SECTION 4:
SPECIAL ESSAYS/ADDRESSES

ACPE Theory Paper of the Year

In Honor of Len Cedarleaf,
Pioneer ACPE Certified Educator
and President of ACPE, Inc.

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Trust is a cumulative experience that is central to my work and theories. Given my own predisposition toward mis/trust, I do not presume a CPE student will trust me or anyone else from the outset. I work at developing the alliance by clarifying that I am not here to change who someone fundamentally is. I am here to illuminate how the student interacts with and perceives others, shaping that interaction in a way that preserves compassion. I seek to emphasize the student's inherent value and strength in all circumstances.

We each hold immense power to hinder or assist in the revelations of self. I believe that developing as spiritual care providers involves bridling this power within us to better serve our common life. But first, we must develop trust in the process and the people using it.

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EDUCATION THEORY: WHEN WE RESIDE AT THE EDGE OF UN/LEARNING

The challenge in CPE training is to examine our individual and collective habits and assumptions in order to expand the edges of our embodied knowledge. The clinical method becomes a process for refinement as it reveals our coexisting realities. This learning process requires that we not only act but subsequently reflect with others on the chosen action to uncover an alternate, more adequate response when a similar situation reappears. This process challenges us to more consciously engage with the perspective we select. For this work, I have adapted the intentional change theory educational model of organizational theorist Richard Boyatzis. He speaks to my theory about the leadership each student must take in the learning process. What I have experienced throughout my training is that learning occurs in the intermingling of individual and shared process. With this intentional change model, the student and I can identify in the supervised sessions the development along three specific areas: the student's vision, including goals; the student's behavior, or how the student engages in relationships; and the student's resonance, or how well the student is known and understood by others.

In setting up the student's initial goals and direction for the unit, I look to the adult learner to help clarify three aspects: their ideal self, their real self, and the characteristics relating these to each other, that is, the strengths bonding these selves and the edges forming gaps between them. The ways in which our reality aligns with our ideals is the transformational work of education, and this depends heavily on our internal motivation. To make this a tangible map of guidance, I have students revise this document at mid-unit so that it now includes new behavioral and professional goals that have emerged from our collaborative work. In order to measure the students' progress I want to track these changes. Within their development are significant relationships influencing their re/creation, those assisting the student stepping along the edge of self.

The clinical method, as I use it, can become a means for cultivating empathy. The clinical process reveals how learning is body-mediated through a fusion of cognitive and emotional experience. Perceptions about the external world frequently reflect one's interior reality. I seek to examine how the student operates in a variety of cases so that in the midst of an encounter or educational activity, their behavior or belief does not inhibit or harm that

examination of the student. This includes continually examining my own operations as the leader. I consult with my own supervisory group to review my suppositions about who each student is and what he or she can do. Both my supervisory group and my embryonic daughter did me the favor of requiring me to drop below my head and into the rest of my embodied reactions to get further down the mountain of this integrative work. These resonant relationships preserved my sense of security when facing challenges.

I must show a generous hospitality to the emotions typically denied by adult students if I am going to teach them about holistic caregiving. In this way, my pedagogical focus veers away from Boyatzis. His emphasis on positive emotions as the primary motivator for learning lacks regard for sadness, anger, doubt, or any other undesirable emotion that could hold significant insights for us as holistic educators. I believe that a student's learning can become derailed by positive emotions as much as by negative ones. Additionally, ambiguity and defiance are regular visitors in the process of learning. Doubt can strengthen belief, fear can lead to mercy, and loss can lead to profound connection.

I must continuously demonstrate my investment in the mutual development of my students and myself. A teacher incarnates the teaching, which means that a proficient educator curbs her perfectionism and demonstrates whatever she requires of students. Adult students of the clinical method are more often unlearning ingrained methods and replacing a familiar narrative than they are absorbing an experience with fresh, unbiased eyes. It can be difficult for adult students to embrace their status as a beginner. For this reason, I refer to 'un/learning' to represent how I understand the educational process, just as I use 're/creation' to refer to spiritual development.

Our definitions of feelings and sensations are often inherited from our family of origin. The promise of intentional change is that these definitions are not fixed. By forming different associations with our experiences, we find the freedom to better express ourselves as we receive others more fully.

Eliza, an African-American woman in her forties transitioning from primary school teaching to full-time ministry, reminded me that I needed to constantly reassess my expectations. We had reached an impasse and were failing to communicate effectively; even our email threads about simple matters such as the schedule were troublesome. Although she could not determine all that she needed to un/learn in this course, she could still teach me, an Iranian-American woman in her thirties, how to teach her. As she aptly noted in one individual consultation, she was "straight out of the womb" with regards to her clinical work. I know

what it is like to hold someone straight out of my womb—a deep vulnerability calling me to full attention. I expressed my sadness to her over our difficulties and asked her to tell me her approach when her own students resisted her. I hoped my transparency would enhance the resonance and trust between us. She described an approach whereby she clarified her rules with them. I then asked to sit at her side and review the outcomes one by one. I needed to make it plain that I had been teaching to standards, not arbitrarily emphasizing how her demographics affected her encounters. Seeing this more objective perspective altered her response to me. She became more willing to share her intimate thoughts with me directly following that session, now that she better understood my rationale.

My demographic makeup as an educator also plays a role in the student's learning process. For this reason, having peers is essential for supplementing those areas where I as a leader am more restricted as they build resonance and learn from each other's relationship to the authority. I recognize that racial privileges and disadvantages precede any relationships formed in the classroom, and this shapes how I incorporate an intercultural approach. To assess these disparities in the classroom when communication is challenging and conflicted, I supplement my theory with considerations from educators Emmanuel Lartey and Maria Harris. My clinical methods provide various forms for the revision of students' narratives through interpersonal sessions and dialogue. I am responsible for illuminating the various ways the lives of students have converged with their peers and patients. As reinforced by the ACPE standards, I emphasize sensitivity to cultural differences in my clinical instruction to avoid universalizing an experience or evaluating others by unfair standards. As much as un/learning involves acquisition, it is also a process for claiming what has been severed by the sharper edges of truth. I agree with Lartey that isms and ideologies often initiate and aggravate the suffering of persons. For this reason, my verbatim template includes a reflection on the intersection of how we are each like all others, like some others, and like no other. From this, I can revisit how a student expresses the relationship between his or her ideal and real self.

When a student is motivated to un/learn something, my theology proposes that witness and response are essential components of this process. A successful revision of self-understanding begins with the discord between who one is and who one wants to be. Progress often depends on discovery or disruption, in the sense that either provokes awareness and a sense of urgency toward change. One of the most charged experiences in the context of education is the threat of failure. Whether that threat is perceived or real,

when the discomfort of staying the same exceeds the discomfort of change, one is most likely to follow a new rationale. Without trusted resonant relationships, however, sustaining any reformation will be difficult. Group participation can provide the needed trust if the student is ready, willing, and able to walk alongside others down the winding path toward self. My primary responsibility is to hold the environment in a way that will encourage and sustain these intentions to trust and change.

The rate at which individual members of a group are developing directly influences the group's progress and vice versa. To assess the chaos of group dynamics, along with my reference to family systems in my personality theory, I turn to educators and group psychologists Gerald Corey and Marianne Schneider Corey. As with individual learning, groups also experience shifts in purpose, behavior, and resonance, and these shifts can be identified by the various stages of a group's existence. The intentions for group life are a guide, not a guarantee, since a group may continue to withhold the trust that would allow all members to function cohesively.

Un/learning that intends change often evokes challenge and resistance from participants. The combination of viewpoints offered during the interpersonal exercises can be a very destabilizing and disorienting process for students. Resistance can steady one's glide. I may not be able to make students take what an experience offers, but I can take instruction from any resistance that emerges.

> Alice, a Caucasian woman in her fifties returning to the workforce after twenty-five years as a homemaker, voiced her concern that her feedback was not received as well as Jack's even though she concluded they had the same critique of my supervision style, without noting the stark differences in their relationships with me. Now halfway through the unit, I relied on the resonance and my trust of the group to reach beyond the more limited mistrust between Alice and me. The members took the cue from my silence to offer their interpretations of what had transpired. They wondered what had kept her observing from the sidelines instead of speaking directly about her tensions, specifically those toward me. Alice was amazed, "Yes, I have been doing that. You know all that about me already?" The joint discovery created an opening to sift through the discord between what she had intended and what she had communicated. From my group theory, I knew trust would deepen if we could lean into the resistance rather than try to circumvent it. I directed all of us to reflect on how we were relating to the challenge of group work. I asked them to share where their ideals and reality intersected and where they had fallen short. In naming these discrepancies, members were called to revive their intentions of personal change. In greeting and assimilating this challenge, the shared effort enhanced group cohesion.

Trust is a cumulative result of the lived experience. In order to promote cohesion, it is important for the leader to set clear expectations from the outset and continuously inform group members of how well they are being met. Learners must want to change and be able to conceptualize how and why they want that change. Student autonomy needs to stay within the limits of the curriculum. A student cannot be her only teacher, just as a patient cannot be his only diagnostician. In clinical education, the learning process integrates a dialogue between self, others, and an impartial yet credible method of assessment of the student's progress. Although this work is one of self-enhancement and discovery, the process holds students accountable for how they enable and empower others to come into self-possession. I define empowerment by how well one can align with the resources that enable one to better participate in the work at hand.

As I maintain the role of both student and educator, the clinical method of CPE has reinforced for me that adult students progress when they encounter sufficient challenge and support. Confidence, like fear, is contagious. A student who can engage their trust is more likely to meet a challenge directly and remain accountable to their learning process. In order to cultivate this trust with a student, I must trust myself, my community of advisors, and the divine to lead me along.

Personality Theory: The Anatomy of Trust

My perceptions about personality development are rooted in the co-created system of relationships formed in the family of origin. How we received care in our family of origin defines our care of others. The influence of our upbringing on the learning process is further substantiated by clinical education.

As much of psychosocial analysis reinforces, there is far more involved in our development and selfhood than our conscious thoughts and actions alone. The self and worldview we each claim are first shaped by the needs of our primary caregiver, which for me was my mother. Just as my mother's behaviors generated many of my behaviors, so too must I consider what I generate in others. This consideration, along with the trust I myself desire, is what I strive to offer in my supervision. Whether I exercise the role of guide, companion, or truth-teller, I seek to identify the mutual experience accord-

ing to object relations theory. For support in my efforts, I turn to psycho-analyst and feminist Jessica Benjamin, who expands object relations theory beyond its initial confines of infant development into the realm of adult formation. Humans are not born or grown independently, though as we age we hold increasing responsibility for how we behave. Together, my students and I cultivate a shared space. Within this space, we practice meeting self in the other as we learn to observe the limits and motivations of our own experience. In my practice, the usual dominance and submission experience binding a subject-object dualism is instead traded for a dialogic, emergent intersubjectivity. This is a manifestation of intercreation and mutual recognition that comes from identifying how we are similar and different in our various needs, as determined by our gender, age, culture, and other characteristics that constitute identity. As each student expresses more of his or her own person, so too do I. Our understanding of self, initially formed within the context of our family or web of caregivers, is then preserved in both our unconscious behaviors and interior life. My clinical work focuses on both reinforcing the habituated behaviors that support the spiritual care of others as well as uprooting that which inhibits caregiving.

Without a broader sense of self (how we are known by others), we are more likely to become imprisoned by an illusory, isolated, incomplete narrative. This is particularly significant for me as a person who has historically struggled with being known. My differentiation and interdependence occurred most profoundly in learning to trust my peers and educators in the environment of our certified training process. My spiral of disappointment when I did not make ACPE candidate status on the first attempt offered me a crisis for a re/creation of my sense of self. I could slink off into the shadow of my past and remain in my familiar version of the truth, or I could look beyond myself at those who stood with me now that mutuality and shared experience had strengthened my trust in the collective wisdom. A person whose value has been acknowledged by a significant external presence can then internalize the acknowledgment and maintain the necessary resilience to emerge from the pitfalls of life.

Learning (and more often unlearning), growth, and transformation are an invitation of my clinical methods, not a guarantee. In the end, my efforts can only go as far as the student is willing to take a chance on change, and they also depend on how well the whole group is able to attend to the

needs of the moment. Like each person and event in a student's process, I am only one influence in their evolution as a caregiver.

> *Jordan, a twice-divorced African American United Church of Christ pastor in his forties, encountered one of his ex-wives in the cafeteria during his clinical shift. The distant past caught up with him as he recalled with the group his regret and shame. Near the end of the unit, instead of the usual verbatim format, I assigned him a verbatim with God, adapted from a colleague's practice that has the student construct an encounter between him and God in order to share his understanding of divine care. With this intervention, I aimed to put within Jordan's reach an opportunity to reflect on his sense of self. This intervention echoes my education theory that retelling an old story in a new way can better integrate a previous experience into one's current intentions. He told us that although he had not spoken of this experience in decades, our established process for working together had grown his trust in the support of the group members and the divine to guide him through. A developing student requires an educator who provides empathy and support while facilitating the holding environment to provide a sense of safety as one explores previous conclusions. This is my strategy as an educator of the clinical process. My practice for safeguarding the space is meant to demonstrate how a spiritual care provider can assist a patient or colleague bound by a painful experience. The exercise held his grief over the death of their unborn child followed by the unraveling relationship with his wife. As he struggled to hear our voices of compassion above the judgmental voice of his own making, he concluded that his ability to forgive himself and others was first dependent upon his acceptance of forgiveness from others. From this, he acknowledged that his role as a chaplain was "not about saving souls but helping souls feel safe."*

We belong to many social systems of which we each claim a part. No individual has complete control as each influences the rest with varying strength. Systems arrange themselves to maintain an internal balance or cohesiveness, something most apparent in the midst of conflict and crisis. This reliance on shared work reinforces my group and education theory and ultimate theological goal in the supervision of students. In this educational setting, much more is in operation than the dynamic interplay between educator and student. Because the learning process includes a mixture of resonant relationships, I must supplement Benjamin's intersubjective theory with consideration of the simultaneous processes of self-differentiation and interdependence amidst group efforts. For this, I turn to family systems theory developed by family psychiatrist Murray Bowen. Like Bowen, my primary concern for myself and others is an autonomy that preserves intimacy with others. Family systems theory also helps me identify and attend

to any subsystems that can undermine the clinical process. Seven of these expressions are among the most common in the CPE setting: fusion, cut-off, triangulation, poor self-differentiation, projection, scapegoating, and sibling rivalry. Along with identifying the interactions within a group system, I am also tracking changes as the group shifts. To assess these changes in participation, I couple family systems principles with the stages of growth defined by existential psychologist, Rollo May—innocence, rebellion, decision, ordinary, and creative—keeping in mind that even as we grow we still retain who we once were. I use this combination of theorists to guide my interventions and explore the ways my students and I relate to the intersubjective space as we engage in what I believe to be a divinely inspired process for re/creation of self.

To emphasize the dimensions of our lived systems at the beginning of a unit, the students and I introduce ourselves by identifying what I refer to as our spheres of influence. We each complete four increasingly larger circles to illustrate the contexts sustaining our various lifestyles and beliefs. We consider our individual biological and personal history, close relationships, social communities, and finally the broader culture that we engage with daily. As the unit continues, we each present our genogram, a diagram outlining the history of relationships over several generations to illustrate our family system and past nodal events. I use activities like these to help orient us to the conditions that have shaped our lives as we progress in forming a shared space. Since I agree with the conclusion of object relations theory that our ability to negotiate and sustain interdependence in later life corresponds with how much connection and disruption we experienced in our early life, I use this activity to help group members uncover the presumptions affecting our interactions. Exploring how the past is within the present moment makes supervised sessions a supportive space for engaging with incomplete or unresolved narratives that may be interfering with current encounters.

Ideally, the challenge and support provided through my combined methods of assessment, interventions, goals, and strategies capitalize on both the acquired and innate qualities of the learner. The complexity of human interaction makes it difficult to assess all of the many factors at play in a person's development. Though I focus here on how external experiences and systemic attributes shape the self we know today, I am aware that innate attributes also carry across time. We are born with traits unique to our

character, as I have witnessed in raising my toddler. I teach her many things about living, but no lesson ever included her intolerance of blankets at bedtime or her readily exposing her neck for a tickle. Though I have not used this paper to focus in depth on assessing personality types, I want to emphasize the importance of having a basic understanding of inventory methods when teaching. These means of assessment can provide insights that mitigate blame for one's behavior. As I am assessing the interpersonal skills a student practices, I am continually watching for how they express and share in the emotions of others as well as their receptivity and reactivity to the examination. Scientific research alludes to the significance of emotional intelligence, which is the development of empathy or "mirror" neurons in the brain, a key component in caregiving. In this way, the golden rule of compassion rings true; what we offer others begins with what we perceive about our own selves.

The emotional and spiritual depths to which we must plunge in order to reach what lies beyond our familiar narrative require great courage and fortitude. Such initiative is born of a trust that is continually nourished. Just as my theory assumes that the relationships of yesterday form the relationships of tomorrow, I believe that a student's early experience with a caregiver can determine how deeply the student trusts the supervisory alliance. This is a particular challenge for women, as Benjamin supports with her conclusions about the role gender plays in self-differentiation and the typical ways female submission is socially reinforced. As the educator, I consider how, for women in particular, the familial role has historically bound us. A woman's sense of self is more often subdued, overcome by familial expectations. For example, I consciously delayed childrearing as long as biologically possible in order to continue my studies, but not without social challenge. I am keenly aware how claiming a differentiated self for women can also mean a deep sense of loss and a complex renegotiation of the relationships with which they have identified.

> *Nicole, a Caucasian United Church of Christ pastor in her fifties pursuing or-*
> *dination, had previously named her strong affinity with women in her family. I*
> *had to remain vigilant against her deference to my authority when the task was*
> *for her to grow her own. One particular individual supervision, she came bearing*
> *the weight of lament. She reported that she had stood in the doorway begging for*
> *direction from a patient. "Should I stay or go?" she had asked. "I was so afraid of*
> *her pain. I know I let her down." I have known that kind of fear and shame when*
> *I reach the edge of my knowing. What has brought me out of a distressed spiral is*

when my collaborators can remind me of what still exists beyond my temporarily obscured view. Regarding this emotionally heightened experience, I concluded that illuminating the feelings and letting them speak could be helpful. I returned her words to her, hoping to evoke her inner authority: "I see how reliving the visit is a lot for you right now. Shall I stay with it or go?" I used her same words to assert my intention of empowerment. She had asked the patient from her desperate desire to leave; I now asked to counter that sense of abandonment. Still, as my education theory insists, it was her prerogative as an adult learner to defy her known limits. Her eyes widened, and she said, "Stay! Stay!" I responded, "Okay. I will stay. Tell me about what is happening." I believed that she would develop her caregiving skills only by meeting the patient within her, just as we all must do in this work. I believed that if I remained at her side, it might invoke her own courage to dialogue with the pain.

My aim in clinical education and spiritual care is to reinforce how each of us is continually in formation and subject to what surrounds us. The social systems in which we exist are no less complex than the systems that we house in our bodies, nor should they be. The self is a collection of connections. We are each a composite of many internal relations and encounters. Sometimes what appear to be choices really are not choices at all but reiterations of what has already occurred. Our shared learning is in discerning where the openings are for change and then holding the door ajar for those who follow us. We need not venture on separate and alone, nor do I believe that we even could. Our basic interdependence is more than conceptual. The space between us holds the very essence of our being. I am because you are. The symbiosis of my daily relationships reminds me of this. Our need and recognition of the other and our own desire for assistance and recognition is precisely why I conclude that we can be helped the same way we can be harmed, from within the relationships that form us.

Theology: Re/Creation in Motion

As both a mother and a clergyperson, I need a God that incorporates my experience as an ever-changing woman living in perpetual nuance. I desire to know the divine as something more than a parental substitute and agent of authority. With a review of my origins comes the impulse to take greater charge of my narrative and evolution. Rather than pursue the old god in solitude, I seek divine presence through shared space, where life hap-

pens. For this reason, God has become less of an object and more of a direc-
tion and spirituality less of a product and more of a process.

Group life challenges me greatly, but I take it as necessary for spiritual
growth as I continue to evolve my interdependence. Christ challenged the
comfortable and comforted the challenged, and my students and I are no
exception. Our interdependence is a scriptural mandate, an organic reality,
and a pedagogical asset. We need the help of others to remember the whole
of who we are. When an interaction becomes less about being the same and
more about being with, the shared process of clinical education can acceler-
ate a re/creation of being. I refer to this emergence of self as a re/creation, for
it can be a restoration as well as an extension into something new. No one
can be out of our reach when we are in touch with our self and the divine
that links us to others.

Given my multicultural background, I have sought a professional set-
ting that celebrates our common humanity while still honoring our distinc-
tions. Born of a Christian mother and Muslim father, and later deeply in-
fluenced by my Buddhist stepfather and nontheistic Humanist husband, I
perpetually exist in a fusion of belief systems. I engage this blend daily in
my cohort of Jewish and Muslim colleagues. Diving deeply into one tradi-
tion without disparaging others is the foundation of a successful mutual
life. Rather than defend a definite truth, I work to identify where our vari-
ous truths intersect to better envision and participate in the here and now
together. My work with non-Christians is essential for expounding on and
refining my Christian beliefs, but it is not without struggle as I continue to
engage the edges of my presumptions.

Participating in the process work of re/creation means we first take re-
sponsibility for how we prolong our own suffering and the suffering of oth-
ers so that we might then enact a different way. It is here, with the guidance
of historian and feminist theologian Rita Nakashima Brock, that I apply a
revision to my previous instruction on human suffering and atonement in
the Christian narrative. I agree with Brock that the theology built around
the crucifixion of embracing a violent and sadistic murder designed by God
tragically upholds our suffering above our liberation; it can too easily per-
petuate the victimization of its followers. This narrative advances violence
through disempowerment and domination, which in clinical education can
lead to subjugating students or patients and the damaging effects inher-
ent therein. I seek to empower others through my methods of instruction,

though I must be attentive to how I challenge a student's foundation so their sense of security and stability are preserved in the face of their social reality.

We are deeply (neurologically) wedded to our way of doing things and our perceptions. For this reason, the call to self-review can provoke quite a defense. As a departmental policy, we restrict religious attire in order to reinforce the affability of our staff while working with a variety of patients.

> *Eliza, an African American African Methodist Episcopal seminarian in her forties, attended CPE orientation wearing two gold cross pendants and a bracelet dangling a cross charm. When I confronted her about the need to either remove or conceal her jewelry, she obliged, but not without an argument that lasted most of the unit: "In asking me to respect the needs of others, I feel like you are disrespecting my needs." I conceded her point as I affirmed that our patients' needs do take priority. To succeed in building our alliance, we needed some form of solidarity. In individual supervision consultation, I encouraged her to identify the ways she wore her cross internally, and I shared with her my own deep struggle to embody my sacramental authority during my early units of CPE. Given her desire to complete the unit, Eliza agreed to the dress code, but I made sure she did not lose her voice in doing so. By holding the boundary without dismissing her struggle or the value she placed on her personal cross, I sought to elevate her sense of power in her re/creation of self and her primary goal of service to others.*

My dynamic with Eliza unsettled me enough that I reflected with my own peer group on my sense of power and powerlessness. From my education theory, I recognize the significance of witness and response as offerings of care and essential aspects of our continued growth. I had not yet considered the extent of my power dynamic with Eliza. I had limited my focus to her resistance. I was slow to consider the disproportionate scales holding our lives, how there could also be racial tension with my authority. My personality theory asserts that educators and adult learners alike need room to consider where their beliefs originate and what their actions evoke in others.

From the multitude of instructions and parables affiliated with Christ about prioritizing the welfare of the other, I conclude that God desires a secure selfhood for each of us. In order to be "response-able," we have to first admit our familiarity with that to which we are responding. It is possible to imagine what someone is going through when you are in it with them. This is how the work of caring for others becomes an extension of our care for ourselves. We recognize in the other who we each are.

Midway through the unit, during an individual supervision consultation, Rebecca, a Caucasian Episcopal seminarian in her twenties, expressed her heart-break from caring for the family of a dying infant. The session required me to also hold space for my own endless fears as the mother of an infant. I pressed her to talk with me about her experience because of my familiarity with her tendency to deflect her fears. She grew angry with me. She told me I did not know what I was doing and that it was unethical to use the suffering of patients to educate her. After momentarily personalizing her accusations, I then became keenly aware of how overwhelmed she appeared. I paused in reviewing the encounter to talk further about the present tension. I normalized for her how intense moments can shape and provoke us. I then clarified that I was not trying to be a spectator to her pain. I wanted us both to consider how the encounter had changed the way she would now provide spiritual care and how her sense of divine presence informed that care. When she could not answer, I wondered aloud if it was related to the high standards she held for herself, making it difficult for her to see her progress and accept the support I and the learning process offered her. She agreed. We decided this hurdle might best be overcome by reviewing the matter in the group setting. This way, we could use the combined responses to help her re/create more realistic ideals for herself as she continued in her caregiving.

There is no way to make a terrible event less terrible, no matter how extensive one's experience or skill is. Spirituality incorporates how we make meaning from our experience of love and loss. That meaning—and the sense of the divine we associate with that meaning—is dependent on what we value, as defined by our specific historical and cultural contexts. I have come to define a relationship with the divine as something that continually reaches for us and then waits with the patience of eternity for our response. I view this co-creative effort of relating as a practice of call, witness, and response, similar to the clinical method of action and reflection followed by a more informed action. The reciprocal experience of any emotion can dissolve the illusion that we are alone in our lives together. As much as we are involved in a celebration of living, the work of spiritual care demands professional mourning, for self and for others, because there is much to grieve in living.

My tradition, like many, demonstrates a low tolerance for grief. When we overemphasize being an Easter people in the face of death and despair, we skip past the present anguish and grasp only for the presumed glory of the future. The gospel teachings and stories continue to resonate with my need for hopefulness and reassurance in a cruel and destructive world, but these teachings deserve close examination if they are going to traverse the extent of life. Observing how my religion developed over time and how humans established a culture of belief helps me see more clearly the com-

mon strivings of humanity. I have more to gain than lose in questioning Christian motives and defense. I find that definitive claims about the divine nature too often defend against the unsettling position of uncertainty rather than promote empathy. The early theologians focused on maintaining boundaries to distinguish among people. I live in a blended world, and too much of my tradition disregards the relationships and governance that created the scriptural texts. Even though significant passages emphasize the value of diversity, it is diversity among Christ-bearers. Christ as one prototype of spiritual formation may be the locus for my perceptions about the divine relationship, but he is not the model for everyone. To better situate myself in providing holistic care, I find it necessary to supplement my traditional patristic theological training with more progressive contemporary perspectives that take into account the advantages of our multiplicity.

I believe that the inhabitants of this world are fundamentally good and blessed. I believe this not just because I have been instructed to by my faith tradition but because if the divine can dwell within us at any moment, as my process theology insists, then there must be enough good within us at all times to host that divine life. Each person, as an evolving and singular manifestation of the divine essence that permeates, sanctifies, and validates all life, has the right to receive support for their development. I believe that a shared effort, that space between us, can illuminate our goodness as the source of our salvation. Despite the divine promise of restitution and all the resources that may be at one's fingertips, sometimes one can get badly stuck, discouraged, or immobilized. I believe that when the desire to be seen and known is refused or exploited, one is more likely to cause harm due to having been harmed. Suffering is not only happenstance, it is also cyclical. Evil can take many forms, but it is primarily whatever increases helplessness, unmanageable pain, and separation from a loving relationship. I agree with Brock that sin is whatever action perpetuates separation, a forgetting of (but not forgotten) goodness that results in suffering. Even when we inhabit a worst self, when forgiveness seems too great a task, I still believe in the restorative power of compassion. This relieves any sense of permanent ruin, and this relief I call grace. Grace is a powerful transformative agent that remains as close as the next breath and aids our entry into each other's story.

> As *Damien, a Caucasian man in his twenties aspiring to the Catholic priesthood, gave a verbatim presentation to the group near the end of the unit, I noticed his reluctance in the encounter. I reflected my wondering to him: "You were creating a lot of dead ends with your responses. Were you trying to get away from this*

patient?" He considered the ways his shame had inhibited his spiritual care. He seemed quite disconnected from his emotional intelligence, a form of intelligence that I believe is pivotal for the educational process. Aware of his trust in the group members to witness and respond to his troubles, I considered a parallel for our entry: "This patient is dying. Can you talk about the ways in which your spirit is dying right now?" He considered how he had reached a dead end in his vocational efforts towards priesthood. His sadness spilled over. He toured this vulnerable place with us because he knew of our care for his formation as a spiritual care provider, as well as our recognition of his inherent goodness in the midst of his pain and confusion.

The goal of spiritual care is to help people remember who they fundamentally are. I believe healing is another way to say, "I have come home to myself." From my education theory, I see how, in being known, one meets one's greatest resistance or flourishing because there is great vulnerability and risk involved. The intimacy of being seen and of seeing another's complexity means our defenses are down as we plunge more deeply into our interdependence. Every challenge is a reminder that we remain vulnerable to meeting our edge and not making it through. In every moment, we have the ability to help or hurt. Our fundamental goodness does not prevent us from the ability to cause pain; that goodness is more of a means through the hurt than a barrier against causing harm. I believe that every living person needs healing in some form and that every person seeks an end to their suffering in their own way. When I know the suffering of another as my own, that is, when I am in touch with how I suffer, I am less likely to prolong suffering. Another way of expressing the golden rule of compassion is to say that I will not give to someone what I would not take for myself. This can motivate the learning process.

My God of process sifts the dirt with us as we prepare for each season, partaking in but not necessarily overtaking our work. This would be my ideal for a relationship with God, as a person who has sought an effective blend of collaboration and autonomy since childhood. Belief is a reflection of the believer. In all encounters, we see only in part what is there through the lens of our autobiography and our receptivity to the reality of others. Does that mean God is merely a projection framed by the individual's needs? Here, I rely on the established practice of the Episcopal faith, which places equal authority on scripture, tradition, and our individual reason. I conclude that God is a summation of many perceptions and still something more. Despite every destructive force, we persist, and not just out of

ignorance. The endurance of the human quest for something that binds us together in care encourages me to hold faith when I doubt. What arises between us and within us that evokes our compassionate response is my recognition of the divine in our midst. Clinical education is one method in the re/creative work of witness and response. As we, along with our students, remain accountable to honest reflection and the challenges of the process, we will not only inform, we will transform.