ACPE THEORY PAPER

Relationship and Story

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The task and method of theology is to organize and test the validity of religious views in light of human experience.—Anton Boisen

INTRODUCTION

The importance of relationship, connection, experience, and story are the themes that run throughout these supervisory theory papers. Because life is an inter-subjective, dynamic experience, personality development, evolution of theology, and learning are also dynamic, developing, and in process. My clinical pastoral educational experience has been the most liberating, comprehensive, relevant, and life-affirming way of learning for me. My aim in supervision is to encourage and accompany students as they grow in identity, theology, and pastoral practice as well as in deeper connection with themselves, others, and God.

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On August 12, 2005, at 10:15 a.m., I received word that my brother had been shot. A day…a second…an hour followed by many, many more as we waited terrified that he would die. This event with my brother illustrates for me the dynamic, relational, dialogic, living character of faith. While theology can be illustrated in moments, events, thoughts, and stories, our relationship with God is often mediated through the human experience of being in relationship. "Just as the story of anyone's life is the story of relationships, so each person's religious story is the story of relationships."[1] My theology has slowly evolved from a traditional perspective that regarded God as the starting point of theology to the more experiential view espoused by Tillich. It is further influenced by feminist and process theologians who view relationships and human experience as the "starting point and ending point of the circle of interpretation."[2] The feminist emphasis on relationship and connection adds a much needed perspective to Tillich's existential questions.

Theology From the Inside Out

My systematic theology began with theological words about God as omnipresent, omnipotent, omniscient, judge, punisher, benevolent, loving, perfect, out there, and above. Then a bullet, small and shiny and exploding into soft flesh, blasted those words apart. "God, if you are in control, how could this happen?" "Where are you?" "God, who are you?" In light of my own crisis, these questions became a starting point for theological reflection.[3] Tillich asked the deep questions of human existence and often found the "answers" in Christian symbols. In my own experience, different Christian symbols rose to the forefront out of my existential questions.

The wound left from my brother's surgery was gaping from chest to groin. It required removal of his kidney, resection of his bowels, "scooping out" part of his liver and inflating his lung. When he left the hospital two and a half months later, it was still open—16 inches long, 5 inches across, and 3 inches deep. Raw flesh like a ball park frank split open wide. They wouldn't sew him back together. "Your wound needs to heal from the inside out," the medical staff advised. My theology was also blown apart; an open question. How would it heal?

Overcome with anger, grief, doubt, and despair, it was hard for me to see the presence of God. The death of my brother had also meant the death of part

of myself. The alienation and separation from God and others was excruciating. Lurking in the shadow, in my own dark, sticky wound, God moved. Experiencing this event with my family and my CPE colleagues changed things for me—making God incarnate. With their love, support, prayers, and accompaniment on this journey, I felt grace, acceptance, and God's presence in more profound ways than I ever had. The relationships of mutuality and connection helped me to relate to a God who does not control history as I had once thought, but who invites, even "lures" us into relationship. Only in retrospect could I see that my brother's wound and my own shattered theology had to be restored from the inside out. My relational image of God grew and changed with new experience, reflection, and connections.

Out of this experience, new symbols emerged that have become foundational for my pastoral supervision. Woundedness, when attended to and integrated, is a source of connection and strength and provides a foundation of empathy. Healing, as distinct from the image of a pastoral care provider as "healer," can occur when one is accompanied on a journey by those who are empathic to our experience perhaps even before we understand it ourselves. Walking together with our sorrows and disappointments, we may find, like the disciples on the road to Emmaus, that we encounter Jesus (Lk 24:13–35). Encouraging CPE students to be open to experiences of woundedness is a source of potential strength, growth, and healing.

The experience of God *who* lures us into relationship suggests a different model of supervision and pastoral care. It respects the wisdom each brings to the relationship. The "in-between" in our intersubjective relationship is the place where wisdom is shared, not as over and above, but as partnership.[4] Mutuality, interdependence, empathy, patience, and listening are as much a part of that dynamic as confrontation, clarification, and support. This mutuality flows from supervisor to student, student to student, student to patient, patient to student, as well as from student to supervisor. While there is a difference in power in each dyad, our relationship is mutually interdependent.

Inside-out theology is a metaphor from my experience that helps me to remember that my objective as a pastoral educator is to help a person discover for herself her own theology borne of her experience. I invite a student to be curious about her own experience and relationships and how these inform her pastoral authority and practice. Relevant theology emerges out of a student's communal and contextual location. Inside out theology serves as a reminder

to pay attention to the stories of faith that are most often articulated in the language of relationships.

Hearing the Sacred in Each Human Story

This view of faith as relationship can also influence our interpretation of scripture. My early understanding of the Bible as the inerrant, unchanging, and divinely inspired Word of God made it difficult to see that its stories, prayers, and songs did not stand alone, a truth unto themselves apart from human experience. Objectivity is impossible. Meaning is made through the in-between experience between reader (and her experiences as filtered through relationship) and scripture. Experience of the divine, oneself, relationships, and of the world then becomes a source of revelation alongside the "old, old story." Valuing, honoring, and making meaning of the human story, both individual and communal, is one task of theology. Helping patient, student, as well as oneself hear the sacred in one's own life story is a co-creative venture of a pastoral educator.

In many ways, the story of Adam and Eve is about each of us. Created in the "image and likeness of God," we are called into relationship and community with God and one another. Experienced through a feminist lens, the creation narrative is a story of interdependence, connection, and mutuality between God, creation, and humanity. It is about God's desire, perhaps even need, for relationship. Just as we need God, God needs us. When God closes the Garden of Eden, she doesn't stay in the paradise of her own making, but goes with Adam and Eve continuing to interact and be in relation with them and the generations that follow. It is a story of mutual influence and impact between human and divine.

That humankind is created in the image of God implies God's blessing on embodiment. God looked upon all creation including humankind and proclaimed it "very good" (Gen 1:31). The Christian tradition, as is often interpreted in Pauline literature, promotes a Platonic separation of body and soul and the supremacy of the soul. It is a misperception to suggest that only our soul bears the image of God. Being hospitalized drives the concept of embodiment to the forefront as a core of theology. In Hebraic thought, the all-encompassing word for humanity is *nephesh*. "And what is *nephesh*? It is life, a living being, a person, a self, a creature, a body, a mind, a heart; and it is also breath, desire, appetite, lust, pleasure, will, beast and even corpse."[5] In Jewish thought, all human experience from breath to dust, is in

relationship with God. Feminist theologians have wisely sought to heal this dualistic approach out of their own embodied experiences.

Understanding Jesus as embodied has allowed me more balance of the divine-human paradox. The incarnation means that the starting point of our theology is the concrete experience of daily living and relationships.[6] From our earliest physical experiences of being held and loved, we learn what it means to be in connection with each other and God. The reality of embodiment is especially important in the context of clinical pastoral education because it determines our perception of spiritual care. One student responded to a patient's fear of surgery and pain by focusing only on God. Responding to human emotions was not part of his conception of theological. Part of the supervisory task is to help students embrace physicality and discover new ways of experiencing theology that are fully embodied and incarnational. Helping a student become aware of and live with this tension is an important theological undertaking.

Embodiment and the Use of Self in Supervision and Care

When viewing embodiment as a God-given gift, it is easier to use ourselves in supervision and spiritual care. The "rumbling" in our gut, and tightness in our necks, as well as that grace filled visceral feeling of connection become a source of knowledge and can inform our supervision with a given student. I understand this for myself to be the influence of the Spirit. I begin to ask myself why I am feeling a certain way. What does this say about me? What does it say about the student? What does it say about what is going on between us?

> A female Roman Catholic student, who was previously in a religious order, repeatedly attributed things I said in supervision and group to her male peer. Curious about her behavior and my own feelings of being dismissed, I wondered with her about her view of authority, particularly that of men. Acknowledging my experience helped her recall stories about her patriarchal family of origin with a domineering grandfather, experiences that were reinforced by her time in a convent.

Becoming aware that she viewed authority as predominantly male allowed her to begin to embrace a more feminine view. This increased our learning alliance, helped her embrace her own feminine authority, and helped her find her voice in group, with patients, and with me.

For me, faith is the assurance of things hoped for and the conviction of things not seen (Heb 11:1). Faith includes my doubt, which was a hidden

element of my faith before my brother was shot. From my religious history, certitude was the standard by which we were judged. Whenever I say, "I believe," there is always some amount of skepticism. The flip side of that coin is present, and I often say "Help my unbelief" in my next breath (Mk 9:24). Tillich suggests that "doubt is the necessary tool of knowledge."[7] As I reflect on my faith, pastoral care, and supervision, doubt is powerful for relating. Without complete certitude, I am more open to myself and the other's way of being. People from other faith traditions have their own truth. I am also more curious about how others see and experience life as well as being open to being moved by the other. I believe healthy skepticism about myself and my own function can promote growth.

In a model in which "created in the image of God" is interpreted relationally, sin is viewed not as an act, but as a state. Tillich's view of sin is particularly helpful here. He defines sin as separation and alienation of self from self, others, and God.[8] This description corresponds with my learning theory as well as my view of personality development: we develop, thrive, and learn best in relationship. Alienation and separation are sources of suffering. We move towards wholeness and God when accompanied incarnationally by someone who is willing to walk with us in our God-forsaken places.

Alienation affects professional functioning. When I cannot go to those painful places and acknowledge my own experiences and hurt, I know that I cannot fully "go there" with patients and students. Supervisors and students who are not open to their full range of human experience can shut down conversation. Neither person is able to experience the healing potential of connection.

> A Pentecostal student with a history of parental alcoholism, abuse, neglect, and chaos could not bear conflict and estrangement among peers, patients, their family members, or God. His immediate pastoral "solution" was to push divided persons towards reconciliation without hearing the complexity or pain in each human experience.

While he was not ready to begin the difficult work of integrating his painful past during the unit, he was eventually able to see the link between his past and present mode of being in the world. Awareness is the first step towards integration.

From my personal history, my work at the hospital, and especially in the experience with my brother, I have become more aware of a different, perhaps more controversial aspect of God. I live in the tension of ambi-

guity—both God's and mine. While I believe that God does have initiative, my understanding of God's initiative is more limited. I believe that it is out of this ambiguity in Godself that God can understand and accept the light and darkness in me. If God can't understand and accept my light and darkness, then I am divided and dualistic. Because of these ambiguities, I believe we all, God included, live together "east of Eden" (Gen 3:24). The idea of God's ambiguity has entailed some grief for me. It has meant letting go of concreteness and certitude. It has meant letting go of God's perfectionism, omnipotence, and all-loving nature. It has been the impetus for redefining authority. While painful and grief-filled, experiencing the long dark nights of the soul has also been liberating. Experience has been an impetus for reflection, which has resulted in a theology more consistent with and inclusive of my own experience. The God who I believe embraces ambiguity is less "out there" and more immanent and incarnational. It is with this model of ambiguity that I am able to integrate rather than rid myself of my experiences, doubts, and fears.

To enter the hospital and clinical pastoral education is to enter a "strange situation" that can call into question our faith and beliefs about God, others, and ourselves. Tillich wrote: "Being religious means asking passionately the questions of the meaning of our existence and being willing to receive the answers, even if the answers hurt."[9] I have found, in place of easy, automatic theological answers, new symbols of faith that are more life-affirming, grace-filled, and that honor relationships and experiences. My theology invites us to offer all of our human experience to God as did the psalmists—including my love and hate, joy and sorrow, success and failure, pleasure and pain, together with my desire, tenderness, and ferocity. I continue to learn to embrace mystery—even though at times I long for certitude. I continue to find new ways to live in the tension of paradox and ambiguity, avoid easy answers, and rework and reformulate theology in light of new experience.

PERSONALITY THEORY

Searching for the "perfect theory," one that fits all relationships and life circumstances, has been akin to a treasure hunt searching for the elusive Holy Grail. Is there a Holy Grail? The search for clarity, the quest for knowledge—that desire is as old as the hills. Adam and Eve sure wanted it. But then in

finding "knowledge," they realized that rather than clarifying things, "knowing" only introduced an awareness of multiple perspectives…more complexity…more ambiguity. Strangely enough, Adam and Eve newly imbued with knowledge, bearing children and toiling to earn their keep, didn't seem to clamor to return, as I was led to believe in my youth. Perhaps part of their new awareness was that Eden wasn't their idea of paradise and perfection after all!

The soil of my grandfather's Kentucky garden is rich and fertile. It includes his cremated ashes tilled in, returned to the earth, mixing with dirt to bring forth new life. The 'soil' of our human existence is attachment, connection, and relationship. It is in and through relationships that we are formed, know, and are known from birth until death. Sifting through the life-giving dirt in his garden and remembering my grandfather, I am aware that relationships have the power to heal as well as to injure. Just as my theology begins with human experience as the starting point, my personality theory gravitates towards the relational theorists who focus on the experience of how we relate to one another as foundational for who we are and who we become.

Engagement More than Gratification Motivates Us
For my theory of personality, I draw on the concepts espoused by the feminist scholars of the Stone Center[10] as well as attachment theory as first articulated by John Bowlby.[11] Both lack an explicit model of the mind, though they implicitly operate from an object relations perspective. Rather than saying we internalize objects out of our drives, both agree that it is relationships that are internalized. The Stone Center model taken alone is naive in the sense that it implicitly assumes that with empathy, a connection will form. Theologically, everyone is saved. From my perspective, salvation as well as connection requires mutual participation and desire. While connecting with students is always my desire, it is not always possible. Bowlby is more realistic allowing that out of past relationships as well as current disconnecting experiences, a person can be avoidant of new relationships—especially with those in positions of authority (potential attachment figures). Bowlby's view frees me not to take total responsibility for relationships with students. The Stone Center women are more optimistic about change and growth. Taken together, they provide a more balanced perspective of human potential and development.

Attachment theory grew out of Bowlby's work with war orphans and then studying parent-child relationships at the Tavistock Clinic. In his later work, it expanded to include adult attachment behavior. Psychological development initially evolves out of our attachment relationship with our caregivers. Proximity to the attachment figure enables exploration and curiosity. Over time, we internalize this relationship and the subsequent mental representations become the scaffolding upon which future relations, expectations, and behavior are based. I believe Bowlby's greatest contribution to developmental theory was that human beings are predisposed and even biologically compelled to connect.[12] In this model, we are no longer primarily motivated by "drives," but by propensity toward relationships. Our sense of self is not formed in the process of separation, but through intersubjective, ongoing, reciprocal relationships.

Bowlby's notion is foundational to the Stone Center's work. I see their relational-cultural model of development as springing from the soil of attachment theory. They draw on similar concepts understanding healthy psychological development as occurring through attachment (Bowlby) and connection (Stone Center). I unite with the feminists of the Stone Center calling into question the western-biased, male-oriented model of development that sees separation and autonomy as its goal. Optimal psychological development does not occur through separation and diminished attachment, but through changed connection or differentiation.[13] When Adam and Eve left Eden, their connection with God was not severed, but changed. Having developmentally grown and internalized their image of God, they no longer needed physical proximity. God continued to participate in their lives, but developmentally, their relationship with God and one another had changed (differentiation).

In this relational view of development, we all establish inner working models (Bowlby) or relational images (Stone Center) initially from our infant experiences of being in relationship with our caregivers. Whether our needs for comfort, protection, and exploration were attended to reliably determines our working models of ourselves and others. Do we see ourselves and others as acceptable, trustworthy, valued, reliable, or unacceptable, unworthy, and incompetent? Relational images are our inner patterns or models for relationship that were borne of our experience. Through these experiences, we began to know what we could expect from the world and others as well as how we would be treated by others. They are often multiple, complex, and even paradoxical.[14] We often transfer and project these working models both positively

and negatively. They are important in developing spiritual care skills because they reveal how we attach to and care for others.[15] As an educator, I am in a unique position to help a student identify her relational images through reflective interactions on pastoral conversations.

Becoming Relationally Competent

In developing inner working models, a child goes to great lengths to stay in connection with her caretaker, including making cognitive distortions and emotional sacrifices. Bowlby believed "a child's self-model is profoundly influenced by how his mother (caretaker) sees and treats him; whatever she fails to recognize in him, he is likely to fail to recognize in himself."[46] Out of our early experiences, we silence parts of ourselves, particularly the parts we deem to be unacceptable. Similarly, the Stone Center women posit that we continue to do this in our adult relationships. Key to most relational problems is the central relational paradox, which says that out of our deep longing for connection, we keep parts of ourselves and our experiences out of that connection in order to remain in relationship with those who are important to us. Ironically, these strategies for disconnection that prohibit us from full and authentic relationships are protective and evolved out of our profound desire for connection. As I have become more open to my own sadness, loneliness, fear, anxiety, and frustration, I am much more empathic with these emotions in others.

We grow and heal by connecting with one another in mutually impactful, empowering and empathic ways (for educators, connection does not mean simply being "nice" and often entails addressing conflict where there is an inherent power imbalance). Out of the experience of connection—of feeling understood, accompanied, and valued—we begin to explore, rework, and edit our old relational images. We begin to realize we can impact another person—that our feelings and experiences are acceptable and valued. Relational competence is the capacity to move or be moved by another person and to affect positive change in relationships. As we begin to experience ourselves as relationally competent and gain new insight into our ability to participate in mutual well-being, relational patterns shift.

All relationships will have a degree of connection and disconnection. However, chronic disconnection occurs when we are continually misunderstand, when our experiences are not accepted and valued, when our perceptions are thwarted—stated frankly, when we feel unheard and alone. Sin is

the separation from self, others and God. The Stone Center women would add that isolation is the greatest source of human suffering. "We believe that the most terrifying and destructive feeling that a person can experience is psychological isolation. This is not the same as being alone. It is the feeling that one is locked out of the possibility of human connection and being powerless to change a situation."[17]

Supervision as a Secure Base in a Strange World

In a separate and confirming clinical experiment, Mary Ainsworth studied the importance of affective connection in children in her strange situation studies; in so doing she contributed a central tenet of the theory—the concept of a secure base.[18] She thus provided empirical evidence for attachment theory. Connection with a caregiver provides this secure base from which to explore the world. The proximity of the attachment figure enables a child to explore with curiosity and freedom knowing she can always return to her secure base for comfort and protection. Ainsworth noted types of attachment behavior: "secure," "ambivalent," "avoidant," and "disorganized." Her strange situation studies have been replicated all over the world. While the percentages of secure and anxiety-based attachment behavior vary from country to country, all attachment behavior was demonstrated in each culture.[19] From my perspective, attachment behavior is relevant as a way of informing supervisory practice across cultural and ethnic lines.

Coming into the hospital environment has parallels to the strange situation study. A new environment, new stressors, and a new professional role in which the students may not initially have their bearings will activate anxiety-based attachment behavior. I use my understanding of this behavior not as a tool for pathologizing or diagnosing, but as a way to understand and be empathic with a student's strategies for disconnection, realizing the less than optimal circumstances that necessitated the evolution of this attachment behavior. It offers a frame of reference as I think about clinical assessment, interventions, and realistic learning goals.

Initially, I often act as a secure base for the students helping them explore their external world as experienced with patients, staff, peers, and me. Prompting discussions of what these encounters elicit in them, I encourage curiosity about their inner world. Listening to the stories they tell, attachment behavior begins to become apparent. Does the student explore freely? Does he want constant affirmation from me? Does she avoid intimacy and connec-

tion? Is he controlling or blaming? Are boundaries an issue? Is he intolerant and rigid? As this attachment behavior begins to manifest itself, I encourage students to explore and try to understand this behavior. As they begin this process, they also begin to identify how their past histories impact their present professional function.

> A student presented a patient who would not accept his offer of help. The student said, "I just can't deal with people like that!" With my encouragement and support, he identified his feelings as similar to those he felt in living with an unpredictable dismissive parent. Previously he acknowledged those experiences as "being in the past," but became able to identify them as impeding his current professional function.

By encouraging curiosity about these attachment behaviors, and the exploration of life experiences with one another, both supervisor and the peer group can provide a secure base for a student. With the student's growing confidence in his pastoral care ability, the need for actual proximity lessens.

Assessing Attachment Behavior

I begin to assess attachment behavior when reading a student's clinical material. What stories does she tell? What or who has he left out? In the interview, I explore the consistency between affect and story. Is there a balance between positive and negative?

> One student who had demonstrated signs of secure attachment behavior told of her horror when her autistic brother stripped at the grocery store while she was in high school. She also spoke about the gifts and blessings that resulted from their relationship. There was congruity between content and affect as she explored inner and outer worlds freely. While conflict produced anxiety for her, she addressed it freely in group, on clinical units, and in supervision, valuing its importance to her learning and pastoral development.

My counter-transference to this student was consistently an amazing sense of connection and "going with." I understand counter-transference to mean my entire cognitive, affective, and behavioral response to the totality of the other. Our learning alliance developed quite easily and naturally as collaboration and exploration are hallmarks of this attachment behavior.

While attachment behavior remains relatively stable through adulthood with awareness and reflection, there is potential for growth and change.[20]

> In all her clinical presentations, the student regularly avoided intimacy or vulnerability with her patients by focusing exclusively on justice issues. She tended to be very remote, self-assured, intolerant, and critical of staff

and their caregiving. An educator by profession, she struggled with be-coming a learner and developing a learning alliance with me. Her be-havior was consistent with the attachment behavior "avoidant dis-missive," which usually results from absent or abusive caregiving. Respec-ting the boundaries that she set, I would often invite her to consider the ori-gins of her passion for justice and relational style to no avail. At the unit's midpoint, this changed when she met a patient suffering from paranoid schizophrenia. The patient would scream intermittently throughout the visit and then began to disrobe. The student's normal patterns of rela-ting—of being in charge and independent—could not suffice. With my help, and supported by the group, this student began to question her rela-tional style and thereby became a learner.

With empathic attentiveness and collaboration, we sought to become the se-cure base for this student from which she could explore her relational life. While immense learning occurred for this student, she continued to be dis-missive of the importance of our relationship, denied any need for help, and when emotion was present, she attempted to avert my attention. Reflection on herself and her own story tended to be brief and dismissive. Those with more anxiety-driven and insecure attachment behavior tend to find reflection on the internal and external world of themselves and others difficult. My counter-transference to her was an important source of understanding in assessing her attachment behavior as well as remaining empathic and open to her in the midst of difficulties. Often feeling locked out, I imagined she must have also felt locked out as a child. My goal was to model for her a different type of attachment figure than appeared to be typical in her experience. I need to be a reliable attachment figure, a secure base so that, in the language of the Stone Center, we moved from disconnection to reconnection.

Education and Learning

I was educated very early in my family's vegetable garden on how to plant fruits and vegetables, distinguish the rampant weeds from tender growing plants, and harvest and prepare the bounty. I was "educated" in the ways of agriculture and learned in spite of my resistance. That resistance evaporated when I planted my first garden and gardening became a passion. I had taken ownership of my learning. This learning evolved into a means to remain connected with my family in a very positive, life-giving way. My first was colorful but haphazard. I planted whatever caught my eye at the garden store. In my second garden, in order to enhance my skills, I took a pond-building

class. I consulted with family for agricultural principles and local plant experts for indigenous plants. I watched professionals plant gardens. Learning became multidimensional as I drew on different ways of knowing: relational (learning in relation to others); cognitive (researching the habitats, characteristics, and water needs of different plants); experiential or praxis (gardening, reflecting on what worked, and then incorporating new knowledge and awareness); and affective (my sense of pleasure and curiosity fueled my quest for learning). Learning in clinical pastoral education encompasses all of these ways of knowing and learning.

The Internal Motivation for Learning

My story of learning to garden illustrates many of the key components of adult education. The themes in the teaching and learning theory set forth by Paulo Freire are consistent with my gardening story and my view of the learning afforded through clinical pastoral education. He emphasizes themes of dialogue, praxis, and the concept of "partner-teacher" that I find compatible with my own views of teaching and learning.[21] I believe that education and learning are co-creative, liberative, reciprocal, relational, in process, and begin with human experience and story. "Problems of human beings in their relations with the world" (and others) are the starting point of education and learning in Freire's "problem-posing" education. A "problem" in a Freirean sense means a learning issue emerging from a person's communal, contextual, and relational location—hence maintaining relevance for him. The problem evokes critical refection for both teacher and student. In addition, I use Malcolm Knowles' theory to complement and inform where Freire has remained silent or implicit.[22]

My motivation for learning to garden as a child was external—my mother needed my help. However, I never fully embraced my gardening education until I chose it on my own. In working with the indigent and illiterate population of Brazil, Freire found that when the people could not understand the relevance of their education, or did not decide to learn on their own initiative, they showed little motivation. While one often learns when externally motivated, internal motivation usually prompts deeper learning. When my learning to garden was relevant to my life and my goal of wanting to increase the beauty of my house, my motivation became internal and my learning increased.

In reading applications and interviewing students, I want to assess motivation. Is participation in CPE externally motivated—a denominational or seminary requirement that the student sees himself as suffering through? Or is there an internal desire to learn more about pastoral care in order to increase one's pastoral skill with people in crisis? While internal motivation has a more lasting impact for adult learners, there often can be a combination of internal and external motivating factors. For both Freire and Knowles, discovering more options is an important educational goal.

It is important that learning goals in clinical pastoral education emerge from a student's needs, desires, and relevant problems for learning, as well as his cultural context and need to know. Learning goals are similar to what Freire terms "generative words" and "generative themes" in that they arise out of the student's experience and cultural context and become the focus for and, hence, are generative of the student's learning. A generative theme is the cultural or political topic of interest to the specific person. From the generative theme emerges the generative word. Generative learning goals are helpful to me in identifying themes, relationships, learning styles, and the direction a given student wishes to pursue. When I am tempted to "take over" a student's learning, wishing him to learn what I think he needs to know, learning goals are also a reminder for me to refocus back on the student's self-stated learning needs. My initial experience of being "educated" in gardening continues to serve as a reminder of the difference between being educated and choosing to learn.

A Liberative Journey toward Awareness

My role in helping students formulate their goals for learning is to provide some structure.[23] Then I encourage them to create concrete and realistic goals that facilitate exploration of both inner and outer worlds in relation to pastoral formation, function, and authority. As learning is dynamic and in-process, when these goals are no longer relevant to the student's learning, we reassess and reformulate them. Learning goals become generative of other learning goals.[24] When CPE students are able to connect with their passions, ownership of the learning process increases. Mid-unit and final self-evaluations become means by which a student can articulate, take ownership of learning, and make an assessment of his learning. Working from this model, my evaluation of the student focuses on stated learning goals, the themes she presents in clinical presentations, and her initiative in

her learning. Attending to content and process in group and in individual supervision, I may also acknowledge relational dynamics (when appropriate), as well as recognize and affirm integration that has taken place for the student.

I design a curriculum with the ACPE objectives in mind. I also encourage a student's initiative and ownership of learning and allow room and space for learning needs and interests to emerge.

> Out of clinical material presented by students, abuse began to surface as a theme students felt inadequate to address. In the peer group, we focused on increasing awareness of the dynamics of abuse and pastoral response. Specifically, we talked about defenses and Anna Freud's identification with the aggressor. We reflected upon Judith Hermann's book Trauma and Recovery and had a didactic on counseling survivors of a traumatic event by a certified community volunteer. Out of this reading and subsequent reflection on a patient encounter, one student began to see his own history of abuse as currently impacting his professional function. Freire talks about an important dynamic in learning as "naming the world."[25] With my encouragement in individual supervision, this student was able begin the conscientization process of "naming" his history—the first step towards integration.

Conscientization, the process of developing critical consciousness (an in-depth understanding of the world), is a key concept in Freire's educational theory. For him, conscientization results in freedom from oppression and toward democracy. In CPE, while learning often does have social and political implications, the main goal is not democracy. Learning does, however, lead to freedom in the sense that learning may mean having more options.

I join Freire in understanding education as a liberative journey towards awareness. Through intersubjective dialogue, which entails a broad sense of joining with self, other, and God, we grow and learn. To be human is to dialogue. We need each other to discover and learn. Dialogue and discussion is a social process; it is "communion with others."[26] For Freire, the moment of dialogue was the moment of transformation. True dialogue entails horizontal rather than vertical relationships ("power with" rather than "power over") and requires tolerance, love, mutual trust, and respect. Learning occurs in the inter-subjective space between people.

The focus on attachment and connection in my theories of personality and theology lead to dialogue as the mutual, reciprocal, co-creative, growth producing dimension of supervision. This requires mutual empathy and

mutual empowerment. In being heard and accompanied, we change and learn. Out of this relational dialogue, liberation happens through "the action and reflection of men and women upon their world in order to transform it."[27] Freire and I part ways educationally in that his focus for education is in transforming and democratizing society. I believe liberation in a CPE sense evolves from an action-reflection approach and translates into the following: (1) an enlarged awareness and understanding of persons including oneself, (2) an increased sense of community and empowerment, (3) an increase in options for responding, and (4) a deeper understanding of content and process.

Strangeness, Anxiety, and Learning

I find many students to be unfamiliar with and often initially uncomfortable with the self-directed learning afforded in CPE. One student referenced this dynamic when she acknowledged being more comfortable with "content-driven material" always affirming to herself along with Sir Francis Bacon that "knowledge is power!" In her pastoral care, she focused on helping a patient to understand information given by the care team. Many students are more comfortable with what Freire protested against—the banking model of education, in which knowledge is deposited by the authority (the teacher) into the student.[28] The student then becomes like an ATM dispensing the deposits (knowledge), which she has gained in the student-teacher encounter. The banking model seems more comfortable (especially initially) for students who are anxious about the self-directed way of learning.

At some level, every student wants to learn. I also affirm, along with theologian Paul Tillich, that anxiety is part of every human thought, feeling, experience, and relationship.[29] Viewing change and transformation as a completely positive reality, Freire does not pay sufficient attention to anxiety intrinsic to any human experience and particularly when change heightens anxiety. Entering the strange situation of the hospital and clinical pastoral education prompts anxiety. It is especially high in the beginning of CPE when the students do not know what to expect of the situation, their peers, or supervisor. They often experience intense excitement as well as fear and questions. Will I be accepted? Can I provide adequate care to patients? What does my supervisor expect of me? As the student becomes more comfortable with the secure base provided by both supervisor and peer group, anxiety begins to subside and the student is able to explore the environment more freely. Anxiety often resurfaces as students share more deeply of themselves

and subsequently feel more vulnerable. Malcolm Knowles suggests that anxiety can be an impediment (when binded or avoided) or an asset (when approached) in the learning process.[30]

Mueller and Kell have helped me to understand how students can be anxiety approachers or avoiders.[31] From my perspective, like anxiety-based attachment behavior, whether one approaches, avoids, or binds (represses), anxiety can change with new learning experiences, a new sense of trust, and new empowering relational experiences.

> One student initially managed anxiety by coming across as self-assured, in-control, and unwilling to be deeply impacted by others. There was a problem with learning between us (I say between us because I do not view the problem as strictly hers, but as something that evolved between us).[32] Initially unable or perhaps even unaware of her anxiety, staff relationships were difficult and learning was impeded. This culminated in a charge nurse's call complaining about the student. My anxiety increased and "my agenda" went automatically to "damage control." I realized there is a direct correlation between how I approach, acknowledge, and work through my own anxiety and how I approached the student. Seeing the student the following day, I had time to reflect, attend to my own anxiety, and hence begin to see this as a learning opportunity for both of us. She anticipated from me a projection of her own self-judgment and shame. When I responded to her in an accepting manner, she could begin to explore the meaning of the experience and identify some of her own behaviors as anxiety-based. As her anxiety decreased, relationships on her clinical units improved. We discovered in the process of action-reflection, that a "problem" was not necessarily a problem as learning transpired for both of us.

I believe that there is enough anxiety already intrinsic to the CPE experience and that I do not need to create more in individual supervision or group. Just as our personality develops out of mutually empowering, mutually empathic and reciprocal relationships, learning also evolves out of the same kind of connections. Learning was a mutual endeavor in that I learned from her as she learned from me.

Learning as a Relational Activity

I participate in another's education in the way I learn best—in dialogue. My most productive learning experiences have not been when aggressively challenged (although I do not avoid confrontation and believe there are circumstances that call for challenge), but instead when I have been accompanied on a learning journey, when I have been encouraged, and when I have been allowed to see and imagine possibilities through the eyes of another.[33] Learn-

ing is about expanding vision. The vision of teacher as a "partner" (Freire) or "facilitator" (Knowles) is consistent with my own view. While Freire would argue that there should be no distinction between the teacher and student, I understand that while the relationship is reciprocal and mutual, it is not balanced. I fully respect my own authority, realizing I am responsible for establishing parameters, for educating on hospital policy and procedures, writing evaluations, and always maintaining focus on a student's learning.

Alongside the partner-teacher model of education, I embrace the midwife model as espoused by Mary Belenky. I firmly believe that students come to CPE with a set of experiences, beliefs, ideas, and knowledge. My objective is to help her articulate (give birth to) her own ideas and pastoral expression, "contributing when needed," and remaining clear that "the baby is not mine," but belongs to the student. Helping a student articulate her own authentic voice and pastoral expression is the co-creative task of education and pastoral supervision. I also seek to understand how each individual student's culture impacts her process of learning.

For my understanding of learning in the group process, I am indebted to Irvin Yalom and Joan Hemenway in dialogue with Freire.[34] While much of our understanding of groups comes from psychotherapeutic literature, it is important to note that CPE is a learning endeavor, not a therapeutic one. Certainly students may derive therapeutic benefit but by definition, the focus is on education. In individual supervision as well as in group supervision, there is always at least a triad (the student, patient, and supervisor) involved in discussion and often there are more. From my perspective, anything related to the total educational experience of the group is appropriate for consideration and exploration.

I believe that learning is a relational activity and is heightened by the group experience. We learn to dialogue in relationship, not in isolation. The CPE community offers to a student other diverse perspectives, life-circumstances, ethnicities, religious traditions, gender attitudes, and learning styles from which they might learn. Initially, I have the students write a core narrative. The student tells a story from childhood that has meaning for who he is and who he is becoming. This approach helps to limit the student's vulnerability in telling very personal stories up front. Personal sharing unfolds at the student's pace. I have found the themes presented in the core narrative will emerge and reemerge throughout the unit.

> One student demanded her parents "choose between the Menorah and Christmas tree." Her "role" in the group was the "leader" and "organizer." Through interactions with the group, she had a growing awareness of the positive and negative impact of her behavior. The group had become a microcosm of how people operate in the world.

Persons often assume with peers the roles they assume in families including: rescuer, victim, teacher, caretaker, mother, father, and so forth. Wondering about these dynamics with a student gives her an opportunity to observe through the eyes of another. Dialogue and action-reflection are, thus, essential components of group dynamics.

Early on, I model for the students ways of engaging these stories and life perspectives, as well as one another. I give affirmation and feedback, receive feedback, offer observations, and express challenges. I attend to the congruities, incongruities, and evolving dynamics. As the group begins to show more ownership of the process, my active participation changes and lessens. Establishing group boundaries such as encouraging a student to take ownership of his own feeling ("I" statements versus "you" statements), prohibiting abuse, and articulating hospital and group norms provide needed structure for the group to learn.

The group becomes a place where the dynamic life of the participants (interpersonal and intrapersonal) is reflected upon in the here-and-now process.[35] The "here-and-now" refers to what happens in the in-between—the space between you and me—in this hour. I attend to both content (what is actually said) and process (affect, the nonverbal communication, the flow and progression of the conversation, and so forth). The group also begins to form its own identity as a group—Joan Hemenway terms this the "group-as-a-whole." I attend to and encourage the group to articulate its own norms and identity. I find Hemenway's description of the movement of the group (orientation, dominance and control, cohesiveness and productivity, and consolidation and separation) enlightening in attending to the "stages" of the group's life.[36] Initially, the group orients itself to each other and the group-as-a-whole. The second stage can include scapegoating and authority issues; the third is marked by uncertainty and a movement to deeper sharing. In the final stage of consolidation and separation, reflection translates to new action as the members attempt to make sense of their experience.

I believe teaching and learning are dynamic and in-process. Learning grows, unfolds, and blossoms. Along with Freire, I affirm that human beings

are in the process of being and becoming. Learning occurs through creation and re-creation, through continuing inquiry, through action and reflection, and inter-subjective dialogue. As was true for me in learning to garden, I utilize multiple ways of knowing—cognitive, relational, experiential, and affective.

NOTES

1. Andrew Greeley, *The Religious Imagination* (New York: Sadlier, 1982), 18.

2. Rosemary Radford Ruether, "Feminist Interpretation: A Method of Correlation," in Letty M. Russell, *The Feminist Interpretation of the Bible* (Philadelphia, Penn.: Westminster Press, 1985), 111–124. See also, Letty M. Russell, *Growth in Partnership* (Louisville, Ky.: Westminister/John Knox Press, 1981). Many feminist theologians and pastoral educators (Ruether, Russell, and Glaz) see women's experience of embodiment as central in formulating theology.

3. Paul Tillich, *Systematic Theology*, vol 1. (Chicago: University of Chicago Press, 1973). Tillich's theology of correlation begins with the questions intrinsic to human experience. Additionally, "If in the analysis, the theologian sees something he did not expect to see in light of his theological answer, he holds fast to what he sees and reformulates the theological answer...", 64.

4. Pamela Cooper-White, *Shared Wisdom: the Use of Self in Pastoral Counseling and Care* (Minneapolis, Minn.: Fortress Press, 2004), 128.

5. Robert Reeves, "The Use and Abuse of Religion in Sickness," (lecture at Lutheran Medical Center, Wheat Ridge, Col., 1964), 13.

6. James B. Nelson, *Body Theology* (Louisville, Ky.: Westminister/John Knox Press, 1992), 42–44.

7. Paul Tillich, *The Courage To Be* (New Haven, Conn.: Yale University Press, 1952), 121.

8. Paul Tillich, *The Shaking of the Foundations* (New York: Charles Scribner's Sons, 1948), 154–155.

9. http://www.brainyquote.com/quotes/authors/p/paul_tillich.html

10. Jean Baker Miller and Irene P. Stiver, *The Healing Connection: How Women Form Relationships in Therapy and Life* (Boston, Mass.: Beacon Press, 1997). A group of psychotherapists at Wellesley College's Stone Center held a weekly discussion group to better understand women's psychological development. Ideas were attributed to "the exchanges we have created together" so I do not reference the women individually.

11. John Bowlby, *Attachment*, vol. I, II, III (New York: Basic Books, 1973).

12. Bowlby viewed attachment as an evolutionary survival strategy more powerful than aggressive and sexual drives (Freud). He theorized that an infant would die unless there were some powerful built-in behaviors (smiling, clinging, sucking, clinging, and following) that activated maternal care.

13.   Judith V. Jordon, Alexandra G. Kaplan, Jean Baker Miller, and others, "Women's Self Development in Late Adolescence," *Women's Growth in Connection: Writings from the Stone Center* (New York: Guilford Press, 1991), 122–140.

14.   John Bowlby, *Attachment*, 203–210.

15.   Jude Cassidy and Philip Shaver, *The Handbook of Attachment: Theory, Research and Clinical Applications* (New York: Guilford Press, 1999), 94. Research suggests that working models are transmuted intergenerationally by the way we communicate.

16.   John Bowlby, *A Secure Base: Parent-Child Attachment and Healthy Human Development* (New York: Basic Books, 1988), 132.

17.   Miller and Stiver, *The Healing Connection*, 7.

18.   In these studies, the child is observed playing while caregivers and strangers enter and leave the room. The child's curiosity and response to the reunion with the caregiver were observed. If a child was easily comforted and resumed exploration upon reunion with caregiver, he was deemed secure. If the child showed no visible distress when the caregiver left and no response upon her return, she was classified as avoidant (physiological tests revealed increases in blood pressure, but affectively the child was quiet, suggesting a learned response of repressing affect). If she was difficult to comfort upon reunion, expressing anger and ambivalence, reluctant to "warm" to her caregiver, she was classified as ambivalent. The children who rocked or froze upon his caregiver's return was described as disorganized and lacking a coherent coping strategy.

19.   Jude Cassidy and Phillip Shaver, *Handbook of Attachment*, 713–734. All forms of attachment behavior were present in each culture. As an educator, being sensitive to different ethnicities' communal and contextual location is important. In white western families, attachment figures are often mother and father. In the Hispanic culture, the "family," which can include parents, siblings, cousins, neighbors and friends, can be an attachment figure.

20.   Everett Waters, Susan Merrick, Dominique Treboux, and others, "Attachment Security in Infancy and Early Adulthood: A Twenty-year Longitudinal Study,"*Child Development* 71 (2000): 684–689. In a twenty-year longitudinal study, attachment behavior remained the same 70 to 80 percent of the time. (Joanne Davila, Benjamin R. Karney, and Thomas N. Bradbury, "Attachment Change Processes in the Early Years of Marriage," *Journal of Personality and Social Psychology* 76 (1999): 783, 802.). Research also reflects that shifts in attachment behavior and working models can occur usually as a consequence of the following: (1) situational events and life circumstance, (2) changes in relational schema, (3) personality variables, and (4) combinations of personality variables and situational events.

21.   Paulo Freire, *Education for Critical Consciousness* (New York: Continuum, 1992). See also, Paulo Freire, *Pedagogy of the Oppressed*, trans. by Myra B. Ramos (New York: Continuum, 2000).

22.   Malcolm S. Knowles, Edward F. Holton III, Richard A. Swanson, and others. *The Adult Learner: Definitive Classic in Adult Education and Human Resource Development*, 6th ed., (Burlington, Mass.: Elsevier, 2005), 64–68. Knowles cites six basic assumptions in adult learning. Learning for adults is based on (1) "need to know," (2) "the learner's self-concept of being responsible for their own decisions and lives" must be accepted and honored; (3) "personal history and "experience" are significant learning resources; (4)

one needs to be "ready to learn"; (5) "orientation to learning" is "life-centered"; and (6) internal motivation (self-esteem, quality of life, desire for increased job satisfaction) to learn is more effective than external motivation (money, jobs, promotion).

23.   Mary F. Belenky Blythe M. Clinchy, Nancy R. Goldberger, and others, *Women's Ways of Knowing: The Development of Self, Voice, and Mind* (New York: Basic Books, 1997), 204. While too much structure limited a student's growth, some structure especially initially is needed for optimal learning and growth.

24.   Freire, *Pedagogy of the Oppressed*, 102: "I have termed themes 'generative' because (however they are comprehended and whatever action they evoke) they contain the possibility of unfolding into again as many themes, which in turn call for new tasks to be fulfilled." In other words, when new learning themes, words, or goals are identified out of our old ones, we continue to rework them to remain relevance in learning.

25.   Ibid., 88–89.

26.   Ibid., 91.

27.   Ibid., 79.

28.   Ibid., 71–86.

29.   Paul Tillich, *Courage To Be*, 64–82.

30.   Knowles, *Adult Learner*, 75.

31.   William J. Mueller and Bill L. Kell, *Coping with Conflict: Supervising Counselors and Psychotherapists* (Englewood Cliffs, N.J.: Prentice Hall, 1972), 202–245.

32.   R. Ekstein and R. S. Wallerstein, *The Teaching and Learning of Psychotherapy* (New York: Basic Books, 1959). I find the concept of learning problems (between the supervisee and patients) and problems about learning (between the supervisor and supervisee) helpful and relevant in the teaching and learning dynamic of pastoral supervision. Along with Frawley-O'Dea and Sarnat, I believe that the "the problem" can originate from any of the three—the supervisor, supervisee, or patient. See also, M. Frawley-O'Dea and J. Sarnat, *The Supervisory Relationship: A Contemporary Psychodynamic Approach* (New York: Guilford Press 2000).

33.   Belenky and others, *Women's Ways of Knowing*, 229. "Learning in dialogue" is consistent with the findings of Belenky about women's learning experience. She says that "educators can help women develop their authentic voices if we emphasize connection over separation, understanding and acceptance over assessment, and collaboration over debate; if they accord respect to and allow for knowledge that emerges from firsthand experience; if imposing their own expectations and arbitrary requirements, they encourage students to evolve their own patterns of work based on problems they are pursuing."

34.   Irving Yalom, *The Theory and Practice of Group Psychotherapy*, 3rd ed. (New York: Basic Books, 1985). See also Irving Yalom, *Existential Psychotherapy* (New York: Basic Books, 1980) and Irving Yalom, *The Gift of Therapy: An Open Letter to a New Generation of Therapist and Their Patients* (New York: Harper Perennial, 2002). Joan Hemenway, *Inside the Circle: A Historical and Practical Inquiry Concerning Process Groups in Clinical Pastoral Education* (Decatur, Ga.: Journal of Pastoral Care Publications, 1996).

35.   Yalom, *Theory and Practice of Group Psychotherapy*, 135–199; Freire and Ramos, Pedagogy of the Oppressed, 85.

36.   Hemenway, *Inside the Circle*, 110–111.

Theme for Volume 30 of *Reflective Practice*:
RESPONSIBILIY AND ACCOUNTABILITY IN FORMATION AND SUPERVISION

Responsibility and accountability have long been critical issues in supervision and formation in ministry and are especially important today. We are accountable both to those with whom and to whom we minister as well as the religious communities and institutions that certify our qualifications and work. We are also accountable to unseen and even unknown communities not present in a supervisory relationship. The horizons of the postmodern and postcolonial worlds have made us aware that our assumptions about the communities we serve and the regulations that have guided practices must be explored with new eyes. Supervision is a relational system that depends on mutual responsibility and accountability, including the capacity to assess the effectiveness of the supervisory process. What internalized criteria do I have against which to measure the effectiveness of what I do? How well did I meet the needs of the supervisory situation and the people affected by it? Do new assessment requirements clarify the patterns of accountability? How does authority relate to accountability and responsibility? What are the impediments to developing patterns of enduring responsibility and accountability in formation and supervision? What is the relationship between trust and accountability? These are only a few of the questions we hope will shape this issue. Send essays to Herbert Anderson, editor,at handerson@ plts.edu by December 1, 2009.