when people revile you and persecute you and utter all kinds of evil against you falsely on my account. Rejoice and be glad, for your reward is great in heaven. (Matt. 5:3-12, New Revised Standard Version)

The researcher repeated the words, “Blessed are the meek, for they will inherit the earth,” and asked, “How could the meek, the humbled, and the humiliated inherit the earth?” Yet, the prayer continued within the heart of the researcher to a God who could not be found:

Dear God, as I pray each verse, I hear you describe a shame-bound experience. Individuals who are poor in spirit, who mourn, who are persecuted, even those who are merciful, peaceful, and pure of heart are open to vulnerability and to shame. In each verse, I hear your promise of assurance of being shame-free in comfort, mercy, and rejoicing. My heart cries for your presence. O Lord, meet with me where there is no shame. Create in me a clean heart, in the stillness.

The prayer began as prophetic yet longed to be mystical, to meet God in the stillness where there was no shame.

**Prayer in the Silence: God in Community**

Results indicated that a prayer of petition for release from the bondage of shame began with an awareness of the shame experience. The prayer for release from bondage continued with gentle encouragement to look closer into the brokenness of shame without
extinguishing the vulnerable spark of life that Vanier (1971) reminded is in each person. For example, Anna developed a gratitude for God’s blessings in her life despite her experience of shame as a disintegration of her felt sense of self in relation to God. Through her reliance on prayer and the support of her church community, she caught a glimpse of someone who cared and saw a glimmer of hope in her caregiver’s eyes. Jonathan Boulet-Groulx (2014) explained further the essence of this hope:

It is hard to look in someone’s eyes and see that they are suffering. It screams at your heart that maybe, just maybe, you could be doing something. It is frightening and powerful, and often we feel too little, too frail, or powerless to do anything. Yet something in us screams back, a voice inside that doesn’t want to let go of love and compassion. (p. xiv)

As results revealed, a helpless cry in the wilderness of shame spoke of disconnection with a longing and a need for love and compassion from God and from community.

Moltmann’s (1997) spoke of one’s image of God in relation to community, “God’s image is not to be found in every individual soul, elevated above the body. It is men and women in their wholeness, in their natural community with one another, who are God’s image” (p. 79). Further, as explained by Moltmann’s (1997), the ability to see God clearly through the Holy Spirit in community was enabled and made manifest in prayer. Moltmann saw prayer as a means to consult with God in community as a friend, “the servant begs – the child trusts – the friend consults” (p. 126). Moltmann explained further: “When people are seized by God’s Spirit and begin to long for the redemption of this unredeemed world, they become sensitively aware, with freshly awakened senses, that this longing fills all the living” (p. 132). Indeed, people sized by God’s Spirit begin
to see clearly and become more sensitively aware of one another in community. In view of this, and in relation to shame, prayer in community may become a Stephen Ministry resource to be explored and developed in the future.

**Self-forgiveness.** The ability to forgive and accept oneself as a worthy human being capable of transformation required walking through a door hidden by shame. Kaufman (1992) asserted the multilayered dimensionality of shame and observed how each layer of shame contributed to the diminishment of self of an individual experiencing shame. Kaufman explained that what was needed was a means to move an individual bound by shame to an experience of connection and community where personhood and forgiveness were possible. Pattison (2000) claimed that for an individual to be free from self-blame, “pastoral workers may be able to help people to develop a sense of empathy for their own ‘impoverished self’ and surrender their sense of righteousness and the power to forgive” (p. 199). Jordan (2000), DeYoung (2015) and Brown (2017) also spoke of the power of empathy as a transformational tool in relation to shame and forgiveness.

Theologically, empathy can be described as seeing eye to eye with Jesus in the grace of God. Results indicated that the Stephen Ministry caregiving relationship was filled with gentleness and compassion that could lead both the caregiver and the care-receiver into empathic communion with one another. In view of this, within a Stephen Ministry relationship, empathy could lead an individual experiencing shame to risk being seen and heard in one’s nakedness and vulnerability, and to learn to trust once again.

**Surrender and trust.** The experience of disconnection and stillness unfolds further, theologically, as surrender and trust. The phrase “let go and let God” as voiced by participants, spoke of the need to surrender. This claim is supported by the experience of
the participants who learned to trust God once again. It is upheld by Moltmann’s (1997) theology of new life in the Holy Spirit, and by Vanier’s (1971) teachings on vulnerability and communion with one another. It is further supported by the researcher’s experience of shame and eventual surrender to learn to trust again. In view of this, surrender and trust speak to the transition from a shame-bound experience to a shame-free fulfillment.

A Closing Meditation

Prayerfully, I wrote in my journal: “Shame empties us. Patience for hope stills us. Experience of communion with another begins to fill us, slowly, gently in sacred space” (Tamas, journal, 2015). Jean Vanier (1970/2014) leads a closing meditation on the essence of disconnection and stillness in terms of forgiveness, communion, and God’s presence:

With prayerful listening, wise encouragement, and mutual forgiveness, we can walk together on the path towards peace. Through our relationships with each other and with God, who holds us close in our poverty, we can be transformed, healed, and brought into the fullness of life. Together with the most marginalized of the world, we can become a sign of hope for humanity. (p. 2)

We are encouraged to believe in a vision of the world where the shamed and humiliated become a sign of hope for humanity. It is the vision of a transformational silence between the shame-bound experience and a shame-free fulfilment upheld by Moltmann’s (1997) theology of life and Vanier’s (1971) theology of communion in resonance with the results of the study. The researcher concludes with a personal journal entry: “New life awaits where the last shall be first and the meek shall inherit the earth” (Tamas, journal, 2015).
Chapter 7

Conclusion

The chapter presents a summary and review of the research. It includes highlights from the themes and findings drawn from the previous chapters. It presents the need and potential for future research regarding the four domains of research: shame and image of God, shame and spirituality, shame and personality type, and shame and faith formation. The chapter also presents implications for future applications in pastoral care.

Organization of the Study

The study was organized into seven chapters, a list of references consulted, and the appendixes. Chapter 2 presented a review of relevant literature in each of the domains of research. Chapter 3 described the conceptual framework, the methodology, and the data analysis procedures. Chapter 4 presented the findings from the data analysis of the interviews with the participants. Chapter 5 discussed these findings in regard to literature reviewed, and Chapter 6 presented a theological reflection on the findings that included the researcher’s own experience with shame.

Overview of the Problem

Awareness of the problem area that led to the purpose statement and research question began with a response to a cry for help from an individual struggling with shame. The cry for help fell into the silence of a caregiving institution in the Christian church. The cry for help may have died and remained hidden in shame if not for the researcher’s own cry for help experienced years earlier. A problem area was revealed that involved the assurance of quality of care within the institutions of the church where caregiving was expected to be at the heart of such communities.
Stephen Ministry. Stephen Ministers offer one-to-one Christian care with the goal of meeting the emotional and spiritual needs of members of a congregation who are suffering. Stephen Ministers are not therapists or counsellors (Haugk, 2000b). Stephen Ministry is one of several caregiving ministries in the church community along with deacons, chaplains, and designated lay ministers. However, Stephen Ministers are unique with regards to both their training and the supervision they receive.

Background of the study. A review of literature on Stephen Ministry revealed a gap in their training. While Stephen Ministers receive over 50 hours of in-class training, with sessions that include topics on the identity of the caregiver, there was no mention of the experience of shame in relation to God (Haugk, 2000b). The Stephen Ministry training manual does not address the existence or experience of shame in relation to a Stephen Minister’s own experience of God. In addition, it did not address a Stephen Minister’s ability to offer Christian care within the context of the perceived presence or absence of God.

The researcher’s experience as a professionally trained psychotherapist and ordained minister in the United Church of Canada revealed that congregants often experienced the community of church as a source of shame (Bradshaw, 2005). Through the present study, the researcher strove to obtain a clearer understanding of his own experience with shame and the experience of the participants in relation to the presence or absence of God in the process of Christian care. Therefore, it was a hope and intention of this study to help Stephen Ministers and other caregivers walk through brokenness, shame, and their own questions about God’s presence or absence in their role as caregivers.
**Purpose statement.** The goal of this study is to add to knowledge in the problem area of shame in relation to the presence or absence of God in Stephen Ministry. The potential utility of this phenomenological study is to better understand the relationship between shame, image of God, spirituality, personality type, and faith development in compassionate Christian care. In view of this, the purpose of this phenomenological study is to describe the lived experience of shame in the presence or absence of God for Stephen Ministers in the United Church of Canada.

**The Research Question**

The research question evolved from the goals and purpose statement of the study and is as follows: What is the lived experience of unacknowledged or unprocessed shame in the presence or absence of God experienced by Stephen Ministers who offer Christian care? Key concepts within the research question, as defined in the introductory chapter, are: shame, image of God, and lay Christian caregiving.

**Operational definition of shame.** The operational definition of shame used in the study acknowledged the work of DeYoung (2015) who, as cited earlier, claimed that the experience of shame was related to “right-brain experiences of affective dysregulation” (p. xiv). In view of this, the operational definition of shame as used is as follows: “Shame is the experience of one’s felt sense of self disintegrating in relation to a dysregulating other” (DeYoung, 2015, p. 18). The term, dysregulating other, refers to someone “who fails to provide the emotional connection, responsiveness, and understanding that another person needs in order to be well and whole” (DeYoung, 2015, p. 20).
The Interpretive Framework

The purpose statement and research question of this study required the researcher to make the invisible world of shame visible (Denzin & Lincoln, 2011). This required an interpretive framework that invited exploration and development of patterns of meaning-making in the context of the lives of participants of the study (Creswell, 2013). In view of this, the framework of social constructivism was chosen to gain an understanding of the experience of shame in relation to the presence or absence of God in Stephen Ministry.

The following beliefs of social constructivism applied to this study: (a) the ontological belief that reality is co-created through one’s interaction with others, (b) the epistemological belief that reality is made known through experience and the interaction between researcher and participant, (c) the axiological belief that personal values of the participants are respected, and (d) the methodological belief that phenomenological co-construction of reality is experienced and expressed hermeneutically through the use of interviews, observation, and data analysis (Creswell, 2013). The conceptual framework of social constructivism provided the foundation that guided the researcher throughout each stage of the process of inquiry, data collection, analysis, findings, and discussion.

Review of Methodology

Phenomenological process. A phenomenological methodology was chosen within a social constructivist framework for the study. As cited, van Manen (1990) explained that phenomenology sought to describe the universal essence of a lived experience or phenomenon, Moustakas (1994) added that the essence of an experience was obtained from a textural description of what was experienced and a structural description of how the phenomenon was experienced. These descriptions, textural and
structural, were combined to form a composite description of the phenomenon (Moustakas, 1994). The phenomenological process included the following characteristics: intentionality of consciousness, noema and noesis, phenomenological reduction, and imaginative variation, as described in the Methodology chapter.

**Epocche.** In relation to the researcher positioning himself in the methodological process, the term, epoche, referred to the process of bracketing the personal bias and experience of the researcher related to the phenomenon being studied. However, as van Manen (1997) insisted, the lived experience of the researcher was an essential part of the research process whereby the participants and the researcher co-constructed meaning together. In view of this, van Manen (1997) instructed students not to bracket out their lived experience from the interpretation process or from the writing process. Instead, he encouraged the researcher to suspend judgement of the phenomenon as revealed by the participants through a reflective process that encouraged self-awareness and curiosity. As stated, van Manen (1997) claimed that the lived experience of the researcher was the starting point for hermeneutical phenomenology.

**Hermeneutical phenomenology.** Hermeneutical phenomenology, as explained by van Manen (1997), acknowledged the researcher as both investigator and interpreter. Thus, in the context of hermeneutical phenomenology, van Manen (1990) stressed both the significance of the rich descriptions from the participants and the meaning-making potential of the researcher’s interpretation. Van Manen (2014) encouraged the researcher to reflect on the phenomenon through the analysis and writing process in order to engage the lived experience of the study. In view of this, through interpretation, reflection and writing, the researcher gained a deeper understanding of the phenomenon (van Manen,
The hermeneutical phenomenological methodology chosen for the study included the thematic approach outlined by van Manen (1997), in relation to the exploration of shame in the presence or absence of God in the caregiving process of Stephen Ministry.

**Population and sampling.** The individuals of interest to the researcher were Stephen Ministers in the United Church of Canada. The sampling process began with an invitation to potential participants through the distribution of a flyer approved by the Research Ethics Board of Wilfrid Laurier University (see Appendix A). An informational group forum was presented to those individuals who were interested in learning more about the study. At the group forum, detailed information concerning the project was presented and explained to potential participants. An Informed Consent Statement (see Appendix B), also approved by the Research Ethics Board of Wilfrid Laurier University, was available for review to those individuals who were interested in participating. Twelve Stephen Ministers from Islington United Church chose to participate in the study.

**Data collection procedures.** The Data was collected through semi-structured one-to-one interviews with the participants. Open-ended interview questions encouraged the participants to explore and reflect on their experience. The interview questions used in the interviews with the participants were as follows:

- Can you tell me of a time when you felt drawn toward God?
- Can you tell me of a time when you felt pushed away from God?
- Can you tell me of an experience when you felt drawn toward your care-receiver?
- Can you tell me of an experience when you felt distant from your care-receiver?
The data collection process involved audio recording the one-to-one interviews. The researcher transcribed the interviews and agreed to the use of pseudonyms during the transcription process and in any report resulting from the research.

The participants completed Form M of the Myers-Briggs MBTI questionnaire. The participants received the results of this questionnaire upon completion and scoring of the questionnaire. All participants gave consent to forward their results to the researcher. The participants incurred no financial cost for completing the MBTI questionnaire.

**Data analysis.** Van Manen (1997) presented five approaches to phenomenological qualitative analysis. As stated, the study used a thematic approach that explored essential themes and subthemes. The following strategies were used to ensure quality of the data: (a) the verification of the accuracy of the transcripts, (b) the preservation of reflexivity throughout the study, and (c) the use of peer consultation and debriefing.

The MBTI questionnaire was administered independently to each participant before the interviews were transcribed. However, the results of the MBTI questionnaires were not tabulated or analyzed into the research data until after the transcription of the interviews were complete. This reduced the risk of researcher bias toward interviewing and transcribing a given personality type.

**Discoveries**

No prior peer-reviewed research existed directly on the relationship between shame, image of God, spirituality, personality type and faith formation. In view of this, the results of the review of literature within each of the four domains of research of the study addressed indirectly-related research as explained in the Discussion chapter. Within
each domain of research, the themes of disconnection (theme 1), guilt (theme 2), connection (theme 3), and image of God (theme 4) were explored.

The textural descriptions of what the participants experienced as the disintegration of their felt sense of self in relation to God, a dysregulated other, were combined with a structural description of how they experienced shame in the presence of absence of God. The composite description revealed an essence of shame in the presence or absence of God as an over-arching theme of disconnection (theme 1). This concurred with such research as Jordan’s (2000) who claimed, “It is often unacknowledged shame that leads to disconnection” (p. 11). However, within the essence of disconnection there emerged an accompanying need for “time out,” or a time to be still with one’s shame.

The need for time out within an experience of shame as the disintegration of one’s felt sense of self in relation to a dysregulating other resonated with the work of Jordan (2000), DeYoung (2015), and Brown (2017) in relation to the importance of empathy. It also reflected a need, as Brown (2007) asserted, of giving voice to one’s experience of shame in a process of healing within community. Thus, results of the study also supported conclusions of Bradshaw (2005) and Pattison (2000) that indicated that community was an essential component that enabled a shamed individual to reclaim their identity from shame.

**Illuminations**

The research revealed the following unanticipated outcomes of the study. As hermeneutical phenomenological exploration is based on the lived experience of the participants, the researcher observed an unexpected honesty and openness of narrative description offered by the participants. To clarify, in an area of research such as shame
where the qualitative subject matter involved the tendency for shame to be hidden from view, the openness and honesty of the participants as they genuinely revealed their lived experiences in relation to the presence or absence of God in the process of caregiving was as unexpected as it was welcomed by the researcher. The participants spoke freely, and they discovered that talking about their experience of the presence or absence of God was personally liberating and affirming. The researcher learned that participants had not discussed the nature of their image of God or their personal relationship with God previously with others, especially as it related to the process of caregiving.

**Limitations of the Study**

Limitations of the research included the following. All participants of the study were: (a) Caucasian upper-middle-class, (b) Protestant Christians, (c) married, and (d) between 25 to 85 years of age. A further limitation was that pastoral care ministries such as church elders, visitation committee members, and other lay pastoral ministries were not included in the research.

**Sample size.** A limitation of the study included the sample size of participants. While the 12 participants did provide a diverse source of data and life experiences in relation to the experience of shame in the presence or absence of God in Stephen Ministry, a larger sample would have expanded the data collected. For example, a larger sample could have provided, (a) an increased sampling of male and female participants, (b) a wider representation of MBTI personality profiles, (c) varied cultural backgrounds, and (d) varied educational and theological experiences.

**Sampling strategy.** A possible limitation of the sampling strategy of the study was that participants may have felt reluctant to come forward during the informational
group forum to identify themselves given the personal nature of the study. To overcome this limitation, potential participants were invited to contact the researcher directly and confidentially by telephone or e-mail, if they preferred.

**Delimitations.** The delimitations of a study were boundaries that narrowed the scope of the project (Roberts, 2010). The boundaries of the study included the following:

- the sample of the study was chosen from the United Church of Canada,
- the sample of participants were Christians trained in Stephen Ministry, and
- the location for the interviews was Islington United Church in Toronto.

**Implications for Future Research**

**Feminist research paradigm.** Researchers have studied the female experience of shame from a feminist perspective (Martocci, 2013; Fayard, 2013). Research has also studied the oppression of silence and non-representation in gay and lesbian experiences of shame (Kaufman & Raphael, 1996). Creswell (2013) claimed that a goal of feminist research was to “conduct research that is transformative” (p. 29) that would lead to social and personal awareness and change. Furthermore, Lather (1991) explained that a goal of feminist research was to “correct both the invisibility and distortion of female experience in ways relevant to ending women’s unequal social position” (p. 71).

A feminist interpretive framework held the ontological belief that reality was “based on power and identity struggles” (Creswell, 2013, p. 37). The feminist framework upheld the epistemological belief that “reality is [was] known through the study of social structures, freedom and oppression, power and control” (Creswell, 2013, p. 37). It also held the methodological assumption of a struggle for identity within the context of an abuse or misuse of power (Lincoln et al., 2011).
In view of the above, the researcher acknowledges the importance of a feminist approach to a study of shame in the presence or absence of God and encourages future research on shame from a feminist paradigm. However, in the present study, a framework was needed to invite meaning to unfold revealing the essence of the shame experience itself. A feminist approach may have presumed an existing power dynamic of control and struggle for identity within the experience of shame in the presence or absence of God. While in certain contexts, an assumption of power and control in relation to God may be true, it was not presumed that a paradigm of oppression, control, or abuse of power existed in an individual’s relationship with God. Thus, the assumptions of the interpretive framework of social constructivism, instead of feminism, met the needs of the study and provided a foundation for the chosen methodology.

**Spirituality and religion.** The findings from the current study agreed with Ammerman’s (2013) assertion that a clear distinction between religion and spirituality was difficult to make. For the findings revealed that participants approached caregiving from both a Stephen Ministry religious background and from their own MBTI spiritual perspectives. For example, as presented, Jessica (INFJ) considered herself more spiritual than religious and spoke of the “Spirit flowing through us.” Anna (ENFP) affirmed that “God was not just in church, God was everywhere.” In addition, both participants, Jessica and Anna, found meaning within the religious ritual, prayer, and the community of the church. Thus, further research is needed in relation to spirituality, religion, and shame.

**Depression and image of God.** While findings revealed that the lived experience of shame as the disintegration of one’s felt sense of self in relation to a dysregulating other was related to the experience of disconnection from God, the findings did not show
a direct relationship between feelings of depression and an alienating or isolating image of God, as did results of Exline et al. (2000). In view of this, further research would also be beneficial in relation to the study of depression and the experience of an isolating and alienating image of God.

**Domains of research.** This study has responded to the need for further research in relation to the four domains of the research: image of God (Grimes, 2013; Ross, 2011), spirituality and religion (Keller et al., 2015; Morse, 2011), personality type (Hirsh & Kise, 2006), and faith formation (Fowler & Dell, 2006). Specifically, further research is recommended in relation to dominant and inferior personality functions in relation to spirituality and the experience of shame and caregiving. It is also recommended that future studies assess the stages of faith development for individuals through faith formation questionnaires that explore the relationship between shame and faith formation. Thus, future studies in each of the domains of research of the study would contribute to their individual subject areas.

**Implications for Stephen Ministry**

The researcher acknowledges the heart-felt process of Stephen Ministry through this study. The high degree of training, responsibility, and professional care embraced by Stephen Ministers is to be commended. It is with this acknowledgement and the fact that Stephen Ministers are not therapist, counsellors or pastors of a church that the following recommendations are made in relation to pastoral care and Stephen Ministry.

This study has addressed and explored the gap in the Stephen Ministry training manual in relation to shame in the presence or absence of God in caregiving. As shown, and acknowledged by other researchers, further research is needed in this area of study.
Notwithstanding, the results of the study have illuminated possibilities of hope in relation to the experience of shame in the presence of absence of God in Christian care. For example, providing a safe space for a care-receiver to take time out and give voice to their shame may be included in the process of caregiver and care-receiver walking side-by-side in Christian fellowship. Acknowledging the presence or absence of God in the process of Stephen Ministry may also provide deep insight into the experience of shame. Developing a language of shame resonates with the work of Brown (2017) and DeYoung (2015), and invites a care-receiver to be acceptable with naming shame. Also, Stephen Ministers could be encouraged to get to know their own shame in relation to the presence or absence of God in their lives. Thereby, they would intentionally gain an understanding of their connection or disconnection with God in the process of Christin care.

Furthermore, Stephen Ministers could be encouraged to gain an understanding of personality type in relation to shame and spirituality. The matching process of pairing caregiver and care-receiver could include a MBTI profile that utilizes a complimentary approach to spirituality and faith formation. In view of the above, the results of the study have illuminated implications and possibilities of enhancement to the caregiving process of Stephen Ministry.

**Lay pastoral ministry.** As noted, Stephen Ministry is one of many caregiving ministries in the church. Other pastoral ministries include elders, chaplains, and deacons. Therefore, the extent of the benefit of this study on lay caregiving is extensive. For deacons, chaplains, and lay ministers could become aware of their own God images and their personal relationships with God that may influence their expectations of their care-receivers. Lay ministers could learn to reconnect with their care-receivers through an
awareness of shame and an acknowledgement of their care-receivers’ personal needs of time out during an experience of shame, that they may find a voice for their shame.

As Stephen Ministers work collegially with other mental health professionals, an acknowledgment of shame in the presence or absence of God may influence a supportive lay pastoral approach that recognizes the God images, spiritualties, personality profiles, and the stages of faith development of both the care-receiver and caregiver in hospitals and other caregiving institutions. Therefore, implications of the study may lead to a vision of a holistic treatment plan that includes a care-receiver profile and a caregiver profile that highlights spirituality, MBTI personality profile, and faith formation in relation to image of God.

**Concluding Remarks**

It is the intention within these concluding remarks to highlight a personal insight and expand on the significance of the findings of the study. The ability to look at shame with self-awareness and discover a voice for shame in the pastoral care ministries of the church, such as Stephen Ministry, could develop a patience for hope that all may walk together in a process of care that includes “prayerful listening, wise encouragement, and mutual forgiveness” (Vanier, 1970/2014, p. 2). In view of this, the amalgamation of an individual’s image of God, spirituality, personality type, and faith development could form a framework for deeper understanding of the experience of shame in the presence or absence of God.

A personal inspiration derived from the study springs from words of van Manen (1997) who clarified, “Phenomenology, like poetry, intends to be silent as it speaks” (p. 131). Pastorally, the presence or absence of the God could speak in the silence of shame
in a similar way. Within the silence of shame as the disintegration of one’s felt sense of self in relation to a dysregulating other, a caregiver’s ability to offer compassionate care is revealed within the context of his or her relationship with God, spirituality, personality type, and faith development. Within the silence, an individual experiencing shame could be encouraged, in their disconnection and time out, to be still and give voice to shame.
References


Haugk, K. (2004). *Don’t sing songs to a heavy heart: How to relate to those who are suffering*. St. Louis, MO: Stephen Ministries.


Martocci, L. (2013). Girl world and bullying: Intersubjective shame in Margaret Atwood’s *Cats Eye.* In E. Johnson, & P. Moran (Eds.), *The female face of shame* (pp. 149-165). Bloomington, IA: Indiana University Press.


Table 1

*Represented MBTI Profiles with Names of Participants*

<table>
<thead>
<tr>
<th>MBTI Profile</th>
<th>Female</th>
<th>Male</th>
<th>Name of Participant</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENFJ</td>
<td>2</td>
<td>2</td>
<td>Elizabeth, Mary, James, John</td>
</tr>
<tr>
<td>ENFP</td>
<td>2</td>
<td>1</td>
<td>Anna, Beverly, Paul</td>
</tr>
<tr>
<td>ESFJ</td>
<td>2</td>
<td></td>
<td>Laura, Martha</td>
</tr>
<tr>
<td>INFJ</td>
<td>1</td>
<td></td>
<td>Jessica</td>
</tr>
<tr>
<td>INFP</td>
<td>1</td>
<td></td>
<td>Joan</td>
</tr>
<tr>
<td>INTJ</td>
<td>1</td>
<td></td>
<td>Robert</td>
</tr>
</tbody>
</table>

*Note:* See Appendix C for an alphabetical list of the participants and their MBTI profiles.
Table 2

**MBTI Personality Type Distribution of Participants**

<table>
<thead>
<tr>
<th>Gender</th>
<th>E</th>
<th>I</th>
<th>S</th>
<th>N</th>
<th>T</th>
<th>F</th>
<th>J</th>
<th>P</th>
<th>Most frequent dominant function</th>
<th>Most frequent profile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td></td>
<td></td>
<td>EF 2</td>
<td>ENFJ 2</td>
</tr>
<tr>
<td>Female</td>
<td>6</td>
<td>3</td>
<td>2</td>
<td>7</td>
<td>1</td>
<td>8</td>
<td>6</td>
<td>3</td>
<td>EF 4</td>
<td>ENFJ 2</td>
</tr>
<tr>
<td>Combined*</td>
<td>9</td>
<td>3</td>
<td>2</td>
<td>10</td>
<td>1</td>
<td>11</td>
<td>8</td>
<td>4</td>
<td>EF 6</td>
<td>ENFJ 4</td>
</tr>
</tbody>
</table>

* Combined = all participants.

Note: E = Extroversion; I = Introversion; S = Sensing; N = Intuition; T = Thinking; F = Feeling; J = Judging; P = Perceiving
Appendix A

Participant Recruitment Letter

Wilfrid Laurier University
Participants Wanted

Richard Tamas, doctoral student, Spiritual Care and Psychotherapy at Wilfrid Laurier University, is conducting a research project on the lived experience of shame in relation to the presence (or absence) of God in Stephen Ministers. This study, as part of a doctoral dissertation, will help to deepen an understanding of shame in relation to God’s presence (or absence) in our lives.

What will be required of you as a participant?

This study will consist of: (1) an informational forum, (2) a pre-interview session, and (3) a one-to-one confidential interview. During the informational forum, you will be given an explanation of the study, and its main goals. The benefits and risks of participating will be clearly explained to you. During the pre-interview session, you will be asked to complete the Myers-Briggs MBTI Form M (20 min.). There is no financial cost to participants for completing this questionnaire. During the interview (approx. 45 min.), you will be asked to share thoughts and feelings related to your experience of God.

Participation is voluntary and all information obtained is confidential. Please contact the researcher, Richard Tamas, 416-234-5589 or tama3140@mylaurier.ca

THIS PROJECT HAS RECEIVED APPROVAL FROM THE RESEARCH ETHICS BOARD OF WILFRID LAURIER UNIVERSITY TRACKING NUMBER 3811
Appendix B

Informed Consent Statement

Wilfrid Laurier University

Principle Investigator: Richard Tamas, DMin Student, Waterloo Lutheran Seminary, Wilfrid Laurier University, tama3140@mylaurier.ca

Supervisor: Brice Balmer, MDiv, MA, DMin., Waterloo Lutheran seminary, Wilfrid Laurier University, bbalmer@wlu.ca

This study, conducted by Richard Tamas, doctoral student, WLS-WLU, is under supervision of Professor Brice Balmer, D.Min., WLS-WLU, for purposes of TH780B Research Dissertation. The purpose of this study is to explore the lived experience of the essence of shame in relation to the presence (or absence) of God in Stephen Ministers. It is hoped that this will lead to a deeper understanding of the essence of God’s presence (or lack of presence) in relation to caregiving.

PROCEDURE

This study consists of (1) an informational forum, (2) a pre-interview session, and (3) a one-to-one interview. During the informational forum, you will be given an explanation of the study, and its main goals. The benefits and risks of participating will be clearly explained to you. During the pre-interview session, you will complete the Myers-Briggs Form M (20 min.). There is no financial cost to the participant for completing this questionnaire. During the interview session, you will be asked to share thoughts and feelings related to your experience of God.

You will not be compelled to discuss an event or circumstance that may upset you. You may omit any question that you are not comfortable answering, and you may
stop the interview at any time without repercussion. The interview will last 60 minutes, and will be audio-recorded.

(Inform consent – Page 1 of 4) 

Participant’s initials: _____

USE OF AUDIO RECORDING

The interview session will be audio-recorded. This recording will be used to ensure the accuracy of the information collected. The recordings will be transcribed and held in confidence. Only the researcher and transcriber will have access to the recordings of the interview and will sign a confidentiality agreement. The recordings will be stored in a locked filing cabinet and erased following the project, and the transcriptions will be destroyed after seven years. If for any reason, you withdraw from the study, your recorded information will be immediately destroyed.

CONFIDENTIALITY

The information provided by you for purposes of this study will be kept confidential. A pseudonym, chosen by yourself, will be used in the report and in all publications and presentations of the study. Any identifying information, if shared during the interview, will not be included in the transcripts or reports. A master identification file that link pseudonyms to names will allow the researcher to review and/or correct missing or contradictory information. This identification will be in the researcher’s possession only, locked in a filing cabinet, and destroyed after seven years. The researcher and transcriber will sign a confidentiality agreement. The results from this study will be included in the researcher’s dissertation, presented at workshops and conferences, published in academic journals and books. The results may also be used for teaching.
**RISKS**

It is possible that during or after the interview session, the participant may experience some emotional unease as a result of sharing and/or recollecting personal experiences. If this occurs, you may contact your Stephen Leader or pastor who have been informed and have agreed to this study. This debriefing session will involve no financial cost to the participant.

(Informed Consent – Page 2 of 4)  

Participant’s initials: _____

**BENEFITS**

Participation in this study has potential benefits to you and the community. By sharing your experience, you may gain an understanding of God’s presence in your life. Findings from this study may add to the body of knowledge on shame in relation to God and caregiving.

**COMPENSATION**

There is no financial compensation for participating in this study.

**CONTACT INFORMATION**

If you have questions regarding this study, or if you experience adverse effects as a result of participating in this study, you may contact the researcher, Richard Tamas, at (416) 234-5589, or email: tama3140@mylaurier.ca. This project has received REB approval, Wilfrid Laurier University, TRACKING NUMBER 3811.

If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact Dr. Robert Basso, Chair, Research Ethics Board, WLU, (519) 884-0710, extension 4994, or rbasso@wlu.ca
PARTICIPATION

Your participation in this research study is on a voluntary basis. You may choose not to participate without penalty. If you choose to participate, you may withdraw from participating at any time without penalty. If you withdraw from the study, your data will be immediately destroyed. You have the right to refrain from answering any question(s) you choose. If you do not consent to having your quotations used in the final report, you may still choose to participate in this study. In this circumstance, information provided by you during the interview will only be used by the researcher for data analysis.

(Inform Consent – Page 3 of 4)  Participant's initials: _____

FEEDBACK AND PUBLICATION

The discoveries of this research study will be included in the researcher’s dissertation, presented at academic workshops and conferences, and published in academic journals and books. It may also be used for teaching purposes. The results may also be used in applications for funding proposals or other professional academic research interests. If you are interested in this study’s findings, please contact the researcher directly and information can be forwarded to you once the study is completed.

CONSENT: I have read and understand the above information. I understand that all information gathered will be held confidential, and that I may withdraw from participating at any time without penalty. I agree to participate in this study.

Participant's Name (please print clearly) ________________________________

Participant's signature ________________________________ Date ______________

Investigator’s signature ________________________________ Date ______________
### Appendix C

#### Alphabetical List of Participants with MBTI Type

<table>
<thead>
<tr>
<th>Participant</th>
<th>MBTI Type</th>
<th>Gender</th>
<th>Marital Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anna</td>
<td>ENFP</td>
<td>Female</td>
<td>Married</td>
</tr>
<tr>
<td>Beverly</td>
<td>ENFP</td>
<td>Female</td>
<td>Married</td>
</tr>
<tr>
<td>Elizabeth</td>
<td>ENFJ</td>
<td>Female</td>
<td>Married</td>
</tr>
<tr>
<td>James</td>
<td>ENFJ</td>
<td>Male</td>
<td>Married</td>
</tr>
<tr>
<td>Jessica</td>
<td>INFJ</td>
<td>Female</td>
<td>Married</td>
</tr>
<tr>
<td>Joan</td>
<td>INFP</td>
<td>Female</td>
<td>Married</td>
</tr>
<tr>
<td>John</td>
<td>ENFJ</td>
<td>Male</td>
<td>Married</td>
</tr>
<tr>
<td>Laura</td>
<td>ESFJ</td>
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<td>Married</td>
</tr>
<tr>
<td>Martha</td>
<td>ESFJ</td>
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<td>Married</td>
</tr>
<tr>
<td>Mary</td>
<td>ENFJ</td>
<td>Female</td>
<td>Married</td>
</tr>
<tr>
<td>Paul</td>
<td>ENFP</td>
<td>Male</td>
<td>Married</td>
</tr>
<tr>
<td>Robert</td>
<td>INTJ</td>
<td>Male</td>
<td>Married</td>
</tr>
</tbody>
</table>