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# **A Language for Healing**

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## A LANGUAGE FOR HEALING

### Statement of the Problem:

Our nation is experiencing an escalating mental health crisis that has been exacerbated by the *COVID-19* pandemic. Among those who are suffering are spiritual caregivers. Currently there is limited research into the mental health of Greek Orthodox priests in America. So, it is necessary to draw from other denominations to get a general understanding of the mental health of those holding Holy Order.

Clergy for this study will be used to refer to people who have had consecration within their faith. Clergy compose a group that is often overlooked in terms of mental health support. The role of the clergy can be an isolated one, made worse in a time of woe. Additionally, clergy could be feeling increased strain under the COVID-19 restrictions that separated them from their community for a time. An article, "Psychological Trauma and Moral Injury in Religious Leaders During COVID-19" highlights research findings that suggest there is a heightened potential for morally injurious events being experienced by religious leaders (Greene, et al., 2020). These moral injuries can occur from what they did or failed to do or what they have observed others do or fail to do (Nash, et al., 2013).

Additionally, the above research findings suggest a heighten risk of moral injury in a community which may be reluctant to seek out clinical counseling, such as religious

clergy. As caregivers of the soul, it can be a difficult step to reach out for help. A study sample of 443 Presbyterian pastors found that the three main reasons pastors do not reach out for help are, they do not feel they have the time, appearing weak to others such as a spouse, children, parishioners, and the belief that they should be able to find rest in Jesus (Lifeway Research, 2021).

There is a need for more resources for those with mental health issues including clergy. Access to mental health resources is paramount, especially given these new stressors from the pandemic.

This study seeks to bring awareness of the need for mental health intervention to clergy through an assessment of their inner conversations or internal voice, is generally referred to as the inner critic. A therapeutic intervention will be introduced to the participating clergy that will utilize spirituality and positive internal conversations to improve mental health and quality of life. Spirituality is a valued resource for people in times of distress, but even the church, with its associations to tradition, eternity and constancy, is under additional stress given pandemic restrictions regarding meeting in-person and the lifting of those restriction. Internal conversations may have become more critical with heightened anxieties and moral injuries experienced in their role as spiritual caregivers on the front line during the pandemic.

### **Where/what is the suffering?**

Priests are a high-risk group for experiencing trauma in their roles as spiritual caregivers with a heightened probability due to COVID-19. In understanding the trauma of

Greek Orthodox priests, it is important to consider how trauma is viewed within the Orthodox Christian faith of which the participants for this study will be selected.

Dr. Timothy Patitsas, an Orthodox Christian Theologian and professor of ethics at Holy Cross Greek Orthodox School of Theology explains the cause of trauma from an Orthodox Christian perspective:

The cause of our being traumatized is that we have beheld, whether briefly or for a prolonged period, some overwhelming vision of anti-Beauty, some naked ugliness. This ugliness then becomes our guiding black hole—if we experience this hell more powerfully than the real Beauty and theophany present in our lives. It is not just ugliness, death, or shock that causes trauma but the sense that these experiences are actual anti-theophanies, that they actually reveal to us in an overpowering and ultimate sense the real shape of both God and being. (Patitsas, 2019 p. 89).

Under the trauma is the Holy vessel unscathed; wholly whole. Anti-theophanies, which is the naked ugliness Patitsas (2019), speaks of is what Ferenczi describes as a split, he refers to it as the “regressed self” and the “progressed self” (As cited in Kalsched, 2013, p. 11). The regressed self in spiritual terms is the holy I AM regressed from its fullness of holy expression. The progressed self operates to protect the holy fullness that is remaining in the divine vessel. The ability to symbolize divinely gets distorted in the split of the holy vessel psyche in trauma. These anti-theophany moments can cause a collapse in the holy creative function of the mind to symbolize from the perspective of the holy state, the innocent state which was enjoyed before the split. This

symbolic deficiency can affect the use or role of language and hinder emotional and spiritual development in the one who is traumatized. Priests during the time of COVID-19 are at a heightened risk for trauma making new strategies necessary to assist in easing the suffering and that promotes a greater well-being.

### **Where/what is the need?**

There is a mental health crisis in America due to COVID-19 and more interventions and preventions are needed to assist those who are suffering.

Research of the current mental health crisis in America reported by *The Morbidity and Mortality Weekly Report* [MMWR] posted to the Center for Disease Control web page a survey conducted by Qualtrics a web-based survey approved by Monash University Human Research Ethics Committee found, “During late June, 40 % of U.S. adults struggled with mental health or substance use”. The survey found, “adverse mental health conditions associated with COVID-19”. The study advises health care professions to “...increase intervention and prevention efforts to address associated mental health conditions,” (MMWR, August 14, 2020).

This study will utilize an online survey, Inner Critic Quiz, in the interest of increasing intervention and prevention efforts for clergy. The survey which was developed by Jay Earley (2014), using Dr. Richard Schwartz’s (2001) *Internal Family Systems* [IFS] theory of *parts* to discern internal critics that might be causing stress for spiritual care givers. Priests who are on their own, in their own parishes, who might otherwise not seek out self-help options could find value in the online survey.



Additionally, these priests are in a position so that should a change occur within them, their awareness could be shared with their community as a real and genuine experience.

Further, this project seeks to explore the possibility of *Spiritual Speech Therapy* [SST], which is a practice I created as a tool to help transform language into access to the I AM. The language and voices in our mind and their connected negative beliefs are causing suffering for many. SST comes from the perspective of one's Holiness and moves us toward a more integrated state of mind consistent with the divine holy vessels that we are. SST creates a language for healing. A language for healing such as SST assists in the creation of "...a safe place for the souls return", as Kalsched has written about (Kalsched, 2013, p. 35). Building on Kalsched's understandings, SST attempts to open a space between the "observing ego and the interpretive 'system' within" (Kalsched, 2013, p. 35). SST is speaking in terms of the associated state, the Self that contains the qualities of the divine.

Finally, Schwartz's Internal Family Systems work has revealed a language to express our feelings in secular terms and clinical expressions; Spiritual Speech Therapy attempts to expand that language in terms useful for people of faith. I have witnessed changes in people as we explore their prayers and what statements are actually being put forth in their prayers. "Therefore, I tell you, whatever you ask for in prayer, believe it will be yours," is Jesus' instructions to his disciples on prayer (King James Bible, Mark 11:24).

I believe he is telling us to come from the perspective of the desire already fulfilled. There is nothing wrong with a prayer of wanting. It is important to articulate our

desires. However, knowing and articulating our desire is interrupted by trauma. The traumatic rupture of trust undermines the confidence Winnicott (2012) poses is necessary in the creation of potential space in early childhood development. The lack of confidence and reliability cramps the person's symbolic play capacity (Winnicott, 2012). A prayer of having nourishes the soul by introducing creative play. It can start to lead one to better feelings that are closer to alignment with their desires. This one little shift in an offering of prayer can make a huge difference; it offers glimpses of the desire fulfilled, just as a prayer of wanting gives the creator of the prayer a heightened sensitivity to the desire not yet realized. One approach, the having approach, brings the feelings of the desire closer. The experience of gratitude alleviates the suffering caused by the desire's absence. While the other approach, the approach of wanting, stimulates the feeling of not having the desire already fulfilled. It thwarts the psyche in that it antagonizes the relaxed state that Winnicott (2012) wrote about in his work. The relaxed state is necessary for symbolic development in potential space (Winnicott, 2012).

### **What do you propose to study?**

The hypothesis of this study is that congregational clergy within the Greek Orthodox Church in America due to additional changes in stressors of the COVID-19 pandemic have suffered in their wellbeing, resulting in more intensified self-critical negative beliefs about themselves and to measure the effectiveness of the Inner Critic Quiz and Spiritual Speech Therapy toward amelioration of said suffering. This study will use the Inner Critic Quiz [ICQ] to bring awareness to priests' possible internal dialogues that might be causing suffering. This ICQ, developed by Earley through his work with

Internal Family Systems (IFS) theory brings attention to internal dialogues which might be a problem for the participants. IFS uses the term parts to identify types of inner dialogues a person has, with some parts holding extreme positions one of which is known as the “inner critic” understood as “protectors” (Earley, 2009, p. 22). Protectors are parts who are tasked to protect the individual from feeling the vulnerable parts perceive intolerable feelings often related to trauma. Parts that hold the tender, vulnerable “unacceptable” feelings are exiled by the protector. Protectors have a positive intention that is to keep the exiled parts safe from reexperiencing trauma, protecting the Holy vessel, although at times due to their extreme position protector can unwittingly cause additional suffering. The internal psychic system is dynamic, while one part may intensify in certain situations another part might soften. The ICQ brings awareness in particular to the inner critic parts which this study posits which may have become more critical in priests with the heightened anxieties and moral injuries experienced in their role as spiritual caregivers on the front line during the pandemic. Events, such as not being able to visit a parishioner in the hospital or restrictions on the performance of church sacraments such as burials and weddings could be contributing factors.

The purpose of this study is to gather information concerning the inner dialogue of priests, how it might cause suffering and what resources they use to ameliorate that suffering, while offering Internal Family Systems (IFS) therapy and Spiritual Speech Therapy (SST) as an intervention. Would an online inner critic survey prove to be beneficial intervention for priests who might be struggling with self-compassion due to COVID-19 related experiences?

The Inner Critic Quiz is an online survey designed to bring awareness to previously unnoticed critical internal thoughts that can interfere with an internal sense of wellbeing. By becoming aware of this critical inner voice, with compassion and curiosity there is an opportunity to soften the suffering inflicted by the inner critic leading to a kinder more honest virtuous evaluation of oneself.

It is the hope of this survey will lead to a greater understanding of the priests' awareness and experience of their own inner critic. This online survey is non-confrontational, non-intrusive and is easily accessible, which could be an attractive alternative for those priests who might be reluctant to seek out mental health care. The questionnaire asks questions about how the participant speaks to themselves in their internal dialogue, pointing out which areas could be problematic and areas where there is no problem at all. The act of questioning and getting curious about our internal dialogue in and of itself is an intervention that has the potential to stimulate a new response. The questioning and curiosity facilitated an awareness creating a paused response where there was once an auto-response in the internal dialogue that had gone unnoticed. This new awareness may grant the participant an opportunity and space to choose a more compassionate response.

This study seeks to explore with the sample study whether or not participation in the ICQ led to a deeper self-awareness. Secondly, did the concept of SST resonate with participants? Thirdly, if there was value found in participation would the participants see ICQ and SST as useful tools in pursuit of well-being? Would the value found in their participation be enough that the participants would recommend the survey to parishioners

as a well-being resource. That is to say, was the survey effective enough that within their own network they would recommend the survey to others therefore effecting more people than just those who participated.

**What is the relevance of your project to the ministry in a wider context?**

More resources are needed to assist those suffering from mental health issues incurred during the COVID-19 pandemic. The concept of Christian Internal Family Systems (IFS) therapy is gaining recognition. Mary Steege (2010) points out the parallels between the Christian faith and IFS in her writings. Basically, IFS aligns with Christian faith and honors the dignity of the divine spirit within, it brings awareness to the Self as a Holy vessel. This project ideally would further discourse and research between Christian beliefs and IFS therapy.

If the concept of SST as a language for healing tool resonates with the participants, it could inspire more research and add greater discourse to the I AM Holy perspective of healing. How does SST work in practice as a tool for healing in spiritual care? It involves the process of looking for openings to inviting awareness and insight by experimenting with words and their effects on the bodily felt experience. Questions from the care giver such as, “How does it feel when you say that”, enables those in our care to sense words and the physical reactions that follow.

## Literature Review

### What is the background or history of the issue?

Often times the helpers, such as counselors and clergy, can be overlooked in terms of mental health and treatment interventions. More clergy members than previously believed suffer from mental health disorders and decreased life satisfaction. In particular, PTSD, depression, and anxiety are experienced by clergy. The National Center for PTSD states their definition of posttraumatic stress disorder as “...*a mental health problem that some people develop after experiencing or witnessing a life-threatening event, like combat, a natural disaster, a car accident, or sexual assault* (U.S. Department of Veterans Affairs, 2014, para. 1). For Greek Orthodox priests specifically, a study conducted by Stavros et al. (2015) of the Daniels Institute of Boston University, found through a survey that “...over 40% of the overall sample endorsed trauma-related symptoms at a level that could potentially meet criteria for Post-Traumatic Stress Disorder (PTSD)” (p. 12). The study went on to say, “...the level of trauma symptoms self-reported by participants in this study could be considered quite high” (Stavros et al., 2015, p. 12). Furthermore, the same survey found, “...approximately 20-25% of the participants also reported symptoms at clinical levels of depression and anxiety” (Stavros et al., 2015, p. 12). The study’s findings suggest clergy have a more significant risk of PTSD, depression and anxiety than previously thought. These are concerning numbers that warrant a response for prevention and intervention. Furthermore, the above study was conducted in 2015, prior to the COVID-19 pandemic and the moral injuries that likely have been encountered since.

There is reason to believe the current pandemic has increased stressors on not just the general public, but also clergy. In the *Indian Journal of Health and Well-Being*, a study conducted by Khosla' and Kumar (2021) showed when isolation due to the pandemic occurred, mental health issues began to rise. A research study posted to PLOS One, which is a non-profit peer reviewed science journal, titled *Prevalence of Depression, Anxiety and Post-Traumatic Stress Disorder in Health Care Workers During the COVID-19 Pandemic: A Systematic Review and Meta-Analysis Study*, concluded that there is a high prevalence of moderate depression, anxiety, and PTSD among health care workers during the COVID-19 pandemic and states the need for urgent support (Li, et al., 2021). In an article titled, "Psychological Trauma and Moral Injury in Religious Leaders During COVID-19, a review of current media and academic literature," by Greene et al. (2020), researchers found possible psychological trauma and moral injuries in religious leaders due to factors associated with COVID-19 dynamics. These factors included cancelled or limited congregational services, assisting congregants in coping with illness, loss, and isolation as well as burials. Each of these factors plays a part in heightening the risk of psychological trauma and moral injury in clergy (Greene, et al., 2020). Moreover, clergy have not only been overlooked when it comes to the need for therapy but are a group that are more reluctant to seek therapy than the general public.

A study of 15 Catholic priests in 2014, revealed that all 15 priests responded favorably to mental health help-seeking by others, while only nine of the participants stated they had received counseling for themselves (Isacco, et al., 2014). This qualitative study of clergy indicates that while the priests are accepting of mental health services for

their parishioners, only 60% felt comfortable reaching out for mental health services for themselves. Research from a Veterans Administration survey titled “Christian Religious Functioning and Trauma Outcomes” was conducted among multi-denominational Christian parishioners who reported having survived a traumatic event. The study focused on positive and negative coping skills and showed posttraumatic symptoms correlated with spiritual distress while posttraumatic growth occurred with participants who sought out spiritual support (Harris, et al., 2007). This further suggests that clergy suffering from PTSD would benefit from outside spiritual support, just as their parishioners benefit from seeking support from them. Interventions and preventative measures are needed to assist spiritual caregivers who might have experienced trauma while caring for souls during the pandemic.

Additionally, when caregivers and clergy in particular, give of themselves without seeking support they can experience burnout. Research conducted by Adams et al. (2016) compared clergy with other helping professions in relation to burnout and showed clergy at a higher level of burnout than other professions. In a study of personality traits more susceptible to burnout, introverted clergy were the most susceptible psychological type to develop depression and anxiety (Wulff, et al., 2008). Clergy burnout studies concluded before the pandemic, such as those discussed above, found that a primary reason for clergy burnout was relational. In this sense, relational refers to the relationship between the clergy and the congregants and the associated stressors (Doolittle, 2008; Lewis, et al., 2007). It can be reasonably inferred that burnout since the pandemic is greater than before the pandemic due to the additional stressors on clergy. Research conducted by



Rodgers et al. (1998) on clergy burnout and its predictability with psychological constructs and religious construct probabilities was measured by using the Religious Problem-Solving Scale, and the Maslach Burnout Inventory [MBI]. The study concluded that more research is needed into the development of religious constructs for scientific religious research to be useful in understanding the human experience. It simply isn't enough to take psychological constructs and religify them. Lewis et al. (2007), points out a greater understanding of burnout is necessary for the development of more effective strategies for clergy.

In conclusion, more research is needed to understand the mental health and well-being of clergy. PTSD, depression, anxiety, moral injury, and burnout are significant factors affecting the well-being of clergy. Compounding the problem, is the finding that clergy tend not to seek support for themselves. Increased prevention and intervention strategies, such as counseling and self-awareness may benefit clergy. Currently, the study proposed would be the first of its kind to use the Inner Critic Survey and Spiritual Speech Therapy, to be discussed momentarily, as an intervention method for clergy who may be suffering.

### **What is the interrelationship of theological and clinical principles pertinent to this project?**

In the sacraments of the church there is a sacrament called Holy Order. Holy Order in Orthodoxy can be held by bishops, priests, and deacons. Rev. Fr. Thomas

Fitzgerald (2019) in his writings for the website Greek Orthodox Archdiocese of America explains it this way:

Through ordination, men who have been chosen from within the Church are set apart by the Church for special service to the Church. Each is called by God through His people to stand amid the community, as pastor and teacher, and as the representative of the parish before the Altar. (Goarch, Understanding the sacraments, 2019, para. 13).

Those with Holy Order serve their community by leading those in their care to Theosis. Theosis is the likeness of God. Simply put, it is a union with the essence and energy of the divine. Theosis is an obtainable nature as depicted by the church through its celebration of saints and Christ himself, but something has changed. In *The Hermetic Code in DNA*, Hayes (2008), has pointed out “The major bodies of religion and esoteric wisdom, all speak of the miraculous as if, at one time, it was commonplace” (Hayes, 2008, p. 282-283). I think therein lies the frustration in application of theological concepts in modern times. For example, the passage from Philippians 4:8 states:

Finally, brethren, whatsoever things are true, whatsoever things are honest, whatsoever things are just, whatsoever things are pure, whatsoever things are lovely, whatsoever things are of good report; if there be any virtue, and if there be any praise, think on these things. (King James Bible, 2014).

This verse is more than just an instruction; it is an offer into a way of life that is eternal. Paul is saying direct your thoughts toward the divine and make those thoughts your ruminating influence in the world; let your love and passion reign. The divine is

representative of God. Who is God in scripture? When Moses asks God in scripture at the scene of the burning bush, what shall I call you, God replied, “I am that I am” (King James Bible, Exod, 3:14). I AM is the holy name of God which has participatory creative influence in usage, it is manifestive by Nature. “In the beginning was the word and the word was with God and God was the word”, is scripture (Joh 1:1). If the word God is replaced with, I AM in this passage, then it becomes relational, it becomes personal. The word was with I AM, and I AM was the word. So, after the I AM comes a word and that word marks the beginning of a creation according to scripture. From this understanding words have divine nature built within them whether those words are internal dialogues, audible utterances, conscious or unconscious, symbolic, or unsayable, there is a certain element of creative birthing going on by nature. Sometimes our awareness senses these energetic acts but often these moments of lucidity go unnoticed, undervalued, or unexamined.

Healing and our relationship to the divine involves the steady attention and practice of awareness that can be hindered by defense mechanisms in the psyche which arise from trauma. I AM statements can help to direct our thoughts toward the divine and in the process help to enact healing or if used negatively cause harm to the self.

Mark McMinn, in his book, *Psychology, Theology, and Spirituality in Christian Counseling*, says, “...the more we resemble God’s image the healthier we are” (McMinn, 2014, p. 67). Who is God in scripture? “I am that I am” (King James Bible, Exod, 3:14). That was Jesus’ WHOLE message, the kingdom within, our unity with God, our I AM. If we were to say, the more we resemble I AM’s image the healthier we are, it would bring

the divine Self to the conversation. Using the name of God, I AM allows us to embody God. The I AM is our energetic constitution that shares in the essence and energy of God.

The concept of I AM is understood in psychology as being equivalent to the Self and in the Christian faith as one's soul or spirit. Science would label the I AM as energy that is measurable. Others may describe it as our consciousness. All of these words used to describe the I AM have merit. Winnicott (2012) states, "...the central feature in human development is the arrival and secure maintenance of the stage of I AM" (Winnicott, 2012, p. 56). McConnell (2020, p. 41) explains the concept of Self from the Internal Family Systems (IFS) perspective:

In IFS we simply refer to "Self" as our essential, core nature, which is similar to what many spiritual traditions recognize as a state of oneness with the Divine that is, without exception, within every person regardless of the severity of their symptoms. Self-energy has the power to heal body, mind, and spirit.

Richard Schwartz's (2001) Self has all the qualities and attributes of the divine I AM, as seen in his eight C's understanding of the qualities of Self: compassion, curiosity, calmness, clarity, confidence, courage, connectedness, and creativity. These are all qualities present in the holy vessel. The I AM must be nurtured and maintained to improve our closeness to God and create our best selves.

In the maintenance of I AM, how we speak to ourselves is directly related to our quality of life. To illustrate this point, the following is a personal example of how I apply I AM in my own life. I hesitate to share this story due to the words of Matthew 6:6 in the scriptures, when thou pray enter into the closet and pray to the Father in secret (King

James Bible, 2014). Therefore, for me to share a prayer that was done in secret risks tainting the intimacy of the covenanted act, but this story demonstrates the power we have in the process of developing our perceptions and so is worthy of inclusion. While riding the subway car I stood with my head bent down and secretly, covertly said a loving prayer over the people in the train car. In my heart I was extending empathy to people in their trials of daily life, undetected, it was my prayer in secret. It was my offering to a hurting world; it was pure, without contrast, holding no malice, pouring from my heart. It was a rich moment I was thoroughly enjoying. When a seat became available, I sat down, but it was a tight fit which is not unusual for the subway. I was not able to access my phone, but at the next stop the lady next to me exited the car. I then had an opportunity to reach for my phone. I was reaching down into the pocket of my cargo pants when I looked up and saw the backside of a woman coming toward me. She was larger than the space allowed, and it was almost as if she sat on me, part of me at least and my personal space was contracted. In my mind, I started a conversation that went, “She THOUGHT she fit. She REALLY thought she fit. She KNEW she didn’t fit.” The inner critic was saying to me, “You never stand up for yourself and you would be justified to say something in this moment.” The upsetting part for me was when I realized that only minutes before I was having a beautiful internal conversation that was loving and included all, but now I was having malice thoughts about another. I felt anguish from my response and was highly aware I had just aggrieved my spirit. It didn’t feel good having those thoughts. In reality, I was not in any danger. In reflection, using Schwartz’s IFS concept of protectors specifically, the reactive protector he named firefighter appeared as

judgmental feelings to protect me from a threat that clearly didn't exist. Noticing this strong response to an ordinary event caused me to pause and wonder what was actually going on in that moment. Accessing Self-energy, I had thoughts that seemed more compassionate. I started reaching for thoughts that were more enjoyable, such as, perhaps she felt my loving prayers and she sat next to me because it felt good or maybe she had come from a real-world scenario that encompasses the harsh reality of life and sitting next to me, so close, felt right or safe to her. Yes, indeed my empathy could include her, I thought to myself. And I began having loving thoughts about the person that had entered my space. The firefighter had showed up and affirmed I was not in any danger. I was safe. Although I could not read the woman's mind, I was able to self-regulate using a narrative that relieved me of the ruminations about this particular situation and the internal conflict that ensued.

This psychodynamic is explained by what *Cognitive Behavioral Therapy* (CBT) refers to as reframing. I reframed my I AM in the direction of joy, love, and Self-compassion.

As shown in the personal example of my subway ride, I AM can be vulnerable when ruminations "parts" do not honor the dignity of the divine within which can inflict even greater trauma and can cause greater separation from God: anxiety, depression, as well as physical ailments and suicide. It leaves us outside the experience of God. "Our life depends on the kind of thoughts we nurture, and these thoughts are dependent on how we relate to ourselves" (Thaddeus, 2009, p. 63).

When looking in the mirror one might say, I AM fat, I AM old, or similar declarations that contain negative critical judgement which tend to disempower. The mind is directed to the sensation of that experience which is often painful. What we see in the mirror with the negative judgment beliefs is antithetical to God's intended creation. The I AM statements of these types "e.g., I AM bad, I AM a loser," have a totalizing effect on defining the entire Self to the exclusion of the myriad and complex parts of the whole person which along with the wounds possess a wide variety of gifts. We are responsible for calling into being the desires that well up within; it is the beckoning of the soul for expression, "...the God who gives life to the dead and calls into being things that were not" (King James Bible, Rom, 4:17).

Supporting this point, *The Mountain of Silence, A Search for Orthodox Spirituality*, Kyriacos Markides (2002) writes about a conversation with Father Maximos who is considered ascended among Orthodox Christians. In this dialogue, Father Maximos shares how we should relate to ourselves:

We should examine our actions without any masochistic intentions, without causing ourselves unnecessary depression and despair. We should proceed to cut off our transgressions but always within the context of self-compassion. Despair and depression are not of God." (Markides, 2002, p. 180).

Yet we have so many people suffering from abusive internal dialogues, many of whom are faithful Christians.

Moreover, language is always changing, as our perspectives shift our language changes. It stands to reason that recovering our perspective would require us to recover our language as well. For instance, look at the word “saints” as it is commonly understood in modern Christianity as opposed to how it was portrayed in the Christian Bible. The word saint comes from the Latin word Sanctus, which means holy (Translate Latin, n.d). In Greek, the word Hagios is used for holy (The NAS New Testament Greek Lexicon, 1999). Holy means sacred, set aside, uninjured; it includes purity and connectedness to divine power. When Paul speaks of the saints, he is speaking to Christians, all Christians, not just one group within the Christian faith. Christians in the Bible were called holy because they had turned against the corrupt nature of the world in surrendering their lives to Christ. Biblical Christians understood themselves as holy vessels, and from that perspective, they viewed the world. Some faring better in their convictions than others. Paul explains our relationship with God this way, “But you are a chosen people, a royal priesthood, a holy nation. God’s special possession, that you may declare the praises of him who called you out of the darkness into his wonderful light.” (King James Bible, 1 Pet, 2:9). It is by our faith in Christ that we become a part of a priesthood of believers.

The concept of our holiness in modern times does not seem understood, partly because saints are canonized after they are dead. Christian faith organizations bestow this honor upon the saint, and in this context, as a Christian, I could never call myself a saint because it is an external conferring bestowed on by others. Furthermore, by declaring, “I AM a saint,” it seems to invalidate the statement when we note the modesty clause,



because a saint would not have such concerns for declaring their saintliness. But when the original meaning of the word holy is applied, I get to participate. I get to start forming my language of healing; I can say, “I AM holy,” though I may fall short of its fullness at times.

Additionally, theologians are working with neuroscience creating a field known as Neurotheology. Quantum Physics with its Double Slit Theory shows an observer has a vibratory etheric contribution influencing the fruitioning world (Young, 1803; Radin et al., 2013). This is our prayer, our I AM, moving forward. The science of our ability to influence the physical with our mental processes can easily be understood with Dr. Masaru Emoto’s (2005) contribution to science on the energy of water. It shows us our divine influence in the external world. If water can be prayed over and influenced to hold energetic thought, from across the room in a container with a lid on it, then how much more power would we have over the water that makes up 70 percent of our body? We have the power with our essence to influence our integration toward wholeness. Furthermore, emotional frequency charts illustrate our vibrational contribution and its correlation to emotion. We can speak of deliberate creation with more confidence knowing science has proven these processes.

In conclusion, with the understanding that all speech is spiritual, formative, and productive it beckons us to take seriously the power of words. Speech has a manifesting power designed to fulfill, and when it is honed for edification, integration can be profoundly felt. Spiritually ascended fathers of the Christian faith have left us writings that lead to oneness with God, I AM. From an ethical, theological, and linguistic

perspective when speaking to what is real, such that Schwartz (2001) speaks of, or the genuine, such as Donna Orange (2011) writes about, it requires us to further articulate even more clearly, that the real and the genuine are part of the I AM; it is the essence and energy of God. We know it instinctively when we see it and feel it in our presence; whether or not we have the sensitivity to label it or a language to express it, truth has a vibrational resonance. That is to say, when we hear the truth our heart space registers it in a physical palpable way, it's embodied.

It is my hope that Spiritual Speech Therapy (SST), developed for this project, which is a language for healing that brings God to dwell within and promotes self-reliance, can lead to an easing of the suffering from trauma for clergy. Furthermore, SST can evolve to be a part of the process by which pastoral counselors can aid congregants in evolving their speech so that it might be more spiritual, formative, and productive. In pastoral ministry with the formation of proper placement of spiritual speech, participants can find a level of relief. Michael Fishbane (2008, p.1) writes, "The impact of life and the search for meaning and integrity crowd one's consciousness continuously. A living theology tries to meet this challenge again and again". Rupert Sheldrake adds "The God of medieval Christianity...was the God of a living world" (Sheldrake, 2018, p. 56). Spiritual Speech Therapy as a therapeutic linguistics approach to healing contributes to the development of bringing God to life. It assists in the linguistic development of what Winnicott (2012) calls potential space. It attempts to expand the shared world clinical philosophy of the Hermeneutics of Trust that is explored in the comparison writings of theorists on the subject by Orange (2011). The hermeneutics of trust chooses the

empathic approach to an ethical therapeutic dynamic, that empathy is the central quality of divine essence, the I AM. It is the I AM that leads us out of trauma towards wholeness, toward our natural expression of holiness. Schwartz contends the Self can never be damaged or traumatized, in this sense from the spiritual perspective he is speaking up for the wholeness of the whole, this perspective honors the dignity of the divine spirit within, that the whole is more than the sum of its parts. Some might call this emergence theory such as we see with water. Water has greater characteristics than its parts, it's the parts, hydrogen, and oxygen with limited capacity on their own, forming a greater union with enormous potential. Therefore, I believe there is a need for a greater understanding of the I AM presence. Spiritual speech is formed in terms of the present, which is the eternal moment where we experience God as I AM. Speaking in terms of the past, I WAS or future I WILL is normal and has value but for self-integration or self-compassioning I AM which denotes present tense and is holy by nature can be honed to lead to a more edified state.

I AM, if expressed in clinical terms would be the Self; it would be Jung's Self archetype, which includes the conscious and the unconscious of an individual reference. Earley (2009, p. 29), in his work when speaking of the Self writes, "...the most important thing is that it is the agent of psychological healing in IFS. It is, by nature, compassionate and curious about our parts." Early (2009, p. 35) further writes "The Self has become centered in the psyche and all parts are now cooperating with each other under the guidance of the Self." It is trauma that affects, shapes, and interferes with the relationship of Self to parts that are wounded and burdened. Trauma and in particular those suffering

from PTSD can develop an altered sense of Self. Under the trauma lies the Holy vessel unscathed, pure in its essence. Bessel Van Der Kolk (2014, p. 258), writes there is a fundamental restructuring of the bodies Central Nervous System (CNS) in the case of PTSD. The experience of a threat of annihilation or witnessing annihilation “...reorganizes self-experience (as helpless) and the interpretation of reality (the world is a dangerous place)”. Rogers (2007), in her work in bringing forward a language of trauma illustrates how trauma is expressed and an individual’s specific use of language or behavior, somatic expression, gesture, if those apply, may reveal what has been cut off or dissociated. It’s another form of communication, for what can’t be spoken of. The physical and behavioral symptoms are a “language” for an experience that the symptomatic individual does not have the language to express any other way by. “For Lacan, the Real isn’t reality or actuality, but something that can’t be said or represented in any way” (As cited in Rogers, 2007, p. 107). The unsayable experiences start to show up symbolically with words emerging disconnected without any thought about them. Even though the psyche is dissociated, the dissociated state is a part of the energy equivalence Jung speaks of which can show up in various forms (Hall and Nordby, 1999). The dissociated Self has a greater probability of becoming associated, a more integrated Self, by awareness to our internal dialogue using the concept of parts and questioning; am I speaking from the part rather than for the part, as Schwartz would contend. Speaking from the part is speech that cuts us off from experiencing what Winnicott (2012) called potential space. It undermines our ability to play in that it runs against the expression of ease that is needed in play. Winnicott (2012) contends:

“Play being based as it is on the acceptance of symbols, has infinitive possibility in it. It enables the child to experience whatever is to be found in his or her personal inner psychic reality, which is the basis of the growing sense of identity,” (Winnicott, 2012, p. 145).

Through symbolic play the proto symbol of the child allows for the internalization of the good object. Trauma causes interruptions in our ability to play because in order to play there must be ease. This uneased psyche carries over into our prayer lives. In many cases, personal prayer can inadvertently communicate that the congregant is lacking, somehow insufficient and must rely on the power of an external God. This can lead to a helpless feeling that prevents the internalization of a good object such as a kind and loving God. In the more extreme cases of in-turned aggression it can threaten creative psychic ability post trauma (Kalsched, 2015). The psyches defenses choke out regenerative notions as a protective measure in the internal dialogue, this dynamic, this way of being follows us into our prayer lives as well, distancing joy’s fulfillment. One’s speech can determine one’s health.

The power of our spoken and internal speech can impact our health both directly and indirectly. For example, a statement such as, “I have the weight of the world on me,” can play out in the physical world with ankles that are literally buckling under the pressure. Misappropriation of speech is when one speaks out thoughts that contrast the desire; speech that directly antagonizes a greater expression of our likeness to God. Jung said, in speaking of the energy of the psyche, “...it is simply transferred from one

position to another.” (Hall and Nordby, 1999, p. 64-65). Word usage is part of this energetic transfer of psychic energy: along with symbols, symbolism, imagination and fantasizing all of which contribute to the swaying of the psyche toward an energy of healing that can be thwarted by the trauma. Understanding the impact of trauma can provide a pathway to effective treatment.

Internal Family Systems can be a useful tool to understand and treat PTSD and its diminishment (Van Der Kolk, 2014). IFS can be restorative as it relates to the return of joy and joyfulness in those suffering from PTSD by focusing, “... not only on regulating the intense memories activated by trauma but also on restoring a sense of agency, engagement, and commitment through ownership of body and mind,” (Van Der Kolk, 2015, p. 258).

Specifically, Schwartz (2001) describes the inner critic as one protector of the soul, intending to protect parts that have been wounded and are suffering from trauma. But instead of bringing relief, this critical voice unwittingly causes suffering. That is to say, the inner critic voice has a positive intention of protection. Its motivation is to safeguard our wellbeing. Schwartz ( 2001) suggests we get curious about our inner critics. His model is leading people to a more integrated harmonious sense of Self. It is language and curiosity, which opens a path to healing that can lead to wholeness. He says this of his work, “...I had stumbled onto a new way of helping people access the Self that so many spiritual traditions described...” (Schwartz, 2001, p. 24). Curiosity of the critical voice within, the inner critic, creates space for change. What we discover in the curiosity,

for many, leads to empathy for others and ourselves. It is in those moments we start to get in touch with our, I AM which leads to greater integration.

Earley has developed online quizzes, including the Inner Critic Quiz, in which individuals can find relief from suffering by understanding the role of their own internal dialogue in relation with the Self. This awareness, which can be developed, can lead to “unbiased eyes”.

In science, the term “mindsight” explains this phenomenon of unbiased eyes, which is a crucial element of Schwartz’s work with parts. Daniel Siegel (2012, p. 22-1) describes mindsight as, “...the ability to see the mental world of the Self and others”. He further explains:

Mindsight is the ability to sense the energy and information flow of the triangle of well-being: to sense the flow of energy and information as it is shared between people in relationships, as it flows through the neural circuits of the body, and as it is regulated by the mind (Siegel, 2012, p. 22-1).

Additionally, with proper formation of spiritual speech and an awareness of our inner critic an integration of Self can occur. I want to note that each incremental shift toward integration has a new vibrational expression, that is distinct. That is the essence Richard Schwartz (2001) speaks of. Schwartz’s IFS, model of therapy which, “...presents a path toward becoming more real—toward increased self-leadership gives us a comprehensive approach to our internal world within.” (Schwartz, 2001, p. 33). It

restores agency when confidence of self-direction occurs. In the IFS Model we see language that parts have to describe the internal conversations, which often eclipse access to Self. Gaining access to those internal conversations leads toward a more integrated Self the theory contends.

One way to bring awareness to those dialogues is through questionnaires. Jay Earley and Bonnie Weiss who use IFS in their practice have developed a series of online self-help questionnaires they call Self-Therapy Journey Quizzes:

The quizzes can be used on their own or as a gateway to Self-Therapy Journey, an interactive online tool for psychological healing and personal growth. The first 6 quizzes are special purpose because they deal with specific psychological issues. The last 5 quizzes are general purpose because they help you discover which patterns you have or which capacities you should develop.

The quiz that has been selected for this study is the Inner Critic Quiz. The online questionnaire begins by asking the participants a question. “What type of inner critic do I have?” Then there is an invitation for the participant to, “Discover Which of the Seven Types of Critics Are Hurting You and What to Do About Them.” Then there are a series of qualifying questions for the participant to begin to think about. There is a brief explanation of what an Inner Critic is with an invitation to take the quiz and learn more. It is brief and simple. The ICQ utilizes two systems to support participants in healing. The first system developed by Earley deals with psychological constructs of the mind he calls “The Pattern System,” (Appendix A). The survey identifies around 25 patterns that may



be causing psychological challenges for the participant. Additionally, this system identifies what Earley terms “capacities” which, can be developed to heal the emotional wounds from which the patterns have emerged. Secondly, the ICQ utilizes IFS therapy to assist the participant in the greater development of a cohesive Self. There are questions asked to be considered on the Self-Therapy Journey website prior to taking the quiz. These questions allow the participant to begin to ponder their internal dialogues and attitudes towards themselves, (Appendix B). A list of types of inner critics and their functions are provided in, (Appendix C).

In conclusion, Internal Family Systems speaks about internal dialogues in terms of parts, wounded and burdened parts that once examined and unburdened lead to access to empathy towards oneself and others. This therapeutic approach has shown to restore a greater sense of joy and self-direction among those suffering anxiety, depression, and PTSD. The founder of this theory states the existence of the whole self, free from trauma, wholly unburdened. Spiritual Speech Therapy seeks to build on the work of Schwartz and Earley by exploring language that speaks from the part of the Self, the holy vessel. This wholly holy vessel is what SST seeks to address. All of the sub-psyche parts, such that are presented in IFS theory, are there to protect the Self. The Self they are protecting is the part that is holy, the wholly holy I AM. SST seeks to excavate a language for healing that speaks for the part that is holy. Just as the sub-psyche parts are identified and validated in IFS, SST seeks to identify, validate, and illuminate the part that is holy, with a language that is useful for both clinicians and spiritual care givers. Trust is an essential element of the therapeutic exchange in SST. The concept of the hermeneutics of trust in a

therapeutic setting refers to a conscious perspective approach toward those in our care, in which the caregiver, Orange (2011) writes "...places the need and the voice of the other first." (Orange, 2011, P. 51). The word hermeneutics pertains to wholeness, something that enfolds into itself and takes on new meaning as greater insights are developed which results in wholeness of understanding. The act of trusting means we have taken the other into our spirit and can occur in varying degrees. When that trust is violated, there is a spiritual wound, and a trauma has occurred. When trust is granted, consciously or unconsciously a holy offering is extended to others from the holy vessel. Some of the offerings of trust are micro and some macro events, but all trust is extended in love and empathy from the holy vessel. Similarly, the trust offered in a therapeutic dynamic between the one giving the care and the one receiving the care is a sacred offering on both parts, but if not presented wholly it is less than. An example of a less than wholly offering would be introducing suspicion into the dynamic of therapy, counseling, or pastoral care. Suspicion is preventing the moment from being wholly holy. It is the whole offering that lends itself to greater healing in the therapeutic process. Additionally, Schwartz contends the Self can never be damaged or traumatized. In my estimation he is correct. The Self Schwartz is referring to is the holy state of Theosis, the trauma free unburdened Self. SST aspires to articulate a language that leads to a higher probability of Theosis; a oneness with God, sharing in the essence and energy of divine source. In Eastern Orthodoxy and the Byzantine Catholic faiths, the priest's role is to lead parishioners to Theosis. Similarly stated in more clinical terms, Theosis is the unburdened Self which is the objective sought out in the clinical psychological processes.

It is the I AM that leads us out of trauma. Mark McMinn, in his book, *Psychology, Theology, and Spirituality in Christian Counseling*, says, "...the more we resemble God's image the healthier we are" (McMinn, 2014, p. 67). The I AM holy consciousness, that is to say, the I AM holy perspective which is the basic understanding of SST allows us to resemble God's image.

## **Methodology**

Given the research that is currently available showing mental health has been affected by the pandemic, it is necessary to find interventions that are 1) accessible online and 2) effective in stimulating awareness that can lead to Self-cohesion. This study has chosen to use the Inner Critic Quiz as an intervention tool to alleviate possible suffering in priests working within the Greek Orthodox Archdiocese of America community.

### **Type of methodology**

Qualitative research is used to research and analyze non-numerical data. It is used to gain a more comprehensive insight into a phenomenon for a greater understanding of the whole experience. It is for this reason a qualitative approach has been used in this research.

### **Focus of inquiry**

Research question: Would taking the IFS Inner Critic Quiz be a beneficial intervention for priests who might have been exposed to trauma? Would the research show enough positive feedback from participation that it would warrant further research in the area of IFS and priest well-being? The psychological community along with the CDC are asking for intervention and prevention measures to be taken immediately; would taking the Inner Critic Quiz be a valid response to such a request? My prediction is that the survey could not only be beneficial to the participants but that it could also be a valuable referral resource for those in their care. The survey leads the participant to

awareness of their own internal dialogue and often times that awareness leads to a greater empathy for oneself.

Also, the study seeks to answer a secondary question. Does the concept of Spiritual Speech Therapy (SST) have the potential to fill in a missing gap that I see between clinical psychology and the numinous? SST brings importance to the attention of our words' influencing power from the perspective of a Creator created by a creator to create. This perspective is God inclusive, and it heals. If one were a Creator Created by a Creator to Create, then of course one would feel depressed if he or she were not Creating divinely. Trauma stifles the divine expression of the Holy Vessel; it is a depression on the fullness of our divine capacity. But in emptying, we become restored, moving us into Theosis which; is oneness with God. Who again is God? I AM. This conversation leads to integration.

**Who will participate and/or in what environment will the phenomenon be explored?**

The sample selection for this project are full time priests in the Greek Orthodox Church of America. Five priests with ten years of experience as leaders of a church and who are currently employed full time by the Greek Orthodox Archdiocese of America. Priests are the spiritual leaders of the parish yet who do they turn to when they have a problem? It can be an isolating experience especially further along in a career such as a priest who has served for ten years or more. It is for this reason the criteria of ten years have been selected.

Richard Schwartz makes an important observation when he points out in his book that religious organizations have saints as an example of what unity with God can be but

lack the easily understood instructions to achieving such a state. Scripture and books from ascended masters possess the information that leads to holiness, which is what saints are, holy, but the “how to” is missing in accessibility as a construct. I believe the IFS model can be easily understood inside the church; it leads to resurrection and is beautifully aligned with Christology. In speaking of the Self Schwartz states, “If you know you have a magnificent essence that’s encrusted in calcified emotions and beliefs, you can set to work on releasing that essence,” (Schwartz, 2001, p. 19). I assert, that essence he is speaking of is the essence and energy of God, I AM. Therefore, the participants will take the Inner Critic Quiz designed by author and psychologist Jay Earley who uses IFS in his practice and has written on the topic extensively. He states of his quiz, “These results show how you scored on each of the Inner Critic Patterns of the Pattern System,” (Earley, 2014).

The participants will take the inner critic test online and present me with their results prior to a one-hour interview. The time to complete the survey is around 4-8 minutes followed by a video conference to explore the results and what might have come to light. The participants will be instructed to screenshot their findings and send through email prior to the video interview with the researcher. After findings of the survey completed by the priest are discussed, there will be a short presentation on Spiritual Speech Therapy and a completion questionnaire asking for more information about the priests’ experience from the study participation. In the interview with priests, we will look at their results to see what, if anything, the quiz has revealed to them. Then, I would like to present examples of spiritual speech therapy, to see if any of the conversations

resonate with the priests. Additionally, I am looking to harvest feedback on the value in the idea of Spiritual Speech Therapy as a possible therapeutic tool within the church structure, as well as what ideas priests might contribute to furthering a language that heals, within their communities and ideas for a larger conversation beyond community. Conversations with these priests will be held through audio visual conferencing.

IFS has shown internal utterances can cause affliction, but with slight modification in speech, and unburdening of parts we can begin to experience relief. A greater sense of agency can be gained as an outcome of proper spiritual speech placement; this conversation could be useful for pastoral caregivers and those in their care. The purpose of this study is to see if these examples of Spiritual Speech Therapy, as a concept, resonates with current full-time priests in the Greek Orthodox Church of America, as a possible how to approach. As caregivers and spiritual leaders, we can assist our clients in their formation of spiritual speech to assist in the pursuit of Jung's *proper expression of self*, with an understanding that all speech is spiritual and generative. What we say multiplies. When innocence, which is purity of heart, meets experience in the lives of those in our care, it is the inner cognitive processing that will determine if their response will be the catalyst for healing or disease. Here, I believe we can make a difference.

Without ethics in our internal speech, there becomes a misappropriation of our spiritual energies that causes suffering. By lessening thoughts that do not honor the dignity of the spirit in which we have been endowed, it enables us to purify. It is mind fasting that purifies intention and allows us to reset our frequency towards the present

eternal moment where miracles arise. When we turn our frequency toward our purified intention, we become receptive to the fruition of the desire; this frequency is distinct from the frequency of the problem. Consciously examining self-talk patterns creates space for healing moments, as we see with the IFS model of therapy and its understanding of parts, their Burdens, and their gifts. It is not what faith people have that needs to be examined, so much as it is the sponsoring thoughts pertaining to those conversations that should be explored, the *Who do you say I AM* context. How is the parishioner or those in our pastoral care using their I AM?

### **Methods applied**

This qualitative project using semi-structured interviews with 5 Greek Orthodox priests is designed to find out how well they are doing during this pandemic. This project will introduce IFS Therapy as an online Self-development resource. In the time of pandemic priests have been separated from their flock and online ministry work has sought to fill this void. Schwartz's work has proven successful in Self integration so now that we have clearly established the inner critic as an inner voice within us all, this project seeks to see if the survey was valuable to the priests. Studies on clergy burnout show that many priests derive mental well-being from liturgical practices. Have their spiritually nurturing practices endured to satisfaction during this pandemic? Will they have discovered something useful within the survey about the voice within? By bringing Schwartz's IFS Theory to the church through an online survey, I hope to begin to create a conversation that helps to bridge the Greek Orthodox Church of America with the therapeutics of the IFS. Schwartz's theory has led many to greater cohesion of Self.



Building on his work and use of secular language to explain the human condition in an understandable way, this project seeks to introduce the spiritual language that compliments his work and is useful for the Christians seeking not only relief from trauma, but the experience of their own ascension as has been touted by the church in the representation of the saints and what is available to us as believers.

The data collection for this project will come from the online IFS Internal Critic Quiz as well as a short presentation by the researcher on SST. The survey selected will be the Internal Critic Quiz. Here we can find out if any new information was gained by the priest in this process particularly to their own internal dialogue and how it occurs to them. Participants will be gathered from calling parish priests to seek their participation in an Inner Critic Survey based on IFS theory which has been known to create greater awareness of human internal dialogue, followed by a short presentation of Spiritual Speech Therapy with a follow up questionnaire on the thoughts expressed in the presentation.

### **Researcher Position**

I have received a Master of Divinity from the Greek Orthodox School of Theology in Brookline Massachusetts. Many of my brothers became priests but I have chosen to not seek ordination. For me I felt a different calling, yet they are still my brothers. Holy ordination is a liturgical event that is held in public. Therefore, you have been declared consecrated and 'set aside' as one of God's own holy among holy. This act which units us also becomes what separates us. There can be isolation in the process of being set apart and in that isolation suffering occurs. My personal feeling about what

might or might not be a priest's feeling of isolation will require attention being that I have been isolated throughout this pandemic.

What might these priests think of the Inner Critic Quiz? Schwartz's theory was not presented to us in the course of our training for the priesthood. Conversations concerning clinical referrals of parishioners in the course of priesthood training were had but for the most part it is an on-the-job training situation. My hypothesis is that I think the priests will find this experience useful for themselves and want to share it with others.

### **How will you analyze your data?**

The data will be gathered through discussions and taking notes with participants followed by discussions and guidance from chairpersons. It is in the best interest of the project to have discussions with advisors for any motifs that might have been missed or undervalued in the course of analysis. For this project in-depth individual interviews will be the primary resource of the study. It is not the purview of this paper to analyze what participant scored higher or lower but instead it seeks to explore the value of the experience that the participants may or may not have received from the survey.

Reflexivity is the ability to evaluate one's own self which will be the guidance for this study. In order to create accountability, the researcher will use bracketing and bracketing notes to ensure the study is conducted with a clear understanding of the researcher's internal biases prior to the study. The bracketing notes will be used as reflection of internal biases that might emerge in the process of the study within the researcher. These bracketing notes will be discussed with project advisors. Bracketing is

a method used in qualitative research to mitigate the potentially deleterious effects of preconceptions that may taint the research process (Tufford and Newman, 2010).

Bracketing will be utilized for the study.

This study will use horizontalization as defined by Eddles-Hirsch which “is part of the phenomenological reduction process, whereby the researcher gives equal value to all of the participants’ statements. The researcher will remove all repetitive statements as well as those that do not relate to the research questions,” (Eddles-Hirsch, 2015).

Horizontalization will be used with significant statements that will then be clustered with other statements of other participants when a theme arises.

Documented data will be the participant transcripts which explore the experience of the survey. A survey which is done by multiple choice selection such as described by Sensing in his book *Qualitative Research*, “A survey is a lengthy questionnaire that employs fixed choice responses,” (Sensing, 2010). For this study, interview data will consist of the experience of the priest’s response to participating in the survey. Was it a valuable experience? Was anything revealed to the participant? Observation will be audio visual; the interviewer will be able to witness the participants' response to their answers. Follow up questions will be explained as a part of the project to the participants at the time of agreement to participation. With the harvesting of information from the interviews there are bound to be questions that would warrant further clarification.

## **Study Limitations**

The invitation to participate was extended widely and for various reasons including some priests who feel uncomfortable using computer technology only five priests agreed to participate. This created a small sample to study. This small sample limits the ability to collect and analyze a wide range of data.

A series of eight questions will be asked of the participants to gain a sense of the participants' experience with the online ICQ as well as a question pertaining to the concept of SST that was presented in this research, (Appendix D). Earley gives instructions for the participants that contribute to the participants' success with the quiz as well as the questions asked in the ICQ, (Appendix E). Additionally, participants will sign an Informed Consent Form as a requirement for participation in this research, (Appendix F).

In anticipation of my data analysis, I believe that the participants will have a positive experience with the survey and will be open to ideas for sharing the survey with parishioners possibly in church bulletins, bible studies, or in one-on-one spiritual care moments. Further, I believe the findings in the analysis will suggest more research is warranted in the area of IFS and SST as a mental health resource for religious leaders and those in their care.

After completion of the questionnaire there is a button to tap to see results. Participants will see how they scored in relationship to the 7 inner critics, "These results will show how you scored on each of the Inner Critic Patterns of the Pattern System." (Earley, 2014).

## **A LANGUAGE FOR HEALING**

### **Analysis Results**

The survey was conducted with a total of five priests who had held holy ordination for 10 years or more. Initially, 12 priests were approached and asked to participate, but seven declined, resulting in a 58% acceptance rate among potential participants. Some reasons given for not participating in the survey included not enough time, not interested, and wanting to think about participating. It is possible that the Informed Consent form, which is necessary for this research, was off putting for some of those who chose to decline. One general rule in the priesthood code of conduct is the concern of reflexive signing of documents. There were five priests that agreed to participate and ultimately completed the entire study, which included the online Inner Critic Quiz and a Zoom meeting to discuss the results and answer the research questions.

### **Interview Questions**

Results of the questionnaire asked of the priests in a Zoom meeting are as follows:

The first question asked, “Have you received counseling in the past and or receiving counseling at this time?” Three of the five priests said that they had received counseling in the past while none reported being in counseling at this time.

The second question asked, “How would you describe your well-being before the pandemic?” Using a Likert scale from 1-10 with 1 being the worst. All the participants reported a number above 7 on the scale. Two reported their well-being as a 7, one reported an 8, another a 9, and one reporting he was a 10 out of 10 on the scale.

The third question asked was, “How would you describe your well-being since

the pandemic?” Using a scale from 1-10 with 1 being the worst, when asked about their well-being during the pandemic, four of the participants reported a drop in well-being. Two participants dropped by 2 points and two dropped by 1 point, while the remaining priest reported his wellbeing had gone up due to an improvement of life matters.

According to these findings four out of the five priests interviewed have suffered in their well-being during the course of the pandemic. These results do not indicate the level of suffering this research had anticipated it would encounter, this is possibly due to the small sample size.

The fourth question asked was, “What did you discover by participating in the survey, if anything?” Three participants did not have any problem areas of concern according to the results of the survey. The quiz evaluates and ranks from highest to lowest dominate personality traits. The ICQ did not detect any areas of concern, indicating these participants were performing in what Earley determines as a healthy capacity. While the remaining two priests found problem areas in their results with one priest stating the identification of his problem areas was useful. Overall, the five priests interviewed reported discovering something useful from their participation. Two priests with no problem areas of concern reacted surprised by the results with one explaining, he thought he was a bit narcissistic and was happy to see he was more balanced than he thought. One priest whose results showed no problem areas and who rated his well-being as a 10, said that the test was kind of gloomy, negative on the person and doubtful but then concluded it’s a good survey to get you to question yourself, stating, “It brings a lot of things to the surface.” For example, “Are you a perfectionist? Are you too hard on

yourself? Do you see yourself in what you have gone through? Has it victimized you? Has it made you something that you are not yourself?” While another priest commented, the questions made him kind of pause to reexamine himself. I believe he is referring to his own self-compassion and attitude towards Self. Two priests who had no problem areas seemed surprised by their results. In these 2 instances the results validated the priests’ level of well-being. Meaning, it granted the priests outside acknowledgement that validates their level of well-being, it reinforced to them that they were actually doing well.

The fifth question stated, “Would you consider doing more surveys in online self-development after this experience?” In response to this question all five priests interviewed responded positively, stating yes and sure in their responses.

The sixth question asked, “Would you recommend the Inner Critic Quiz in the future to parishioners or those in your care as a resource for well-being?” All five priests responded positively to introducing the online survey to parishioners who might be open to it. Further, one priest suggested that the survey can help the parishioner work on possible problem areas on their own in the comfort of their homes and if needed there were links to go further for help like speaking to a counselor or mentor. Another priest stated if it was some kind of a program, he could promote then sure he would recommend the Inner Critic Quiz to parishioners. The participant implied that he would definitely recommend the ICQ if it had a more structured context of Orthodoxy. Overwhelmingly, the priests agreed they were open to sharing the quiz with parishioners.

Prior to asking the seventh question a short introduction to SST was delivered to the participants. At this point in the research participants had been introduced to the concept of parts in the Inner Critic Quiz. Building on this idea of parts present in the internal dialogue SST was explained as “speaking up for the part that is holy, speaking from the perspective of I AM holy.” I presented SST as a resource that could “help give language to assist people in bringing them into relationship with their own divinity.”

The seventh question asked was, “What do you think about Spiritual Speech Therapy (SST) as a possible tool for assisting parishioners in the formation of language that heals and its potential as a viable resource?” All five priests agreed that the idea of SST as a resource has value. One priest stated he would like a pamphlet or something to pass out to parishioners that could help, while another priest seemed to think SST as an online accessible tool could be valuable for people like him with not a lot of time. Another priest said a lot of times people come to him with problems that they have generated with the language they use. Further he said, the things they are thinking about and talking about is what’s happening in their lives, stating, “It’s important for them to learn that language and vocabulary have power.” He said he would definitely recommend a resource like SST.

The final question stated, “How was your experience participating in this research?” All five priests responded in a positive way, with some expressing a need for more of these type of resources like the Internal Critic Quiz (ICQ) and SST. Each priest expressed sentiments of their participation having been a good experience. Openness to future participation in research or programs was prevalent among responses.



## Conclusion

This pilot study has shown that online self-development programs like the Inner Critic Quiz can be effective in stimulating self-awareness, which is needed for greater cohesion of Self. This research shows that while the priests all described their well-being as a 7 or above, this type of intervention can be beneficial in creating the pause needed in the development of potential space (Winnicott, 2012). In the pause that arises from asking questions and getting curious about internal dialogues there becomes room for a fuller expression of the holy vessel to emerge. A priest in this survey explained that since *COVID-19* he is speaking more spiritually with his parishioners; he is speaking to them about their spirituality, telling them at times, “do not deny your divinity.” He says this to bring his parishioners into awareness, into relationship with their divinity. He is hoping to influence healing and nurture parishioner spiritual awareness. Development of this intervention would be a reasonable response to the research findings.

Further, SST as a potential resource for priests and those in their care was well received. The priests were receptive to the idea and encouraging of SST development. The office of holy ordination comes with it certain constraints and cautions that a third party might be better suited to manage. Resources like ICQ and SST can be an attractive approach to getting help for those in their care.

The analysis of the Inner Critic Quiz results found that two priests had possible problematic areas they could work on and three participants who showed no problem areas of concern. Of those three participants, two reported being surprised by their results. Interestingly, all three of the priests that were found to have no problem areas for

concern stated their well-being had gone down during the pandemic with 2 points being the largest drop, which could be considered minimal. It is understandable that there would be a drop in wellbeing due to pandemic related circumstances. This minor drop suggests self-compassion fluency with an ability to stay in Self. While the results show a self-reported drop in well-being the drop did not diminish to a level the ICQ would determine as an area of concern.

Is it also possible the three priests with no problem areas of concern have internal dialogues that lead to a higher sphere like Theosis? Theosis is a term used to describe union with God in Eastern Orthodoxy and similarly understood in the Byzantine Catholic faith. Theosis is an obtainable aspiration that dwells in the heart of God's creation. Returning to, reclaiming of, or creation of language that moves individuals toward a more deified state needs a supportive vocabulary that resonates with priests and parishioners of the Orthodox faith and that would begin with the word Theosis. Emotional intelligence and emotional resilience are what one might expect to be qualities of a person with a healthy capacity and who would score no problem areas of concern on the Inner Critic Quiz.

Both emotional intelligence and emotional resilience are by-products of or characteristics of attained Theosis, a level of internal dialogue that edifies. It would be interesting for future research to examine the internal dialogues of the edified. An interesting question to be explored is how are the internal dialogues of the edified responding to life's joys and tragedies?

It is important to note that the Inner Critic online survey proved beneficial for the

participants. One priest stated that he believes people would be receptive to an online self-development program more than they would have been prior to the pandemic. Another priest said, “anything we can do to help with the psychological well-being of parishioners we must do it.” Further he pointed out the importance of medical professional referrals in assisting people further.

An additional suggestion for future surveys is to include a Holy Nature Quiz as part of an expanded parts conversation, with questions directly addressing holy nature internal dialogues. For example, do you see yourself as holy? What internal conversation are participants having in relation to their holy nature? Questions that are used to analyze personality traits in the Inner Critic Quiz can be similarly adapted to examine problem areas of relational divinity, meaning approximation to the divine. For example, what conversation is the participant having that brings them closer to their holy nature? Or does their internal dialogue move them away from their holy nature such as is seen in the ICQ online? Softening the conversation is the goal for those with problematic internal critics with options for alternative conversations that lead to a greater cohesion of Self. Problem areas are identified and suggestions for softening the inner critic to a more harmonious dialogue are given. Now that the nature of the inner critic is more fully understood it seems logical the nature of the holy vessel has similar detectable characteristics and can similarly be developed.

When discussing SST with the priests one term that seemed to resonate was Theosis. Eastern Orthodoxy holds within it the hope of unity with God at its core. Orthodox holy fathers have left instructions on achieving the state of Theosis. It is an

incremental process. IFS and surveys like the ICQ offer awareness opportunities that promote incremental shifts which are needed in the development of Theosis. The online survey can be a valuable resource that could help Orthodox priests and those in their care with positive coping skills that lead to a more unified state of oneness.

Furthermore, stages of spiritual development in Eastern Orthodoxy, begins with purification. Metropolitan Kallistos Ware writes, “Made in God’s image, man is a mirror of the divine, he knows God by knowing himself: Entering within himself, he sees God reflected in the purity of his own heart” (Ware, 2018). Then there is illumination and then divination. For surveys that would show problematic areas of concern in spiritual development, examining instructions of spiritual holy fathers of the Christian faith at each level of ascension could be useful in the development of a language that heals. Programs to promote a greater understanding of God’s inner workings in greater detail and clarity with supportive language and vocabulary might be an adaptive measure of SST in church communities. Where SST can take place between two people an online self-development program could expand its potential. Churches could create groups similar to Sunday schools or bible studies not centered around parables but actual relatable application of the *I AM* holy nature of the human. Classes that speak in the *I AM* holy perspective and develop holy awareness of Self could possibly be beneficial to parishioners going forward.

A potential limitation of this study is that it utilized a small convenience sample and further research would benefit from a larger, random sample of priests. Some reasons given for not participating in the survey mirror other research findings in which not

enough time is a common response. While I did receive other reasons for declining to participate, not enough time was the most widely stated response. The life of a priest is a busy one with weddings, baptisms, funerals, hospitals visits, liturgizing, counseling, church fundraising and having their own families to look after as well, it can be understandable that not enough time would be a factor for participation. This is one of the reasons the Inner Critic Quiz would be beneficial to priests, in addition to its easy online accessibility. More outreaches may be needed to convince priests that their time investment will be minimal while their gains substantial.

Finally, in addition to expanding the small sample size, future studies may consider a quantitative research methodology to ascertain the participants feedback of their experiences of taking the quiz. The face-to-face interactions via Zoom may have resulted in the participants providing different responses to the questions. The fluidity of measuring results was hindered by a lack of follow-up questions to gain more feedback on participant experiences. Qualitative research requires a flexibility on the part of the interviewee and the researcher to gather more specific data. While qualitative research can be helpful in pilot studies and studies initially investing an idea, quantitative research would allow for more data analysis and comparison.

This study sought to answer the questions, would taking the IFS Inner Critic Quiz be a beneficial intervention for priests who might have been exposed to trauma? Would the results of the research show enough positive feedback from participation that it would warrant further research in the area of IFS and priest well-being? The results of this study indicate a greater awareness of IFS and online self-development programs, like Earley

has created, would be beneficial to Greek Orthodox priests in America and those in their care. The response of those who did ultimately complete the online survey and Zoom meeting was positive and they expressed an openness to online self-development programs. Further, the priests expressed a need and openness for further development of SST as a wellbeing resource for themselves and their parishioners.

One priest's words were, "So, if there is something that is more transformative or more revolutionary as far as look you can through the grace of God achieve this and become better become something more than what you think you are then we have to do that." Another priest responded by saying he thinks SST is important because he has many times "noticed that parishioners' own language was part of generating the problem." He said language and vocabulary are important and he often tells parishioners to only say what they want not what they don't want.

A third priest had this to say concerning the concept of SST and its viability as a resource, "If we are more open and use these kinds of self-helps, I think it can help heal us and make us realize our full potential. So, yeah, I would welcome a program like that which would be great."

The fourth priest similarly stated, "I think that anything we can do psychologically to help our parishioners to direct and to shift their focus into seeing themselves in a positive light and a beautiful light the way that God sees them. It's a great tool to have at their disposal." While the fifth priest reflected that, "As priests we rarely speak spiritual speech to anyone except at the pulpit." Further he stated, "the last two or three years, especially during COVID-19, with lots of fear believe it or not the fear

promoted, I think for me to speak to people more spiritually to say, hey listen you know, don't deny yourself your divinity." All five of these participants expressed a need, importance and or openness to SST. These responses are encouraging and warrant greater research and development.

Earlier research in this project showed a higher probability of trauma among care workers and specifically spiritual care givers before and since the pandemic (Greene, et al., 2020). Additionally, research indicating an overall reluctance of clergy to seek out mental health services was introduced in the proposal (Lifeway Research, 2021). Research conducted by Boston College and the Danielsen Institute on Greek Orthodox priests prior to the pandemic utilizing self-reporting, found that possibly 40 percent of priests could be suffering from PTSD (Stavros et al., 2015). It is reasonable to infer the results from the ICQ taken by the priests in this small research sample indicate the participants were in the remaining 60 percent of priests whose self-reporting did not indicate PTSD.

Throughout this project the focus has been on the suffering while asserting there is a language for healing that can be realized. The study of the internal dialogues of the 60 percent could be a healing, insightful resource for the remaining 40 percent. It stands to reason among the 60 percent of the leaders ordained to lead those in their care toward Theosis that there are individuals who have experienced the state of Theosis and managed to elongate the duration of the divine expressed Self, have an internal approach and an internal dialogue supportive of God oneness, of the holy whole Self and can be possibly one of the most valuable living assets the church has. Developing awareness and

a concerted awareness campaign of the potential for Theosis as an obtainable nature seems to be the paramount step in bringing people in the church into awareness of divine inheritance. One priest surveyed stated, “I think there might be an identity crisis in the church meaning the people who are the church don’t really realize who they are.” The development of SST or similar aspirate notions could help in creating a greater clarity for those who are the church about who they are within the church, it can aid in remembrance of Self.

When priests responded negatively to being in counseling at this time, follow up questions which could have been helpful in this research would have been; from who or where do you receive support in processing experiences in ministry both professionally and personally, do you rely on spiritual fathers and or is liturgizing a regenerative resource that helps you maintain a balanced well-being? These types of follow up questions were missing in the data analysis and future research would benefit by digging deeper into resources utilized to maintain well-being by those holding the office of holy ordination.

Speculation on the slight change in well-being before and after the pandemic could have strengthened this research by posing this inquiry to the participants directly. Future research would benefit by a closer examination of the changes reported by the participants and the significance of the change to the participants.

The intent of the presentation of SST is meant to be a conceptual exercise rather than experiential. The reason being is the dynamic of the research process is distinct from a counseling dynamic where SST might be applied. It is invitational, meaning there was



an invitation for guidance. This research used a more non-confrontational approach to share a concept that if the priests found valuable, they could apply to their own internal dialogues. Being that the researcher approached the priests and not the other way around, practicing SST on someone who did not ask to be practiced on could be considered contrary to norms. Future research should include an experiential approach now that the concept of SST has been shared with priests and has not only received a positive response it received encouragement of its development.

Further, the transcripts of this research when reviewed can be used for dialogue mapping which possibly reveal a perspective's level of ascension. The nuances can be subtle, but comments can reveal higher sphere thinking or suggest holy embodiment as well as their absence. For example, naiveté is one of the characteristics of the divination state. When purity is present, notions of corruption seem unfathomable which is indicative of the more innocent state enjoyed before the trauma. The priest who reported a 10 out of 10 on a chart of well-being with 10 being the highest and the assertiveness in the participant's response led me to believe the participant had achieved a level of "embraced holiness". In the priest's response to during the pandemic rate your well-being he states, "I'm returning to a 10, I'm at about an 8 right now".

This statement along with some of his subsequent statements can be characterized as containing positive bias. In translating clinical terms into useful context for people of faith a positive bias could be categorized as an element of ascended nature. For example, "I AM returning to a 10" could illustrate word facility, meaning this priest realizes words are directional and do not return void. Thirdly, notice how the priest states he felt the

survey was gloomy. This response possibly comes from the purified state which would see the inner critic as a gloomy discussion. Further clues in management of Self that stand out is when the priest referred to the researcher in the last question when asked how was your experience participating in the research, the priest referred to the researcher as a kind gentle soul. It is not possible to see in others what you do not possess yourself. He is projecting virtue. He is facilitating his divine influence, calling what was not as though it were. Much can be gleamed by dialogue mapping.

Finally, a language for healing as a research project arose out of noticing what one priest interviewed termed an identity crisis within the church, where the people who are the church do not realize who they are within the church. It is my hope and drive that a language for healing can not only be realized but can become common knowledge among Orthodox Christians and others sympathetic to the concept that we as human beings are holy vessels. Greater research in divine intellect, specifically, into the internal dialogues of the edified could be a useful approach to harvesting a language for healing. More research into elements and patterns of the edified psyche could result in what is known by only a few to becoming common knowledge for all. The science of Speech Pathology is widely known; it is time that Spiritual Speech Pathology enjoys the same recognition.

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## Appendix A

### The Pattern System®



#### A Periodic Table for Psychology

The Pattern System is a breakthrough in understanding personality that is oriented toward psychological healing and personal growth, created by Jay Earley, PhD. The Pattern System also helps you to understand other people—why they respond as they do, what makes them tick. It gives you a much more detailed understanding of yourself than other personality systems.

Once you have understood the Pattern System and explored yourself according to its model, you will come away with a comprehensive map of your psyche. You will be able to see...

- Your strengths
- Your defenses
- What drives your behavior
- Why you feel bad about yourself
- Your underlying emotional pain
- How you compensate for that
- Your inner conflicts
- The leading edge of your growth



## **Appendix B**

These are the questions asked to consider on the online Self-Therapy Journey site, followed by Early's depiction of the Inner Critic: Do you feel bad about yourself?

- Do you hear a voice calling you worthless and unlovable?
- Do you believe that you'll never get anywhere?
- Is there a voice that constantly doubts your abilities?

This is not the truth about you. These are attacks from a part of you called the Inner Critic, which judges you, demeans you and tells you who you should be.

It undermines your self-confidence and makes you feel bad about yourself.

We all struggle with negative messages from inside us, (Self-Therapy Journey).

## Appendix C

The following list taken from online defines categories of inner critics and their function.

**These 7 inner critics are:**

- 1) The Conformist
- 2) The Underminer
- 3) The Guilt-tripper
- 4) The Perfectionist
- 5) The Taskmaster
- 6) The Food-controller
- 7) The Destroyer

Here are the definitions of the parts termed inner critics examined in the Inner Critic Quiz designed by Earley and Weiss:

**The Seven Types of Inner Critics**

Jay Earley, PhD and Bonnie Weiss. LCSW

In our study of the Inner Critic, we have identified the following 7 types of Inner Critics that people are troubled by.

*Perfectionist*

- This critic tries to get you to do things perfectly.
- It sets high standards for the things your produce, and has difficulty saying something is complete and letting it go out to represent your best work.
- It tries to make sure that you fit in and that you will not be judged or rejected.

- Its expectations probably reflect those of people who have been important to you in the past.

### *Inner Controller*

HYPERLINK "<https://www.personal-growth-programs.com/inner-controller-report>"• This critic tries to control your impulses: eating, drinking, sexual activity, etc.

- It is polarized with an Indulger –addict who it fears can get out of control at any moment.
- It tends to be harsh and shaming in an effort to protect you from yourself.
- It is motivated to try to make you a good person who is accepted and functions well in society.

### *Taskmaster*

- This critic wants you to work hard and be successful.
- It fears that you may be mediocre or lazy and will be judged a failure if it does not push you to keep going.
- Its pushing often activates a procrastinator or a rebel that fights against its harsh dictates.

### *Underminer*

- This critic tries to undermine your self-confidence and self-esteem so that you won't take risks.
- It makes direct attacks on yourself worth so that you will stay small and not take chances where you could be hurt or rejected.

- It is afraid of your being too big or too visible and not being able to tolerate judgment or failure.

### *Destroyer*

- It makes pervasive attacks on your fundamental self-worth.
- It shames you and makes you feel inherently flawed and not entitled to basic understanding or respect.
- This most debilitating critic, comes from early life deprivation or trauma.
- It is motivated by a belief that it is safer not to exist.

### *Guilt-Tripper*

- This critic is stuck in the past. It is unable to forgive you for wrongs you have done or people you have hurt.
- It is concerned about relationships and holds you to standards of behavior prescribed by your community, culture and family
- It tries to protect you from repeating past mistakes by making sure you never forget or feel free.

### *Conformist*

- This critic tries to get you to fit into a certain mold based on standards held by society, your culture or your family.
- It wants you to be liked and admired and to protect you from being abandoned, shamed or rejected.
- The Conformist fears that the Rebel or the Free Spirit in you would act in ways

that are unacceptable. So, it keeps you from being in touch with and expressing your true nature, (Earley, Weiss, 2014).



## **Appendix D**

### **Interview Questionnaire**

1. Have you received counseling in the past and or receiving counseling at this time?
2. How would you describe your well-being before the pandemic using a scale from 1-10 with 1 being the worst.
3. How would you describe your well-being since the pandemic using a scale from 1-10 with 1 being the worst.
4. What did you discover from participating in this survey, if anything? (Using follow up questions for accurate understanding of the participants experience, such as “please say more about that”).
5. Would you consider doing more surveys in online self-development after this experience?
6. Would you recommend the Inner Critic Survey in the future to parishioners or those in your care as a resource for well-being?
7. What do you think about SST as a possible tool for assisting parishioners in the formation of a language that heals and its potential as a viable resource?
8. How was your experience participating in this research?

## Appendix E

### Inner Critic Quiz

The online survey has information for the participant to know what to expect of as far as time involved to participate in the survey and instructions on how to successfully complete the quiz:

- 1) Most people take between 4 and 8 minutes to complete the quiz.
- 2) Answer these questions to the best of your ability, without giving them a great deal of thought.
- 3) Write down your first reaction.
- 4) You must answer all the questions.

The questions asked to give multiple choice answers with frequency related options for answers; Never, Seldom, Sometimes, Frequently, Always. The questions in the quiz are as follows:

- 1) I set extremely high standards for myself.
- 2) I feel terrible about myself when my eating gets out of control.
- 3) I push myself to work very hard so I can achieve my goals.
- 4) When I think of trying something new and challenging, I give up before I begin.
- 5) I do things I feel guilty for.
- 6) I feel deeply ashamed of myself.
- 7) I have a hard time feeling OK about myself when I am not acting in accordance with my childhood programming.
- 8) I expend a great deal of effort trying to control my compulsive eating.

- 9) My self-confidence is so low, that I don't believe I can succeed at anything.
- 10) I feel like I am fundamentally flawed.
- 11) It is hard for me to start on new projects because it is unacceptable to make mistakes even when I am just learning.
- 12) I feel crushed by a sense of worthlessness.
- 13) There is no end to the things I create for myself to do.
- 14) I tell myself that if I were a good person, I would take better care of people.
- 15) I have rigid standards for what I can eat and how much.
- 16) I believe it is safer not to try than fail.
- 17) I get anxious and self-critical when things don't come out just right.
- 18) At a deep level I feel I don't have the right to exist.
- 19) I feel ashamed when I don't measure up to others' expectations.
- 20) I feel bad because I am too lazy to really make it in the world.
- 21) I have a nagging feeling that I am morally bad.
- 22) I feel bad because I can't be what my family or culture expects of me.
- 23) I feel ashamed of my eating habits.
- 24) I spend much more time than is needed on a project in order to make it as good as possible.
- 25) I try really hard to overcome my tendency to avoid doing tasks.
- 26) I feel that I don't have what it takes to succeed.
- 27) I am troubled by something I have done that I cannot forgive myself for.
- 28) I know who I ought to be, and I'm hard on myself when I act differently.

## **Appendix F**

### **INFORMED CONSENT RELEASE**

#### **INVESTIGATOR:**

“MY NAME IS Andonios Prayannis, and I am a graduate student at Hebrew Union College. I am inviting you to participate in a research study. Involvement in this study is voluntary, so you may choose to participate or not. I am now going to explain the study to you. Please feel free to ask any question that you may have about the research; I will be happy to explain anything in greater detail.

“I am interested in learning more about the inner critic survey as a possible intervention resource for priests as a self-compassioning intervention due to possible heightened emotions pertaining to the COVID-19 pandemic. You will be asked to participate in an online inner critic survey. The survey will be followed up by a video conference to explore what if anything was gained by participation in this study. Then a short presentation on spiritual speech therapy will be given followed by a questionnaire. Further contact after participation maybe be required to clarify responses and to determine outcomes of participation. This will take approximately 1 hour of your time. All information will be kept anonymous and confidential. If anonymous, this means that your name will appear anywhere and no one except me will know about your specific answers. If confidential, I will assign a number to your responses, and only I will have the key to indicate which number belongs to which participant. In any articles I write or any presentations that I make, I will use a made-up name for you, and I will not reveal

details, or I will change details about where you work, where you live, and personal information about you, and so forth.

“The benefit of this research is that you will be helping us to understand if participation in an inner critic survey is a beneficial as a self-compassioning resource for priests and or possibly those in their care. The risks to you for participating in this study are minimal although there is always a chance of online hacking of information the information the survey conducted online gathers is of a general nature using multiple choice option answers that do not call for specific details pertaining to the participants personal information. The survey is a generalized assessment tool which minimizes personal risk to the participant. If you do not wish to continue, you have the right to withdraw from the study, without penalty, at any time.”

Participant- All of my questions and concerns about this study have been addressed. I choose, voluntarily, to participate in this research project. I certify that I am at least 18 years of age.

Print name of participant

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Signature of participant

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Date

Print name of Investigator

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Signature of Investigator

Date