The Pastor as Enabler

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ABSTRACT: Out of a personal struggle to understand and help a chronically ill friend the writer evolves a view of the pastor as enabler. The definition of "enable," the role of the "enabler," and the problems which prevent many from being "enabled," are discussed. These definitions are illuminated by the Biblical perspective of Elihu in the book of Job. The pastor who sees himself as enabler is able to bring perspective, clarity, empathy, compassion, and concrete help to the person in need.

Although phlebitis is not a rare diagnosis for a young woman, acute and chronic phlebitis is. A close friend of mine, Melissa, learned from her doctor that there was no solution to her recurring phlebitis and resulting thrombophlebitis (blood clot in the deeper vein). Instead it was chronic and acute. She entered a state of denial about her illness and walked on her leg as if it were normal. She grew accustomed to the pain and therefore discerning when the phlebitis was getting worse became difficult for her. Only when the pain became so great that the leg became discolored, swollen, and impossible to walk on, was she willing to admit that the phlebitis had reached the acute stage, and hospitalization or confinement to bed necessitated.

Because Melissa denied the seriousness of her illness, I found myself in a state of "unadaptive grief," envisioning at any moment the clot might break lose and she would be gone. My own desperate needs took precedence. Consequently, I failed miserably in my attempts to help because my love and concern expressed themselves in wanting to take responsibility and control over her behavior—to "shake some sense into her." She was being pressured from all sides to "take care of herself." I became one more influential person in her life who unintentionally added more pressure, more demands, and more guilt.

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I executed as much manipulative power as I could to force her to do what I thought was best for her. She rejected what the doctor said about her condition, and felt that she had to be active on her feet because of her responsibility for two small children. She also argued that the children had been through enough emotional loss and grief already with her hospitalizations and that she would not go in again. I rebuked her, saying that, ironically, the very way to make sure she could not take care of her children or to cause them more grief would be to walk on her leg until she ended up in the hospital. When the doctor told her that she would have to quit her job without hope of ever working again, she remained on the job without his knowledge. I scolded her for this, knowing the phlebitis would get worse.

When I would not acknowledge her feelings about responsibilities or the grief of her children, she sought other reasons to justify her feelings and actions. These included guilt towards her immediate and extended family because of the grief and anxiety her hospitalizations had caused them, and eventually she resorted to the cost of hospitals, doctors, blood tests, and expensive medication. Further, she insisted that she could control the phlebitis on her own, contrary to past experience.

I did not recognize the grief she was experiencing over losing aspects of her role as mother, or the self-esteem that she would lose by not being able to work. Out of my own needs I intimidated her and placed guilt on her. I blamed her when she became ill, accusing her of not being responsible to her family and friends, or taking into consideration what they were going through because she wanted to be the working woman and active mother she was before becoming ill. I wascountering her “feelings” of loss with “reasons” and accusations, not recognizing that she had to consider the quality of her life under her new circumstances. I was unintentionally depriving her of the right to love herself in a way she found appropriate.

Being well-intended, but insensitive to her feelings, I tried to show her that staying on her feet would eventually cause the very things she wanted to fight against: further time in the hospital, spending more money on her health, and guilt feelings towards herself and her family.

Finally, acknowledging that I had failed to help Melissa, yet because I cared for her, I became very introspective, searching out personal feelings that had been stirred in me that prohibited me from “enabling” Melissa to put her illness in perspective. I needed to rethink some of the presuppositions behind my “strategy” that caused me to fail so miserably. From my failures, already, I had learned the first aspect about enabling. To enable Melissa meant finally allowing her the freedom to make decisions on her own.