

Steer into the Storm

Dynamic Psychotherapy for Preaching in Anxious Times

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Abstract ——— *Global catastrophes such as the COVID-19 crisis raise individual and collective anxiety among faith communities. Fears about the well-being of loved ones, grief over the hiatus of corporate worship services, and uncertainty about the sustainability of local churches loom large. A significant challenge surrounding preaching during a pandemic is the need to speak a word to and for this anxiety. But psychotherapists know an important thing about anxiety: it contains no information. It is no more than “a noisy gong or a clanging cymbal,” to use St Paul’s words. To reassure it away from the pulpit is tantamount to colluding with it. What if instead of attempting to soothe away anxiety in troubling times like these, the preacher and the congregation collide head-on with the feeling that resides on the other side of the anxiety? What comes into view then? This paper will bring the central tenets of dynamic psychotherapy to bear on the task of preaching amidst global catastrophe. By relying on how therapists move past anxiety to directly address the deep feelings of patients, we raise ideas for preaching sermons that go past anxiety, fear, and helplessness and steer into the storm of emotions stirring among the faith community.*

1. Introduction

Global catastrophes such as the COVID-19 crisis raise individual and collective anxiety among faith communities. Fears about the well-being of loved ones, grief over the hiatus of corporate worship services, the sense of fracture that comes when congregations can only gather in small groups, and uncertainty about the sustainability of local churches loom large. A significant challenge for preachers amidst the pandemic is the need to speak a word to and for the individual and collective anxieties of our faith communities.

The purpose of this paper is to bring together the central tenets of Intensive Short-Term Dynamic Psychotherapy (ISTDP) and conversational understandings of homiletics in order to offer a preliminary new lens for addressing anxiety through preaching. As a psychological modality, ISTDP seeks to directly address the presence of anxiety. Its practical orientation naturally steers into the storm, rather than placating or avoiding the distress. Furthermore, it employs the emotional energy associated with anxiety as a driving force behind the deeper journey of excavating those buried feelings that give rise to the anxiety. The founder of ISTDP, *Habib Davanloo*, states that the method operates “with extraordinary power, capable of resolving the core neurotic structures of the most resistant longstanding psychoneurotic disturbances”¹. Conversational approaches to

¹ *Habib Davanloo*, Intensive Short-Term Dynamic Psychotherapy. Selected Papers of Habib Davanloo, MD, Toronto 2000, 1.

preaching serve as a helpful discussion partner for ISTDP because of a number of parallels or intersections that exist among these approaches and the central tenets of ISTDP.

It is the hope of this paper that the intersection of dynamic psychotherapy and preaching can open a unique path for preachers who wish to use their homiletical voices to speak clearly to our anxiety-ridden world. It begins, therefore, with an introduction to dynamic psychotherapy, particularly ISTDP, followed by a brief overview of some conversational approaches to homiletics. It is intentional that more space is allotted to the former discussion than the latter due to the relative unfamiliarity that readers of a homiletics publication may have with ISTDP. Then, by allowing these two discourses to intersect one another, the paper identifies understandings of and practices for preaching in the midst of anxious times and anxiety-ridden congregations.

2. A Crash Course in Dynamic Psychotherapy

Dynamic psychotherapy has its origin in the work of *Sigmund Freud* and his theoretical understanding of the unconscious and particularly how resistance operates. Resistance, in its many forms, functions to protect the self, but it can also cripple the self. At a very basic level, resistances serve to mollify anxiety; in order to avoid dealing with distress that emanates from more repressed and noxious feelings, people erect unconscious roadblocks that serve as resistances. Ironically, avoiding the exploration of these buried feelings only prolongs suffering and worsens anxiety. Freud recognized that resistances are intricately and powerfully tied to a person's suffering, suggesting that "[n]o stronger impression arises from the resistances during the work of analysis than of there being a force which is defending itself against every possible means of recovery and which is absolutely resolved to hold on to illness and suffering"².

This destructive organization within the unconscious requires a response that is honest, forceful, and willing to move into the heart of darkness. It is with this understanding that Freud's insights culminate in the creation of dynamic psychotherapy. Following in Freud's footsteps, psychological theorists such as *Franz Alexander*, *Peter Sifneos*, *David Malan*, and *Habib Davanloo* began to explore the ways in which these resistances can be relieved or even eradicated. Each of these researchers noted that when an emotion is repressed – or pushed out of sight – it becomes somatized; the destructive feeling is retained within the body. Freud remained uncertain about whether such malevolent forces in the unconscious can be removed. Toward the end of his life he noted that, "[f]or the moment we must bow to the superiority of the forces against which our efforts came to nothing"³.

The pioneers of dynamic psychotherapy, such as Davanloo, the father of ISTDP, were not satisfied with the notion of bowing to the tyranny of the resistances. For Davanloo, the aim of dynamic psychotherapy is to "enable the patient to experience his [sic] true feelings as rapidly as possible and to the maximum degree that he [sic] can bear"⁴. Herein reside two key features of dynamic psychotherapy: first, that anxiety—either in its own right or in the form of unconscious resistances—can be addressed, and second, that anxiety and

² *Sigmund Freud*, *Analysis Terminable and Interminable*, in: *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, vol. XXIII. Translated and edited by James Strachey, London 1937/1964, 242.

³ *Ibid.*, 243.

⁴ *Habib Davanloo*, *Unlocking the Unconscious*. Selected Papers of Habib Davanloo, MD, Toronto 1990, 2.

the emotions it seeks to mask must be attended to expeditiously. *Alan Beeber*, in offering an overview of ISTDP, reflects that Davanloo became “disillusioned” by the way classical psychotherapy protracted the process, thus prolonging the illness.⁵ It too appeared reluctant to wrestle with the core of suffering. Much early dynamic work was undertaken with patients who were highly responsive and not significantly crippled by the forces of their resistances. But in the 1970s, “Davanloo began to focus on highly resistant patients with severe phobic and obsessional neuroses, and syntonistic character pathology with the aim of increasing the range of patients who could be treated”⁶.

Dynamic psychotherapy, particularly ISTDP, postulates that by properly dealing with anxiety, even people who are living with some of the most debilitating resistances can experience liberation. The first steps toward emancipation take place when the therapist and patient acknowledge the presence of the anxiety. A fascinating phenomenon occurs when the therapist suggests that the therapeutic task requires that together the therapist and patient move past the anxiety, to its genesis. Essentially, the therapist is suggesting that together they examine the true nature of the distress. This simple intervention/invitation serves as a sincere message to the crippling feelings that they can and should be dealt with. Rather than soothing the anxiety, this intervention actually causes the anxiety to increase. And with this rise, resistances begin to come into view, surfacing in order to placate the distress.

Rather than avoiding anxiety, which would be to collude with the destructiveness in the unconscious of the individual, practitioners of dynamic psychotherapy seek to directly engage this reactive and harmful structure within the unconscious. Psychiatrist *Nat Kuhn* notes, “[t]o undo this suffering-inducing mechanism, patients need to face their internal conflicts without resorting to the harmful defenses. When they do this, they lose the anxiety-reducing effect of the defenses, and so anxiety rises”⁷. Essentially, good therapy welcomes the presence of anxiety and resistances. As a signalling mechanism, they let us know that something important is close to the surface. Thus, ISTDP neither backs away from nor avoids the anxiety. In actuality, writes Kuhn, “this anxiety is not simply a by-product of ISTDP but one of the elements that contributes to its motive force”⁸.

The first echoes of this motive force are a part of the patient’s initial moments with the therapist. At the conscious level, the presence of anxiety can be accounted for by the patient’s concern that an untold story or unresolved trauma might surface. The unconscious anxiety – also present in the room – points directly to the source of the pain. Essentially, it is not the telling of the painful story nor the recalling of a traumatic event that causes the unconscious anxiety, but rather something else, something deeper.

The pathway to this deeper rupture is promoted by another principle of dynamic psychotherapy, specifically the promotion of honesty. Dynamic psychotherapy is built on an understanding that people avoid emotional honesty. This is particularly true when dealing with hostile feelings. Davanloo notes that the experiencing of true feelings can only be accomplished by “overcoming the resistance”⁹. Thus, perhaps more than Freud,

⁵ Cf. *Alan R. Beeber*, Transference Neurosis. Contributions of Habib Davanloo, in: Dominic Brewer (ed.), *Psychotherapy. Methods, Outcomes, and Future Directions*, New York 2016, 79–108, 80.

⁶ *Ibid.*, 81.

⁷ *Nat Kuhn*, *Intensive Short-Term Dynamic Psychotherapy. A Reference*, North Charleston 2014, 11.

⁸ *Ibid.*

⁹ *Davanloo* (note 4), 1.

he suggests that the only way to alleviate the person's anguish is to honestly address and remove the resistance.

Several component parts reside at the centre of Davanloo's quest to eliminate the patient's suffering, the first of which is the *phase of inquiry*¹⁰. In this initial phase, the therapist begins to explore the patient's difficulties. As the inquiry proceeds, a second feature of dynamic psychotherapy takes hold: the *unconscious therapeutic alliance* (UTA). The UTA brings the patient's will into collaboration with the therapist and the therapeutic task. The therapist states clearly that the relationship will be painful, but liberating. Consciously the patient is aware that the entire process is predicated on honesty. But when the therapist and patient actually encounter the resistance and genuinely examine the sources of the pain, the UTA will be severely tested. Notes Davanloo, "[e]ach time resistance is penetrated there is marked and unmistakable increase in the strength of the therapeutic alliance"¹¹.

A third component of ISTDP is the *head-on collision* (HOC). The therapist places responsibility "firmly where it belongs, and that is with the patient himself [sic]"¹². This is followed by a message directed at the patient's desire for change, by stating that there are negative implications for not being honest. This communication has a sobering effect on the unconscious. States Kuhn, the HOC "is designed to precipitate an INTRAPSYCHIC CRISIS"¹³ in which the UTA dominates the resistance rather than continuing to be dominated by it, resulting in an unlocked unconscious"¹⁴. For Davanloo, the HOC does not precipitate an intrapsychic conflict as much as it brings the obvious tension into view. *Catherine Hickey* notes that the HOC is a joint venture between the therapist and the patient.¹⁵ She goes on to state, "Davanloo argues that psychotherapy should promote adult autonomy and freedom. It should not promote childlike dependence and regression"¹⁶.

Fortified by the UTA and the HOC, the therapist and patient move in the direction of the pain. The resistance tests the UTA, but the HOC counters the forces of the resistance. Due to the fact that the resistances are connected to strong emotions that the patient wants to keep out of the realm of consciousness, such as guilt and grief, these internal forces will not go quietly into the night. By adhering to a profound respect for the patient's yearning for freedom, the therapist continues to invite the patient into a deeper and more honest conversation.

This dynamic conversation has implications for the relationship between the therapist and the patient. The feelings associated with this relationship possess their own integrity. In ISTDP, the therapist begins to explore the feelings in the transference. This shift – a critical dimension of ISTDP – instantly intensifies the journey. Working in the transference gives the process an immediacy; the defenses are laid bare by the very present reality that they are alive and active within the therapeutic context. The

¹⁰ *Davanloo* (note 1), 38.

¹¹ *Ibid.*, 3.

¹² *Davanloo* (note 4), 7.

¹³ The use of upper case is in the original text.

¹⁴ *Kuhn* (note 7), 125.

¹⁵ Cf. *Catherine Hickey*, *Understanding Davanloo's Intensive Short-Term Dynamic Psychotherapy. A Guide for Clinicians*, London 2016, 60.

¹⁶ *Ibid.*

transference also gives rise to clashing feelings “because the patient has conflict over his [sic] anger which has its unconscious link with unconscious repressed sadistic impulses in relation to the past, and the positive because in the past warmth and closeness have always ended in disappointment”¹⁷.

Davanloo argues that resistances move into the therapeutic relationship, often giving rise to anger as a common defense. As the patient and therapist focus their efforts on getting at the origin of the distress, the patient’s unconscious may begin to experience strong negative feelings toward the therapist. The presence of transference feelings toward the therapist indicates that the therapist and patient are indeed drawing closer to the epicenter of the pain. When transference feelings are experienced in the therapeutic relationship, “the therapist must be on the look out for when the patient’s transference feeling are becoming an issue and he [sic] makes an intervention designed to bring them into the open. The intervention might consist of asking the question ‘How do you feel right now?’ or after describing a pattern in some outside relationship of drawing attention to the parallel with the transference by asking ‘How about here with me?’”¹⁸. Davanloo goes on to note that the patient’s “initial response to such an intervention is almost invariably resistance”¹⁹. Working in the transference is useful because it accesses actual feelings people are experiencing in the present. Rather than talking about a perceived emotion or feelings attached to other events, transference feelings mean that the vault containing the more crippling emotions is close to the surface.

3. A Conversational Conversation

After this overview of ISTDP, it is worth pausing to acknowledge that preaching is not dynamic psychotherapy. Similarly, homilists are not therapists. Thus, there are processes and practices of ISTDP that are at best fool-hardy ventures to appropriate in the pulpit. For example, inviting the congregation to explore feelings of transference toward the preacher might result in more than a conscientious preacher can manage. But if the preacher and the congregation are willing to explore difficult, crises-born, anxiety-ridden issues together, then there are elements of dynamic psychotherapy that may prove fruitful. At minimum, an awareness of dynamic psychotherapy minimizes the risk to both the preacher and the congregation as they steer together into the storms of life, all while expediting the process of addressing the true sources of distress.

ISTDP is born out of the relationship between therapist and patient and undertaken through conversation between these parties. In a similar way, homileticians in the past few decades have proposed theories and experimented with practices that see preaching as a proclamation of the gospel in a conversational mode.

Lucy Atkinson Rose offered a brief article in which she put forward a proposal for conversational preaching. Using the driving metaphor of a round table at which preacher and congregants alike have a place, she argued that a goal of preaching is “to gather the community of faith around the Word where the central conversations of the church are refocused and fostered”²⁰. Rather than being the resident expert in biblical interpretation

¹⁷ *Davanloo* (note 4), 109.

¹⁸ *Davanloo* (note 1), 222.

¹⁹ *Ibid*, 222f.

²⁰ *Lucy Atkinson Rose*, *Conversational Preaching. A Proposal*, in: *Journal for Preachers* 19, no. 1 (1995), 26–30, 27.

and doctrinal theology, the preacher is a facilitator of sorts; she may be the only one to speak during the sermon, but in so doing she invites the entire congregation to join her in the process of exploring scripture and generating its meanings for one's contemporary context. Week in and week out, sermon after sermon, the faith community comes together as a priesthood of *all* believers to explore God's Word, generate interpretations, and offer claims – however tentative they may be – about the directions in which God is pointing the church today.

Rose makes it clear that this approach to preaching is “communal, heuristic, and nonhierarchical”²¹. In expanding on these ideas in *Sharing the Word*, she distinguishes her use of *conversation* from more formal, technical definitions used by late twentieth-century practical theologians. Rather, the sort of conversation she infuses into the homiletical imagination is very personal, one carried out in “an atmosphere of openness and mutual respect”²² and the acknowledgement of contextual realities shaping each person and the community at large. Yet, while all members of the congregation have an equal place at the table and voice in the conversation, the preacher is the one tasked with guiding the discussion through the medium of a sermon. The sermon, then, communicates the preacher's wager, the new insights that developed in her heart and mind through her interplay of text and context.²³

A decade after Rose's proposal, *O. Wesley Allen* offered his own conversational homiletic. In acknowledging homileticians and preachers who propose conversation during the sermon,²⁴ before the sermon,²⁵ or even conversational sermons,²⁶ Allen broadens the dialogical nature of the church to see conversation as central to its very existence. His conversational homiletic engages monological preaching as simply one method for the much broader and deeper communal proclamation of the church.²⁷

Instead of making the preacher and the sermon that the preacher offers the points of focus for the conversation it engenders, Allen argues that it is the congregation itself that is at the center of its communal discernment.²⁸ The entire faith community is a community of conversation, a term that Allen carefully defines not as debate or discourse for persuasion, but as dialogue for conversion, that is, a “‘turning together,’ or mutual conversion” in which all parties are transformed.²⁹ Like Rose, Allen upholds mutuality as a necessary characteristic for the egalitarian community he imagines. While people bring different levels of knowledge, intellectual abilities, and personal experiences,³⁰ God's omnipresence empowers everyone with a voice and a stake in the conversation. “If God is everywhere,” he writes, “then *everyone* has experienced God and can participate in give-and-take God-talk”³¹. The preacher's role, then, is to use the monological sermon to point

²¹ Ibid., 29.

²² *Lucy Atkinson Rose*, *Sharing the Word*. Preaching in the Roundtable Church, Louisville 1997, 9.

²³ See also David Schnasa Jacobsen (ed.), *Homiletical Theology*. Preaching as Doing Theology, Eugene, OR 2015.

²⁴ For example, *Doug Pagitt*, *Preaching in the Inventive Age*, Nashville 2014.

²⁵ For example, *John S. McClure*, *The Roundtable Pulpit*. Where Leadership and Preaching Meet, Nashville 1995.

²⁶ Such as *Rose* (notes 20 and 22).

²⁷ Cf. *O. Wesley Allen, Jr.*, *The Homiletic of A Believers*. A Conversational Approach, Louisville 2005, 16.

²⁸ Cf. *ibid.*, 14f.

²⁹ *Ibid.*, 22.

³⁰ Cf. *ibid.*, 25.

³¹ *Ibid.*, 44.

to God's presence that is always and everywhere in the life of the congregation.³² The sermon is just one moment in time among the broader conversation that is wrapped up with the life of the church. It is not our individual sermons, but this broader conversation, this ongoing and unending eschatological dialogue, that transforms individuals and the wider faith community.

Conversational preachers are in it for the long haul. There are no instantaneous results nor quick solutions that these approaches to preaching guarantee. Much like ISTDP, it is about building a relationship of honesty, one through which the congregation engages in difficult and determined work that can release it to join God in what God is doing in the congregation and the world in which it lives.

4. The Beautiful Danger

Preaching is not psychotherapy. The shift from a focus on the preacher and the preacher's words to the congregation engaged in a homiletical conversation does not create the space for individuals to explore the deep recesses of their inner lives. However, while not becoming therapists, preachers may find rudimentary features of ISTDP useful for proclaiming the good news among an anxiety-laden congregation.

For example, acknowledging the anxiety that many are feeling is an honest appraisal of the trauma-filled climate of our current pandemic culture. Having named this reality, preachers can move into the actual experience of this anxiety by noting the ways in which COVID-19 and its various protocols have altered life, created job loss, limited social interaction, increased tensions at home, and created personal, familial, and community uncertainty. Then they can address the particular ways that this pandemic is being felt within a church context by recognizing the loss of community worship, the loss of corporate singing, the loss of the familiar, and the overarching knowledge that many churches will not survive the pandemic and its aftermath. Referencing these realities will naturally stimulate the neurobiological pathway of anxiety. Members of the congregation, whether donning face masks in a live worship setting or listening to the message in the relative safety of their own homes, will sigh. They might fidget. They may even become upset.

These responses are indicators that the anxiety among the congregation is real. As one invites the congregation to gather around a metaphorical table where they can penetrate scripture to find the truth therein, the preacher can ask if the members of the congregation would like to explore the feelings lodged beneath the community's collective anxiety. One must acknowledge that such a collaborative anxiety-penetrating venture could be turbulent. Yet, the lived experience that has given rise to such important conversations surrounds the fact that times are indeed turbulent. The preacher and the people are simply acknowledging the reality of this moment.

This point in the journey often produces a wonderful irony. In a therapist-patient setting, the therapist might ask, "How are you feeling right now?" to which patients often respond with a word like "Hopeful." Why would someone feel hopeful when the bleak landscape of a pandemic-ravaged world had just been accurately laid out before them? One of the therapeutic qualities of ISTDP is that it takes seriously the lived reality of the trauma. As a therapist moves toward an unconscious therapeutic alliance, the patient's

³² Cf. *ibid.*

experiences are acknowledged and heard. Likewise, by asking a congregation if they want to “turn together”³³ toward their anxiety, the people recognize that someone is taking them seriously. It may pass through one’s mind that this preacher is not minimizing one’s reality, nor are they avoiding it. By going into the storm, the preacher is embodying a sense of hope.

Dynamic psychotherapy is dangerous precisely because it goes as rapidly as possible to the heart of the matter, predicated on a commitment to honesty and the hope-filled alleviation of pain. The sort of preaching that scholars like Rose and Allen propose is no less daring. For example, gathering around scripture is dangerous specifically because it offers a pathway to truth, hope, and healing. It invites us into a deeper relationship with the divine (and if that is not frightening, nothing is!). As noted throughout this paper, we live in a time of extreme anxiety that, if left unacknowledged and unregulated, will cause us to make mistakes and, even worse, critical errors in judgement. The best antidote to the misery born of anxiety is to find its source. Dynamic inquiry through preaching uses the scalpel of scripture to cut through the vast array of defenses that anxiety uses to avoid taking this precarious journey. The paradox is self-evident: a potentially lethal tool (scripture, with its implicit desire for honesty and freedom) is used to engage the most crippling and volatile of human defenses (anxiety).

The wager of the preacher dares the community to seek out new directions. Catastrophes, trauma, disasters, social and ecclesial collapse, and the loss of a way of life all sit on the horizon, threatening to impact the emotive world of our parishioners. Conversational preaching in the key of ISTDP invites us to move directly toward the feelings and reactions that such realities evoke. Such preaching contains the posing of a dilemma, an ache, or a profound question around which the community gathers. As the preacher and congregation move together into the issue, members of the congregation need to be invited into the journey while at the same time being warned that such a sojourn will make demands on them. A gift that dynamic psychotherapy can offer preaching is that of moving directly toward the problem, for therapeutic success within a dynamic lens is built on the therapist responding to the patient’s resistance, thus steering the process directly into the storm.

What is revealed by moving headfirst into the storm? What is gained by inviting people to feel the fullness of their anxiety, anger, and desperation? This adherence to honesty, the exploration of the ache, and the vigilant search for feeling creates an “Intrapsychic Crisis”³⁴ through which one traverses in order to move past the resistances and the anxiety. The crisis “loosens the whole psychic system as it reverberates with the core of the psychopathological dynamic forces”³⁵. In this way, it leads to the “resolution of the residual resistance with partial or major de-repression of current or present past and distant past conflicts”³⁶. Preaching that relies on ISTDP offers the hope of freedom from the forces that give rise to anxiety by naming them, turning toward them, and leading the congregation past resistances and into the crisis itself order to identify a resolution. Like conversational preaching, it is only when the preacher and parishioners alike join

³³ *Ibid.*, 22.

³⁴ *Davanloo* (note 4), 102.

³⁵ *Beeber* (note 2), 20.

³⁶ *Davanloo* (note 4), 102.

together as equally-empowered members of the process that the storm can be weathered and withstood.

5. Concluding Thoughts

It is not possible to suggest that a proper conclusion can be scripted. This is the beginning of a conversation, one in which preachers in our current anxiety-ridden age enter into relationship with psychological concepts that are particularly constructed to enable us to address extremely difficult issues. In offering a synthesis of this paper, we raise two ideas that serve as initial way markers for guiding preachers on a path into the storm.

First, a blending of ISTDP and conversational preaching uses honesty, a frank appraisal of current circumstances, and an open invitation for exploration to accentuate and then move past anxiety. There is no hope for conversational preaching to penetrate fear and pain unless the congregation as a whole desires change. As a therapist invites a patient into deeper and deeper conversations, preachers begin by affirming the process and asking the congregation to go deeper with every sermon. In this way the broader, ongoing conversation of the faith community moves further and further into the process. Of course, we will encounter individuals who resist, those who do not want to feel the pain that resides at the heart of their anxiety. But, recognizing the journey as a *communal* endeavour, the preacher repeatedly extends a hand to the congregation and invites them as a collective to move deeper into the heart of their anxiety.

Second, it is important to remember that although the first three letters of ISTDP stand for *intensive* and *short-term*, relying on aspects of this approach does not result in a homiletical process that occurs in one sermon alone (nor in one therapeutic session). ISTDP is an expedient approach, but when carried out in the pulpit, it becomes an ongoing conversation. Preachers must actively solicit, receive, and rely on feedback, which is crucial to therapeutic practice and preaching alike. Honest and insightful feedback that goes beyond a “Nice sermon, pastor” on the way out of church allows preachers to see what communal resistances have been penetrated as they move toward the head-on collision between the congregation and the true sources of their anxiety. It lets preachers know where they need to move, how far they need to probe, and when they need to back off to allow some members of the church to catch up to the rest of the group.

Preachers are not therapists. But if, as Allen states, God is everywhere and no topic is off limits within the conversations of the church,³⁷ then God’s presence seeps deep into the process of ISTDP. Steering into the storm is painful. When we preach in ways that move us into the heart and eventually past the intense anxieties raging in the waters of our congregations, we embark on a journey that changes us. The pain is real. But through the process is the hope of liberation, a hope of calmer waters on the other side of the storm. This communal transformation that we undergo with our congregations is the work of God. So when the dark clouds of anxiety hover among our communities, let us turn our rudders toward them. God is already in the storm, ready to guide us through it together.

³⁷ Cf. *Allen* (note 27), 44.

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