The case study from New Zealand by Joseph E. Bush Jr., and Twyla Susan Werstein reports on a ten-year exploratory program in formation for Christian ministry (1997–2007). They examine two issues that are critical in forming religious leaders. The first is finding effective frameworks for promoting the integration of academic study with every day practice and then adequate tools for measuring the depth of that integration. The second relates to nurturing the abilities to minister cross-culturally and in a variety of ministry contexts. I found the tutorial relationships and the synthesis project to be particularly intriguing and worthy of further consideration in settings far from New Zealand.

Neil Sims has provided a useful service for theological field educators by surveying handbooks on field education in Australia and in the United States in order to identify recurring goals in the formation for ministry. It is critical, Sims argues, that field education or formation programs are explicit about asking of themselves what institutions ask of students: accountability to clearly defined goals.

### NOTE

1. Margot Hover, "Responsibility and Care in the Supervisory Community," *Journal of Supervision and Training in Ministry* 12 (1990): 169.

Herbert Anderson
Editor

# Identifying and Educating the "Too Wounded to Heal" Student

## Margot Hover

"Therapists are not crazy. Nonetheless, in terms of personality types, emotional weaknesses, and psychological motivations, a substantial majority of them may differ from the general population in ways more subtle than full-blown pathology yet more important than mere style."—*Thomas Maeder*[1]

"Survivors may become fine caregivers…but not all survivors are so fortunate."—Maxine Glaz[2]

It has been many years since Henri Nouwen reframed the after-effects of very deep hurt in the lives and work of caregivers by coining the concept of the "wounded healer."[3] Many pastors are particularly equipped by a painful past to empathize with and minister to the suffering. "Ministers are called to recognize the sufferings of their time and their own hearts and to make that recognition the starting point of their service." While this recognition allowed caregivers to reframe their own painful histories, it sometimes gave unfortunate license to use that pain to get care for themselves, sometimes losing sight of the needs of the care recipient in the process. Two decades later, Maxine Glaz confronted this issue again by asking if a healer may be

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too wounded to heal. The history of severe woundedness of some clinical pastoral education (CPE) students, Glaz proposed, may in fact prevent them from being able to learn how to care and provide pastoral care to others.

Reflecting on supervisory responsibility and accountability provides the impetus to consider how we might identify a "too-wounded" applicant during the screening process or how we can work with such students that we may not have identified earlier. Seminaries, too, struggle with this dilemma in their own system of selection and education. While the basis for this article is my work as a clinical pastoral educator, pastoral educators in other systems may recognize many elements of the profile of a too-wounded student as such a student surfaces in their own particular setting.

### Elsie: A Composite of Traits of the Too-Wounded Student

As pastoral and theological faculty, we screen, assess, educate, and make decisions about our students that may have implications for their futures in or out of professional ministry. Their acceptance is a matter of contract. But we are also accountable to the institutions that provide the learning context, and we are responsible for overseeing the care of our patients and congregants while safeguarding the reputation of our programs as well. So how do we identify, supervise, and evaluate these students so that they and we can recognize their vocation and so that any potential gifts for ministry are channeled and enhanced? This is particularly difficult in a climate in which various kinds of litigation are often seen as a first resort when complexities and problems arise in supervisory relationships.

This article first describes a set of traits and biographical features that problematic applicants to a group of residency programs have exhibited during their admission process to CPE programs over a number of years. Secondly, there is a description of another set of behaviors that emerged post-admission in the course of a typical program. While some of these items may seem idiosyncratic and anecdotal, the frequency with which they occur in students suggests that they merit careful consideration both in the interview process and during supervision.

The final section of this article describes strategies for working with too-wounded students when they do surface in our programs and characterizes the factors that may have brought the supervisor and student together in the first place. It is worth noting that the cases that provided a basis for these reflections were all females with a female primary supervisor, drawn over

many years and from many programs. Male supervisors were part of interview teams and served as colleagues and consultants throughout. Obviously, the profile would vary somewhat with other configurations. Specific illustrations of the characteristics have been signficantly altered in the interests of confidentiality.

It is very important to note here that this article should not be construed as advocating that too-wounded applicants be accepted into a program or that, once in a program, they continue in a program at all costs. I do suggest some concrete symptoms that may assist a supervisor in identifying those applicants during the selection process. Further, it is safe to bet that most supervisors have at one point or another accepted a student that they later regretted taking but whom for one reason or another they could not easily dismiss. This article suggests some basic ways to maximize the possibility of learning on all sides.

"Elsie" is a composite of traits exhibited by a number of too-wounded applicants and CPE students throughout my experience. Pastoral educators will recognize any one or all of these traits in students who may actually learn and perform well in a program. But while a particular student may not possess all of the traits described below, identifying one or two behaviors may alert a supervisor to a connection with many of the other traits that are less obvious. For example, we know that it is not uncommon for students to exhibit significant issues with authority. It is only when a constellation of traits surfaces, often after their acceptance into a program, that the signficance becomes clear. Again, while the experiences on which this material is based are drawn from programs in CPE, seminary faculty, pastoral educators in other venues, and therapists will no doubtfind similarities with their supervisees as well.

*Pre-Admission*
Elsie was effusive in her gratitude and excitement at the invitation to interview for a position in the residency group then forming. She was hyper-courteous, calling ahead to offer to bring pastries to the meeting with the interview team. Several days after the interview, each of the interviewing supervisors received a chatty, effusive thank you note, handwritten on flowered stationery. This was to be the first of many indications that what appeared initially as sweetly engaging was actually her lack of awareness of general appropriateness. No thank you note was required or expected; however, an acknowledgement in the form of a business letter on plain stationery would have been positively noted. In time, it appeared that her large

gestures of above-and-beyond or gratuitous hospitality barely concealed a free-floating anger that was much more difficult to identify and manage.

Elsie was insensitive to the usual social boundaries regarding personal space, particularly with authority figures. She was quite proud of the entrée she claimed to her pastor's home, for example, and she often alluded to his and his wife's reliance on her for support. She spoke of her recent seminary professors as though they were personal friends. In other words, she confused professional and personal settings, relationships, and protocols. Obviously, the accuracy of many of her claimed relationships would be difficult to verify, even if they raised red flags at this early juncture, unless Elsie listed them as references.

This difficulty with boundaries, even seemingly inconsequential ones, appeared in Elsie's meticulously presented application materials, which were, nevertheless, incomplete. For example, her previous supervisor's signature was missing from his evaluation of her, and the reason was never clear. At the time, Elsie's explanations made some sense; it was only in retrospect and as part of an unfolding total profile that their meaning emerged. The significance of an absent signature ("The professor is never in her office.") or incomplete seminary transcripts ("The professor went on sabbatical before he turned in my grade.") is often difficult to determine prior to admission.

Elsie had a long, tangled, and very confusing history with denominational authorities. She had a laborious journey through the various ordination committees, but most of the supervisor interviewers could empathize with her as they recalled their experiences with committees or struggles with their own denomination. Elsie had changed religious homes a number of times. When asked about that, she claimed this as a plus, enabling her to "speak the language" of a wide range of patients. Would this help the department demonstrate religious diversity and balance the denominational balance of the CPE group…or was it an indication of grandiosity? Further, Elsie also had an extensive history of career changes, albeit with some evidently impressive accomplishments along the way. She was an excellent writer, for example, and several of her short pieces had appeared in trade publications.

*Hidden Woundedness is Difficult to Identify in Advance*

In brief, Elsie was very bright, articulate, and quick thinking, although the emerging profile hinted somewhat at self-sabotage—as evidenced in her refusal to complete a critical assignment or missing crucial deadlines. She had been doing very well in medical school, for example, but she "heard a

call" just prior to completing her medical education. Elsie herself had little awareness of possible meanings and linkages in her history. Subsequently, she showed no motivation or intention of exploring the patterns. This suggested an inability for, or at least a strong resistance to, self-reflection. Sometimes, similar applicants concealed past difficulties until new, similar ones emerged well into a program, thus creating turmoil for the student, supervisor, and group as well.

Applicants like Elsie frequently emit strange, hard-to-define sexual notes, which are or may be experienced as subtle seduction. Frequently, this involved a striking hairstyle, which, while not notably unprofessional, still drew attention. For example, a candidate might wear waist-length hair draped over one eye. It would be difficult, particularly for a male supervisor, to note this with a student, but it would inevitably draw attention of some kind. Many of the women I supervised that formed the composite of Elsie had in common a history of some kind of punitive, neglectful, or abusive family history, often but not always sexual in nature.

This last observation is important. Psychotherapist and clinical pastoral educator James Gebhart observes that "abuse" is a widely and sometimes indiscriminately used term that has come to carry sexual overtones. There are, however, many forms of intentional and unintentional neglect and hurt. At bottom, very few get through the formative years without some undeveloped areas remaining. Those may be unfinished dependency needs, unresolved problems with authority, sexuality, grief, shame, role sets based on birth order, psychological or learning disorders, troubled school experiences and/or adolescence, or a host of other issues. However, when those occur in clusters, they are more likely to constitute a personality disorder. High stress experiential learning like CPE becomes more difficult and may reveal fissures in one's person. The complexity of such situation is outside the realm of pastoral education and more appropriately handled by a skilled therapist.

It is difficult to predict when the demands of a supervisory experience or the intensive exposure to trauma will stretch the capacity of students for compassion and empathy or when it will trigger their unconscious anger and need for self-protection. Frequently, they reveal their history only some time after entering a program. Obviously, their resistance to self-reflection limits their ability to use their history as a resource in their learning. Further, as in the case of abuse of a sexual nature, they may only hint at past events, frequently in difficult-to-decode allusions to a "lesbian side," "having hot flash-

es," and "femininity," or edgy joking. Other students might resonate with the allusions without understanding their full meaning for the wounded student.

Finally, applicants like Elsie nearly always developed physical limitations and disabilities after programs began. Sometimes these were concealed at the application stage and sometimes dormant medical issues resurfaced after admission. Ordinarily, a supervisor might not see a reason to inquire about an applicant's medical history or might not be able to ask about medical history from an ethical standpoint. It is only later and in the context of the other traits described above that physical limits or chronic illness become significant. Many of these difficult students' illnesses had a possible emotional component—asthma, back problems, debilitating headaches, allergies, and the like. Often, these offered an avenue for them to leave the program before completion. But if a student did manage to complete the unit or residency, it was important for the supervisor to keep the group's attention and energy focused steadily on appropriate group tasks rather than have their attention diverted by assorted illnesses and absences. At best, group members would use their growing awareness of the dynamics and their feelings about them for important, solid growth in their own self-understanding. At worst, difficult students won sympathy, polarizing members of the group and, sometimes, even other department staff members.

*Post-Admission*
During the orientation phase of the residency, Elsie plunged herself into the program. She quickly became a leader in the group, appearing larger than life as she led her new peers through the hospital halls. She assumed the hospitality role in the peer group. For example, she was the first one to organize the celebration of group birthdays. Occasionally, this overflowed with cards and flowers to other members of the department for occasions not generally marked in this particular way. Of course, this placed those around her in a difficult position; who could deny her good will, for example. Only in combination with the other traits and with the passage of some time did a pattern emerge that could be addressed in some way.

Initially, at least, deeply hurt students often assumed a child-type stance with department authorities, particularly with their supervisor. Elsie asked permission often and made many unnecessary apologies during the first several weeks of the unit. At the same time, this behavior felt like an attempt to act as an administrative peer or close friend. Later, she frequently pushed at boundaries, claiming innocence of the ramfications of her actions. She be-

came skilled at leaving confusion in her wake. On one occasion, she told the residents to go to a Palliative Care Team meeting instead of attending a CPE program didactic seminar, misinterpreting a bulletin board memo meant for other staff. While such confusion could well be a function of students' anxiety, the continuing pattern suggested more.

Early on, Elsie claimed that she was "greatly loved" by staff in her assigned clinical areas. For instance, she had introduced herself to the staff on her assigned units as "an expert in world religions," and she flew to bedsides of adherents of unusual faith groups. She moved with ease between claiming an obscure religious practice and pursuing a very traditional Christian inquiry. Until her supervisor reinforced existing boundaries around attendance at group seminars, Elsie typically said she needed to come late or leave early by special request of a head nurse or unit staff member to handle a situation that she alone could manage. It was important for the supervisor to challenge that dynamic promptly, directly, and calmly. As might be expected, group members watched carefully and learned much when the supervisor modeled how to maintain appropriate borders around group time and other scheduled curriculum events. Later, they learned to differentiate from Elsie while still caring for her and to trust their own skills and ability to confront and to maintain limits.

*Avoiding Supervision by Being Overly Responsible*
It was more difficult as a supervisor to track some of Elsie's other behaviors. Taken together, this could frequently feel like putting out fires when they would eventually came to light. For example, Elsie routinely turned up on other students' assigned units. "He was my patient until he moved to her area, and the staff asked that I follow him." Or, "That patient had my card (After all, you told us always to leave our card at each visit), and he called the office to ask me to come by." "But that patient was my 'sister-of-soul,'" claimed Elsie, when the supervisor intervened. Another student who might be struggling to meet new patients on his unit might be only too glad to be rescued from that difficult task, even feeling cared for and supported— taken under wing—by his "helpful" peer. On one hand, the shyer student in that potential triangle might feel scolded, and that dynamic could be quite fruitful when explored with him in individual supervision. At worst, unhealthy triangulation and polarization could result.

The possibility of tangled relationships and blurred lines of authority is compounded in spiritual care departments that include a separate depart-

ment director and multiple clinical or staff chaplains. The supervisor and department director worked consistently with the clinical and denominational staff chaplains to achieve clarity among themselves about lines of communication and areas of responsibility. Elsie's supervisor and the department director conferred frequently, and it was clear within the entire department that all issues, problems, and suggestions about the residents were to come to the supervisor. Because Elsie was so skilled at creating competing relationships, the supervisor had to be particularly faithful to the process of winning staff chaplains' trust and in maintaining ties with them. And when students had questions or problems with other department members, they were encouraged to approach them directly and then process their learning from the interaction in individual supervision. Of course, this initially increased their anxiety, and the supervisor used this as an occasion to help them to look at authority issues and other learning goals, as well as to celebrate their growing sense of their own strength.

Difficult, challenging students routinely resist supervision, often in surprising or difficult-to-confront ways. For example, the department policy allowed students fairly unquestioned time off for their denominational rituals and holy days. Elsie claimed holy day exceptions to the program schedule with startling and intriguing frequency. While CPE students sometimes legitimately explore their denominational affiliation in the course of a residency, it quickly became apparent that Elsie was stretching the policy.

These women were greatly resistant to claiming any anger, and artful in their resistance to engaging in therapy. Individual supervision generally focused on Elsie's behavior and on issues that she initiated. This allowed her to feel safe and facilitated as much learning as possible.

Finally, as noted above, these students either developed medical issues as the program progressed or revealed disabilities that were not apparent during the interview process. Elsie developed a skin condition that kept her awake at night and which required time away for assorted doctors' visits and tests. Another too-wounded student said that she had suffered a serious back strain years ago that was again giving her pain. Ultimately, both students left the residency before the completion of the program in order to focus on medical treatment and self-care. Their decisions opened the way for the supervisor to shift her focus to caring for them in their leaving and embarking on new journeys.

*Supervisory Strategies*

As a supervisor, I was reluctant to rule out accepting these students across the board. The full constellation of their traits was invariably unclear during the interview process, and I didn't always trust my hunches when I sensed potential difficulties in supervision. However, once I accepted a student, I was willing to "trust the process," as the saying goes. I wanted to give the student a chance for learning. On the other hand, in order to facilitate a safe educational experience for these wounded women—and to maintain my own professional safety and integrity—it was vital to remain alert to the traits listed above. It was also important to look at my own "Achilles' heel." What led me to accept them in the first place and what supervisory stance and strategies would give them the best possible chance to learn skills for ministry? Or were they too wounded to learn how to care for others? The CPE model of pastoral education requires that the supervisor ride herd on her own issues as carefully as she gets to know the issues of her students.

In my case, I had to ride herd on my enthusiasm for potential "sisters in the ranks." I am a Roman Catholic laywoman, and I treasure both my Catholicism and my niche in the ministry of supervision. Through the years, I have seen other women like me make rich contributions to parish, diocesan, educational, and health care systems, and I have been pleased and excited when the ecclesial structure has, bit by bit, opened some avenues to us. Thus, I am always particularly pleased when another Catholic laywoman considers chaplaincy and/or a unit of CPE or a residency. In putting together a profile of the too-wounded students and applicants that I had worked with over the years, one factor that emerged was that each one had some tie—even a distant one—with Roman Catholicism. At first, I was quite open with my enthusiasm for a potential colleague; later, it was crucial for me to temper that entirely. I suspect that a student like Elsie would feel crowded and frightened by my joining her too closely on any basis, including denominational affinity. I saw a similar dynamic develop with other supervisors and students, where apparent camaraderie and collegiality based on denomination, family configuration, race, or other commonality masked the student's fragility and vulnerability. It is important for a supervisor to be honest about the many reasons for accepting and working with a student.

I also had to monitor my desire to help. Elsie needed a CPE residency for certification as a chaplain, and I wanted to give her a good chance to complete that process. Again, in retrospect and in reflecting on patterns exhibited by a cluster of these students, I see now that they generally couched their

motivation for applying to a program in terms of denominational or professional requirements, perhaps even general skills for a very specific ministry. "I think God is calling me to minister to dying people," for example. They very rarely cited self-awareness, even in general terms. In contrast, another applicant might say something like, "I'm uncomfortable visiting my congregants when they're in the hospital. I want to get better at that," or "I'm not very good at dealing with confrontation; I think I can learn more about that in this program."

Finally, the needs of hospitals often present competing demands to fill residency positions. If a position went unfilled, would there be enough for a valid group, and would the stipend disappear for the following year? Who would take up the on-call slack? While none of these needs would justify taking a less-than-marginal applicant, they still did constitute pressure to fill the program openings, sometimes at the last moment.

With all this in mind, I assembled a list of strategies and guideposts for the supervision of such a student, once I identified her. First, I had to find some one thing to like about the student, enough to engage me in a process requiring a good deal of my energy even while tempering my enthusiasm. Elsie was articulate, a really fine writer. And she was "gutsy," having volunteered in a women's prison while in seminary. I liked both of those qualities.

Second, we had to collaborate on an appropriate learning contract with very specific parameters. For example, Elsie wanted to "minister to all world religions." I helped her to come down to this: "To read and present a report on David Augsburger's *Pastoral Counseling Across Cultures,* and to apply what I learn in two verbatims presented in the group."

Third, the CPE program structure was my best ally. Adherence to the program requirements and departmental policies helps students to feel safe, and it helped me to deal with the persistent need of these students to be special. Of course, this assumes that the supervisor's own sense of authority is centered enough that she can implement the curriculum when she is regularly tested. Too-wounded students can be creative and persistent in challenging the structure. For example, soon after her acceptance into a unit, one student informed the supervisor that she had already paid tuition for a workshop that would entail her missing three days of the orientation week. Whatever the student's motivation may have been, it was clear to the supervisor that she could not begin the program unless she attended the orientation. Some women eventually used their inability to live within program structures as a way to leave the program. Others accomplished as much learning as they

could, once assured that the supervisor was strong enough to maintain those structures and boundaries.

In terms of the program, my handbook and the unit orientation process includes succinct descriptions of the program components that I can refer to when a too-wounded student attempts to wander afield. For example, I define the purpose of Covenant Group (IPR/IPG) as a place to focus on learning to give and to receive care, to work on ones learning goals, and to study how groups operate and grow. I combine that with didactic seminars on group process, systems theory, and other related topics. Too-wounded students tend either to be ingratiating or to fight with the supervisor on one or two issues while avoiding resolution. Eventually, other group members may feel used or manipulated, and it is important for them to learn how to confront their peers. Whether bound for parish or institutional ministry, students can accomplish important learning about how they deal with conflict and how conflict operates in a group context, but other issues and goals need to be considered as well.

At times, it would have been easy for me to express irritation or frustration with Elsie, particularly early in the unit when all of the students were sizing one another up and jockeying for position. Whenever I did that, however, it was difficult to get out of that role; the group could then see me as Elsie's persecutor. I learned that it was important for me to maintain a firm, non-reactive, non-angry, and neutral strength. From that stance, I could help the group members to focus on their own learning goals rather than on conflict between Elsie and me.

Fourth, as a unit progresses, too-wounded students can use revelations about past painful histories to draw the focus away from the learning of pastoral skills. An empathic stance is generally not productive. It was important to maintain clarity about the distinction between therapy and the educational goals for the CPE program, and to gently encourage them to engage other resources to supplement and support their education in CPE. I maintained my own focus on concrete aspects of their performance, carefully avoiding going to their feelings in the name of empathizing with them before/unless they were able. Dealing with feelings and close relationships was usually too threatening, however. Work in that direction was generally followed by the student's distancing in some ways that were counterproductive and disruptive to their peers' use of the group appropriately for their own learning.

Finally, the evaluation process. My rule-of-thumb for writing student evaluations is to report specific behaviors in the categories determined by the Association of Clinical Pastoral Education standards and student learning

goals. Focusing on specific behaviors and performance allows me to describe what this student may do well, and what this student neglected or avoided even after supervisory discussions with me. I carefully avoid therapeutic language as well as extrapolations from one behavior to larger or future situations that I cannot back up with examples. I do not make points in a final evaluation that I have not already discussed with a student in the course of the unit. For instance, it was clear that Elsie had difficulty with boundaries and with authority, and I supported those observations with examples about visitation on other students' units and completion of written assignments.

These guidelines are general practice, but they are doubly important for the safety of both supervisor and student when working with the troubled or too-wounded person. Hell hath no fury like a too-wounded student who focuses her anger on the final evaluation, especially after the unit. On the other side, a supervisor's frustrations —and they may come often—with a needy or difficult student may be taken to a supervisors' support group or to peer review but not to the written final evaluation.

I confess my surprise when a seminary does not require a student to submit both the self-evaluation and my evaluation if the unit is requisite for ordination or certification. Further, it seems obvious that both a seminary and a denominational endorsing agency and a CPE supervisor only have part of the picture of a candidate's person and performance. Closer collaboration would enhance ordination and certification processes. Because the population as a whole is more troubled, it should not be surprising that the number of people seeking to be ministers is also more troubled. Hopefully, dioceses or other ecclesial jurisdictions no longer resort to CPE as corrective or punishment for "problem" clergy, but all would benefit if they looked together at a candidate's preparation and qualifications.

## Conclusion

So, one may wonder, why work with these students in the first place. Certainly, I hope to identify a too-wounded applicant during the initial screening process on the basis of the behaviors described above. But sometimes, I have missed the warning indications in the pre-admission screening and have second-guessed a selection when problems surfaced. Occasionally, there was denominational or institutional pressure to accept a marginal candidate into a CPE program combined with unfilled positions as a program opening date loomed. Through the years, I have felt more power to refuse

these applicants in those situations. But also through the years, I have been willing to give an applicant the benefit of a doubt, particularly as I developed a supervisory stance that might give them a good chance to learn. God knows that my own denomination's annals are replete with the icons of St. Christina the Astonishing, St. Simeon Stylites, and a host of other characters who accomplished great good from places significantly outside the norm. Sometimes it is difficult to distinguish between "outside the norm" as creativity and a prophetic voice, on one hand, and pathology on the other. I want to be open to an applicant's desire and potential for healthy caregiving. At the same time, it has been important to take seriously my reservations about a student's capacity to use the CPE curriculum and educational model for appropriate learning to give care. Organizing my experience with too-wounded into benchmarks and strategies has been a helpful guide for my work with them.

I should make special note here of how important it has been to rely on the community of supervisors for feedback, support, and peer review. Several colleagues in particular listened to my early travails in supervising a series of difficult students and reflected with me on the patterns in the process and the traits the students and their journeys appeared to have in common. That systematizing proved to be invaluable in my supervision, and I am grateful for their support and peer review. In 1990, I wrote in this journal on the importance of supervisors' collegiality and covenant with one another through the certification process.[5] At that time, I emphasized the importance of honesty with one another. We can learn much about ourselves and our ministry of education by looking closely together at our work with the too-wounded students when they present themselves to us.

### NOTES

1. Thomas Maeder, "Wounded Healers," *The Atlantic Monthly* 263, no. 1 (January 1989): 39.

2. Maxine Glaz, "Can a Healer Be Too Wounded to Heal?" *Second Opinion* 20, no. 3 (January 1995): 49.

3. Henri Nouwen, *The Wounded Healer: Ministry in Contemporary Society* (New York: Doubleday, 1972), xiv.

4. J. Gebhart (personal communication, 8 December 2009).

5. Margot Hover, "Responsibility and Care in the Supervisory Community," *The Journal of Supervision and Training in Ministry* 12 (1990): 170–174.