Beyond Virtue:
The Growth of Spiritual Skills during Initial Clinical Pastoral Education

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Introduction

Virtue is as important in chaplaincy practice as it is in the areas of medical ethics, politics, education, and health care. A virtue perspective, mostly ignored for decades in a society determined to create a value-free educational system, is recently re-emerging as central to developing leaders who are persistently focused on what is best for the general public. How growth in virtue can be recognized, however, remains a complex issue.

The practical or pragmatic notion of *spiritual skills*, proficiencies human beings develop in order to enhance their own human spirits and the spirits of those around them, offers a perspective that is more discernable than virtue. Because the development of spiritual skills during an initial experience of clinical pastoral education is partially observable, it may serve as a laboratory in which to study the practical manifestations of virtue. Such a study is the aim of this pilot project.

Student reports on how their first unit of clinical pastoral education affected them and their ministry tend to be stark and profound, whether positive or negative. In research dating back to 1961, there have been persistent

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attempts to measure and publish students' reports of their CPE experience.[1] These studies have used both established psychological instruments[2] and some created by the researchers themselves.[3] Well known measurement tools, such as the Minnesota Multi-Phasic Personality Inventory (MMPI), the Personality Orientation Inventory (POI), Adjective Check List (ACL), and the Experience Scale, have shown mixed results in bringing insight into student pathology[4] and changes that take place in the person of CPE participants.[5] Studying both cognitive[6] and affective[7] elements of change has documented, however, how transformational CPE can be in both its single-unit intern and multi-unit residency forms. More recent studies have focused on the effects of CPE on pastoral functioning using instruments designed for that purpose.[8]

This study adds to the body of inquiry by introducing descriptive language for the affect of CPE students using a broad and pragmatic definition of spirituality. The study focuses on students' own reports of their growth, or lack of it, using a language of proficiencies that was not validated by peers and supervisors. Only self-assessment was used in this pilot study.

The phenomenological character of classical CPE, relying heavily on specific goal setting and accurate description in the present moment, lends itself to a pragmatic perspective on student perceptions of their own CPE experience. What do students themselves see as their greatest benefits and detriments from initial CPE based on how it has changed them behaviorally and spiritually?

This pilot study used a survey instrument of 103 spiritual skills for pre and post self-assessment by 48 students during the first and last weeks of twelve initial units of CPE programs being conducted in three ACPE regions in the summer of 2011. No effort was made to analyze the data relative to differences in gender, ethnicity, age, or religious affiliation. The intention of this pilot study was to begin narrowing the focus of spiritual skills to those that could be most relevant to CPE students in determining their learning goals in their subsequent educational endeavors.

Theory

Four assumptions undergird and circumscribe this study. The first describes a pragmatic view of spirituality; the second regards the established culture of classic CPE; the third and fourth pertain to the methodology of data analysis.

Assumption 1: Pragmatic Spirituality

All humans fashion in childhood a unique spirituality to cope with pain and enjoy the awe of living, experiences that are essentially uncontrollable. Some of the major building blocks of that individual spirituality are encounters with the beauty and peril of nature; primary family relationships beginning from a place of childhood vulnerability; representations of "the truth" by family and public (including church) authorities; conflict and sentiment in sibling and friend relationships; and our own decisions as we increasingly become capable of thinking for ourselves. All during the rest of our lives we continue to augment the proficiency of this initial array of core beliefs and actual behaviors that support each individual human spirit.

As the word *pragmatic* is used in this study to modify spirituality, it emphasizes a level of practicality that considers nothing important except function—does it work or not? Hospital culture aims to heal and rejects any other criteria for success, even dying well. Thus we have hospice. Pragmatic spirituality refers to a way of looking at the uncontrollable that sifts out anything that is mere speculation, intellectualization, or theory. All spirituality was once totally pragmatic before theology.

From this perspective, religion is a human activity intended to assist people to fashion and continually enhance their spirituality. Particular spiritual geniuses—some we know as Moses, Jesus, Gautama Buddha, and Mohammed—have devised and collected systems of beliefs, concepts, artifacts, and practices that have continued for centuries because they have been effective in helping people spiritually. The spiritual skills used in this study have their roots in virtues and practices that evolved in these communities of practice. I have drawn from psychology and self-help writers as well to create this collection of spiritual skills.

There are hundreds of spiritual skills, from asserting and apologizing to surrendering and various forms of prayer. For this study, I assume that the 103 items in the survey describe with reasonable accuracy the primary spiritual skills that are needed for the practice of spiritual care. The Spiritual Skills Self-Assessment Inventory shows the skills that formed the basis of this study. The connection between many of these skills and religious virtues will become apparent in later discussion. (See the Spiritual Skills Self-Assessment Inventory at the end of this article.)

This non-conventional understanding of spiritual skills arose in part from the observation in addiction treatment programs that people being discharged were experienced by observers in sharp contrast to way they were

perceived when they were admitted. The differences can be seen in the incorporation of several observable behavioral skills that had been internalized, often indirectly, through counseling, conceptual learning, and group encounter. In order to optimize their chances of maintaining sobriety, they now tend to exhibit a variety of such increased personal, interpersonal, and communal abilities as *telling the truth* starkly, *waiting* with increased calm, *openness* beyond their previous guardedness, courageous *self disclosure*, *tuning in* to what they feel, careful *personal listening*, *processing* events rather than impulsively reacting, and *asking for help* when they need it without manipulating when they actually don't need help. These new abilities are called spiritual because they enable people to meet everyday living in ways that rein in their penchant for control in favor of combining efforts with others to maintain their sobriety. While this pilot study used first person self-observation measurement in an educational setting rather than observable change in a therapeutic context, the behavioral capacities are useful when applied to the communal and interpersonally rich culture of CPE.

Spirituality is an evolving human phenomenon. A glimpse into one morning in the life of a *homo sapiens* male 200,000 to 50,000 years ago illustrates a point in the early origins of human spirituality. The imaginary human male stands alone in front of his cave in early dawn, pondering—within the limits of his emerging cognition—the magnificent valley before him. He begins to see slivers of meaning out of last night's horrible inter-tribal conflict that killed and maimed clan members. These vague and unnamable inner sentiments are juxtaposed against the incredible beauty he surveys this morning—the sunrise, the forest, the river, the moon, and the sweet calmness of trees shrouded in fog. He is fashioning his spirituality, vaguely yearning for purpose and meaning to fill the unutterable sadness inside him and the inspiring magnificence before him. At the same time, he is aware that he can influence very little of his experience and actually control none of it.

That picture parallels the inner experience of people today who are facing such personal challenges as emergency room crisis, intensive care admission, mental health disability, and oncology treatment. The illusion of control with which we commonly live slips away during major crisis. Then it becomes more obvious that we actually control almost nothing in our days, but rather function in a milieu of coping that sustains us and provides some measure of resilience against an unfathomable world. An individual's *pragmatic spirituality* can be defined as *what she does, thinks, believes, and val-*

ues in order to cope with and enjoy what cannot be controlled. What we cannot control includes our relationships with ourselves, our alliances with others, our experience of awe in transcendence, and communities of importance to us. We may refer to these as interpersonal, personal, transcendent, and communal spiritualities.

Pragmatic spirituality is a perspective that pervades health care teams. When a nurse requests a chaplain to visit a patient in the intensive care unit of a hospital because he is "a little down today" she is using a pragmatic or functional understanding of spirituality. She believes on some level that whatever will lift the human spirit will help patients better face their medical predicament and, perhaps, heal more quickly. When the interdisciplinary team looks to the chaplain at rounds that day with the questions, "How is the family doing?" they tend to think in the same pragmatic vein as they await input from this spiritual care expert, thinking little along the lines of dogma or traditional religious practices.

The unique array of spiritual skills brought to CPE by any given student is invariably challenged by clinical ministry engagement. As they first face the onslaught of personal crises presented by people receiving treatment in virtually any health care facility, their established spiritual skills become tested. They are challenged to expand and deepen their spiritual skills. Engaging a small group of CPE peers further confronts them with the questionable adequacy of their abilities to significantly engage the uncontrollable mass of pained humanity all around them. A conceptual framework of spiritual skills can provide a basis from which they fashion goals to learn in that pervasively intense milieu.

Assumption 2: CPE Culture

The traditional culture of clinical pastoral education operates with a *pragmatic spirituality* assumption. Whatever diverse theological bases ground individual members of a peer group in their lives and practices, the process of group exploration proceeds with the primary questions "What does this patient or family need and who is best able to provide it?" and "How can we assist this person's human spirit rather than debate theologically what is ultimately true?"

For this study it was assumed that each of the 12 programs involved in the study includes in its methodology the classic elements of CPE: a) direct patient ministry; b) careful and optimally objective group examination of ministry conversations; c) a small-group context that reflects on its own

internal relational dynamics to foster openness of feedback; d) an individual supervisory process; e) cogent didactic presentations appropriate to the mission of the program; and f) a peer evaluation process.

Assumptions 3 and 4: Perpetually Changing Self-Awareness

Two separate ways of processing this study's data result from two further assumptions. The *third assumption* is that there is value to changes in a student's self impressions before and after a CPE program when simply taken at face value. Some students do regress in reaction to CPE and forever resist further clinically-based education. When they rate themselves low on a specific skill, it may mean they believe they do not carry that proficiency very solidly, or may even be acting out resentment at the program, supervisor, or one or more of their CPE peers. However, reporting on differences in how each respondent rated each item before and after the experience, whether positive or negative, gives some indication of their growth or lack of it on that skill during the program.

The *fourth assumption,* however, allows for the fact that growing self awareness itself can make a negative-change score mask positive change resulting from seeing oneself more clearly after incorporated feedback. In other words, a beginning student may initially rate herself high on, for example, confronting, listening, and conveying empathy. She may soon discover during the program that those skills are far more difficult to practice than she had imagined and by the end of the program she can rate herself more realistically low. She indeed did not regress, but rather increased her capacity to appraise herself. She may actually be able to confront, listen, and convey empathy far better than she could at the start, but still rates herself lower than she did in her initial naïveté about herself.

From this perspective, change itself is valued in the pre- and post-program ratings, whether positive or negative. Assuming that change in either direction is significant, the second method of data analysis considers all change equally. Consequently two perspectives were used in analyzing the data in this study. One simply presents the difference between a student's initial self-impressions and his final self-appraisal, positive or negative. The other adds both positive and negative scores as indicators of change itself. It is important to remember that these respondents had not seen their pre-scores before appraising themselves post-program. They were giving their current self-impressions at the conclusion of the program, presumably with little memory of how they had scored themselves initially on any given skill.

The Sample:

Of the 48 respondents, 27 were women and 21 men and their average age was 41.3. There were 9 Roman Catholics, 9 Episcopalians, 8 Presbyterians, 6 Lutherans, 3 Baptists, 2 Unitarian Universalists, and one each of 9 other Christian denominations. One was Jewish and one declined to name a religious affiliation. Thirty-five listed themselves as Caucasian, 5 Asian, 3 African American, 3 Hispanic, 1 African, and one declined to name an ethnic group. All were first unit CPE students. Since neither patients, family members, nor employees were subjects for this pilot study, no review board permissions were sought.

Results and Discussion: Interpersonal Spiritual Skills

Table 1 shows respondents' top self-assessed changes in interpersonal skills, pre and post completion of initial CPE. For example, of the 48 respondents, 30 or 63% saw themselves more positively regarding eye contact and 8 reported being less savvy in making eye contact decisions than they remember themselves being at the beginning of the program, for a total change score of 38. This skill was seen as having changed the most of any interpersonal skill by both methods of analysis.

Interpersonal Skill	+	% +	-	+ & -	% Ch
Eye Contact	30	63	8	38	79
Requesting	24	50	12	36	75
Partner Dancing	24	50	9	33	69
Observing	23	48	8	31	65
Affirming Others	23	48	5	28	58
Sharing Power	22	46	6	28	58
Waiting	22	46	14	36	75
Inviting	22	46	9	31	65
Conveying Empathy	21	44	8	29	60
Confronting	21	44	15	36	75
Forgiving Others	21	44	15	36	75
Asking for Help	21	44	13	34	71
Flirting	21	44	11	32	67
Listening	20	42	7	27	56
Table 1. Top self-assessed changes					

The study confirms that some of the traditional growth in interpersonal competence commonly seen as being fostered by CPE (including for example *eye contact, observing, confronting, conveying empathy,* and *listening*) were indeed seen by students as positively changed in themselves during the program.

The relatively high self-evaluations regarding two growing skills for romance—*flirting* and *partner dancing*—were surprising. Perhaps the professional intimacy that develops in most CPE programs may be alerting students to the ubiquitous sexuality that underlies most interpersonal interactions. Rising self-esteem may also be encouraging some students to be more bold with their romantic lives. The fact that these skills were rated so high tends to confirm what neuroscientists have learned and are teaching about the influence of hormones on the everyday spirits of individuals.[9] Students don't leave their endocrinology behind when they enter clinical education.

Also significant is that participants reported their growth in the skill of *waiting*, an essential ingredient in personal listening (as distinct from diagnostic listening) that may be preferably called "lingering." The need to wait in crucial situations pervades hospitals and other facilities of care, since the pace of systems rarely is fast enough for our needs during crisis. Learning to linger and hold space for others who need to wait painfully is a basic and essential skill of the clinical spiritual caregiver, the practical face of the virtue of patience. Physicians, registered nurses, and health care managers studied with the same instrument all score in the lower ranges regarding their own ability to wait.[10]

The skills of *affirming others, forgiving others, asking for help*, and *asking for what you want* grew in students' self assessments, likely through the stark engagement with group peer supervision, confirming the notion of interpersonal learning as described by Irvin Yallom.[11]

PERSONAL SPIRITUALITY

Knowing oneself better, or "self-awareness" has not only been a long-standing objective in clinical pastoral education, but is one of the most commonly named personal changes appreciated by participants after a CPE program. Table 2 shows the personal spiritual skills respondents reported as most changed. This small study confirms the growth areas—*disclosing self, saying goodbye, tuning in to one's present emotions,* and *asserting self*—that are often referred to appreciatively by students long after a CPE program has ended.

Personal Skill	+	% +	-	+ & -	% Ch
Resting	25	52	12	37	77
Forgiving Self	25	52	11	36	75
Crying	25	52	8	33	69
Affirming Self	24	50	10	34	71
Disclosing Self	23	48	10	33	69
Appraising Self	23	48	8	31	65
Saying Goodbye	23	48	7	30	63
Sharing Feelings	22	46	8	30	63
Confessing	22	46	13	35	73
Tuning In	21	44	8	29	60
Asserting Self	21	44	18	39	81
Thinking	21	44	10	31	65
Imagining	21	44	9	30	63
Table 2. Personal spiritual skills most changed					

At least half of these respondents reported more positive impressions of their self-care, in terms of better cognizance of their need to *rest*, ability to *forgive* and *affirm* themselves, and touching their own souls in *crying*, at program's end.

Positive impressions of their level of the skill of *confessing*, along with *self forgiveness* (and *praying for forgiveness* under transcendence spirituality), give indication that guilt may be residing as a vague spiritual need of budding ministry students. In a related study of professional chaplains,[12] forgiving self and forgiving others stood out in widespread acknowledgement of a personal weakness of which many chaplains are quietly aware. A perennial care issue of intern students is that they quickly move ahead of patients who reveal regrets, tending to proclaim forgiveness by God rather than first facilitating a more thorough sharing of the guilt specifics, i.e., *confession.* As students experience the freedom, and even euphoria, that naturally follows experiences of verbally processing perceived failures and past regrets, perhaps they gain new skills in facilitating others' guilt healing as well.

A great percentage of respondents, over 80%, named *asserting self* as a skill that changed during CPE, not all of them positively. Did these students become aware of their need to assert themselves more boldly, with some of

them actually improving on that skill? Or was it a consequence of learning new values in a new culture?

Transcendental spirituality—relating in fairly direct ways to the transcendence that is obvious in many crisis situations upon reflection—is seen as being enhanced, albeit mostly unintentionally, by the first clinical ministry educational experience. What is clearly beyond us all becomes more vivid in situations of significant personal and physical pain in which no human has power to rectify the condition. Some helpers can assist the situation perhaps, ameliorate it, and assuage it, but generally cannot eradicate it. The radical nature of the first genuine help-giving practice in a clinical setting challenges established ways of dealing with transcendence.

Transcendence Skill	+	% +	-	+ & -	% Ch
Petition Praying	26	54	9	35	73
Simply Seeing	25	52	8	33	69
Grateful Praying	24	50	6	32	67
Pious Practice	23	48	11	34	71
Solemnizing	23	48	10	33	69
Forgiveness Praying	21	44	11	32	67
Accepting	21	44	9	30	63
Seeking	20	42	12	32	67
Meditating	20	42	10	30	63
Surrendering	19	40	17	36	75
Proclaiming	19	40	14	33	69
Table 3. Self-assessment of deepening spirituality					

These results demonstrate the grappling of students with the reality of timely *surrender* as a spiritual skill. More students assess themselves as changing regarding how and when they surrender (75%) than any other transcendence skill in the study. The act of submission to something greater than being human emerges as necessary after reflecting with a patient facing a dreaded and inevitable unwanted outcome. The decision to enter a hospice facility, for example, calls on one to surrender rather than resent, resist, rebel, and/or regress. Coming close to people in the need of radical surrender has a powerful influence on the spirits of beginning students, as

almost as many of them rate themselves with negative change at the end of the program as those who rate themselves as having seen themselves grow in the capacity to surrender.

Respondents also report very significant changes in their prayer lives. Four of the six top-rated transcendental skills refer to types of directly relating personally to a positive impression of transcendence—*petition praying, grateful prayer, pious practice,* and *praying for forgiveness.* Starkly and directly meeting dire situations that cannot be controlled, and being placed in a position of needing to assist people in those situations, powerfully motivates change in the ways participants engage awe, the very essence of spirituality itself.

Participants also report *simply seeing* more after first CPE. Functioning in a group atmosphere in which the way others see specifics of relationships cannot help but improve earnest group members' capacity to notice what is going on relationally around them. This research confirms that as a key experience of CPE interns. The number of respondents who saw themselves as having greater capacity to raise the recognition of the seriousness of an issue or situation in solemnization gives indication of a deepening of students' spiritual perspective as a ground for ministry.

Communal Spirituality

The importance of communal spirituality skills emerges as highly significant considering that health care is increasingly provided by teams. Individual practitioners who master specific skills for effectively working together in small groups are more likely to make greater future contributions to health care facilities, as well as ministry teams, professional associations, parishes, and the communities in which they live. In addition, the dynamics of authentic feedback garnered from supervised small groups with an articulated purpose of interpersonal growth and awareness still stand as the best practical educational experience for enhancing the ministry of caring, self-reflective professionals. The communal spirituality benefits of such groups, as reported by participants in this study, suggest some skills that can help students be more prescriptive about their continuing education in ministry.

Communal Skill	+	% +	-	+ & -	% Ch
Inspiring	24	50	13	37	77
Writing	24	50	3	27	56
Blessing	23	48	9	32	67
Protesting	23	48	8	31	65
Instructing	23	48	7	30	63
Minimizing Waste	22	46	13	35	73
Moderating	21	44	5	26	54
Organizing	20	42	15	35	73
Following	20	42	14	34	71
Leading	19	40	7	26	54
Conceptualizing	19	40	12	31	65
Nesting	19	40	10	29	60
Celebrating	19	40	12	31	65
Table 4. Self-assessment of communal skills					

The skill of inspiring others topped the list of enhances communal spirituality skills by both methods of analysis. Fifty percent (24) assessed themselves as better at inspiring others while an additional 13 seem to have realized that they are not as inspiring as they thought. Half also saw themselves as writing better after CPE while only three, the lowest of any category in the study, saw their writing as having deteriorated. The different type of writing, for interdisciplinary charting and peer evaluation, is confirmed as having been experienced with appreciation by many respondents.

CPE apparently helps students activate their agency. Caring sentiment and disapproval lie quietly within, as virtues of charity and understanding on one side and tolerance and "long suffering" on the other. Respondents here noted growth in *blessing* and *protesting* or getting beyond inner processes to actual skills of interpersonally addressing what one likes and doesn't like, respectively. A good number of students improved their self-assessed ability to influence group direction rather than passively follow or inwardly critique it.

Almost three quarters of these respondents saw their ways of *organizing* their day changed through CPE, 42% positively and an additional 35% negatively. Arranging your day around the care of patients and collaboration with peers differs significantly from academic and employment self-sched-

uling. Similarly, greater recognition of the societal need to *attend to waste* seems to have taken place through the CPE process, perhaps through the greater self-awareness fostered by group encounter. The communal roles of *leading* and *following*, perhaps of equal value in situations requiring decisive action, both show change in many of these respondents self assessments.

Level of Certification of the Participating Supervisors

Eight of the supervisors of these 12 programs had been fully certified by the ACPE, while four were Supervisory Candidates, the initial level of authorization to supervise by that association. A reasonable hypothesis would predict that the supervisors' scores would be generally higher on positive changes and lower on negative changes due to greater experience in their practice. Indeed that proved to be reflected in these results. Table 5 shows the changes reported by students for each of the domains: interpersonal (IP), personal (P), transcendent (Tr), and communal (COM). In each domain respondents reported more positive changes and fewer negative changes per student when their supervisor had been fully certified.

Practitioners	n	IP +/s	IP -/s	P +/s	P -/s	Tr +/s	Tr -/s	Com +/s	Com -/s	+ t/s	- t/s
Certified Supervisors (8)	30	11.6	5.8	10.8	5.9	10.2	4.8	10.8	5.9	43.4	22.5
Supervisory Candidates (4)	18	10.4	7.1	10.7	6.3	7.2	6.1	9.4	7.3	37.8	26.8
Key: n/s changes per student, positive (+) and negative (-); IP = Interpersonal Realm; P = Personal Realm; Tr = Transcendence Realm; Com = Communal Realm											
Table 5. Changes by domain											

Conclusions and Future Directions:

This pilot study introduces a concept of CPE student growth, based on self-assessment and spiritual change, using a broad and pragmatic understanding of spirituality. A considerably larger study would allow for factor analysis and comparison of this measure against established measures such as readiness for team collaboration, professional maturity, and readiness for

clinical ministry. If such a larger study with epidemiological involvement ensues, several suggestions from this study could be instructive, such as:

- Many of the common expectations of growth from initial CPE are validated here. Efforts to correlate these skills with the objectives and outcomes of Level I and Level II CPE would provide a well-established spiritual perspective for students' future goals in professional education.

- Data from CPE students after completing a residency year could be related to these results for growing insight into how spiritual skills progress through year-long programs.

- While all of the skills described in the survey instrument were mentioned as having increased by at least one respondent, factor analysis of a larger sample could validate the skills most influential in the overall data analysis results.

- Administering the spiritual skills inventory early in an intern unit of education alerts students on more than one level about the benefits of taking charge of their own learning of specific skills.

- Administering the survey again at the end of the unit allows students to recognize, own, and value their learning in specific spiritual and relational terms.

- Facilitating peer feedback on one another's growth of spiritual skills during a final evaluations experience could enhance or challenge students' credibility of their self-perceived growth areas.

- Experience as a supervisor tends to increase the incorporation of spiritual skills in initial CPE students.

- Data from similar studies of self-assessed spiritual skills of registered nurses, physicians, health care managers, professional chaplains, and clinical pastoral educators is available. How might the initial unit of clinical ministry education compare to those data, especially considering the apparent future direction of health care's efficiency and patient/family focus by interdisciplinary teams?

- As the search for relevant language for caregivers' assessment and interdisciplinary partnering continues, the concept of spiritual skills can profitably be considered.

NOTES

1. John W. Keller, *Comparison between Priests with Pastoral Counseling Training and Priests Without It As Measured by the Religious Apperception Test* (Chicago, IL: Loyola University Chicago, 1961).

2. Those written before 1990 were summarized comprehensively by Paul Derrickson, "Instruments Used to Measure Change in Students Preparing for Ministry: A Sum-

mary of Research on Clinical Pastoral Education Students," *Journal of Pastoral Care* 44, no. 4 (1990): 343–356.

3.   Ibid., 344–355.

4.   Larry VandeCreek and John Valentino, "Symptoms of Depression among Clinical Pastoral Education Students and their Impact on Learning," *Journal of Supervision and Training in Ministry* 13 (1991): 3–19.

5.   See for example,Tracy J. Trothen, "Students' Perspectives: A Canadian Study of Supervised Pastoral Education," *Journal of Pastoral Care and Counseling* 54, no. 3 (2000): 325-338; and Thomas St. James O'Connor, Marlene Healey-Ogden, Elizabeth Meakes, Glen Empey, Lori Edey, Sarah Klimek, and Kathleen O'Neill, "The Hamilton SPE Evaluation Tool (HSET): Is it Any Good?," *Journal of Pastoral Care and Counseling* 55, no. 1 (2001): 17–33.

6.   Logan Carroll Jones, *You Must Change Your Life: A Narrative and Theological Inquiry into the Experiences of Transformative Learning in Clinical Pastoral Education Students,* Doctor of Ministry dissertation (Raleigh, NC: North Carolina State University, 2010). Available online at http://repository.lib.ncsu.edu/ir/bitstream/1840.16/6199/1/etd.pdf (Last accessed March 28, 2012).

7.   Larry VandeCreek and John Valentine, "Affective and Cognitive Changes in First-Unit Clinical Pastoral Education Students," *Journal of Pastoral Care and Counseling* 45, no. 4 (1991): 375–386.

8.   For example, George Fitchett and George Gray, "Evaluating the Outcome of Clinical Pastoral Education: A Test of the Clinical Ministry Assessment Profile," *Journal of Supervision and Training in Ministry* 15 (1994): 3–22.

9.   For example, Daniel Goleman, "The Neuroanatomy of a Kiss," *Social Intelligence: The New Science of Human Relationships* (New York: Bantam Dell, 2007), 63–80.

10.   Unpublished research by the author, available from him at ghilsman@gmail.com or 253-565-4992.

11.   Irvin D. Yalom and Molyn Leszcz, "Interpersonal Learning," *Theory and Practice of Group Psychotherapy*, 5th ed. (New York: Basic Books, 2005), 19–52.

12.   Unpublished research by the author, available from him at ghilsman@gmail.com or 253-565-4992.

SPIRITUAL SKILLS SELF-ASSESSMENT INVENTORY

AGE _____   GENDER: ❑ Male   ❑ Female

Faith Group _____

Ethnicity: Caucasian _____ African-American _____ Hispanic _____

          Asian _____ Other _____

Using the following definitions, assess your own practical level of the spiritual skills in the questionnaire below.

A *Spiritual Skill* **is** *a developed capacity to function in a specific way to foster the human spirit of oneself and /or others—a score of one (1) is dismal and ten (10) is exceptional.*

INTERPERSONAL SPIRITUALITY SKILLS
(Partnering with Others)

1. **APOLOGIZING**—Verbally acknowledging your part in causing hurt to another person?
2. **ASKING FOR HELP**—Requesting assistance you actually need, not what you don't.
3. **AFFIRMING OTHERS**—Supporting another by noticing strengths and validating them with authentic words.
4. **EYE CONTACT**—Respecting personal differences of looking people in the eye, avoiding it when it might be oppressive, intimidating or culturally insulting.
5. **WAITING**—Can you slow your natural pace for the sake of partnering?
6. **HURRYING**—Can you accelerate your natural pace for the sake of partnering?
7. **FORGIVING OTHERS**—Dealing directly with hurt feelings without clinging to costly resentments.
8. **HUGGING**—Expressing warmth bodily when you mean it and when it is asked for, asking for it when you need it, and refraining from violating personal boundaries by impulsive, insensitive hugging?
9. **COMMITTING**—Persistently investing energy in who and what is important to you.
10. **LISTENING**—Carefully attending to what people are saying, at least on the levels of insight and feeling.
11. **SHARING "STUFF"**—Overcoming human selfishness enough to truly hold material things in common.
12. **SHARING RESPONSIBILITY**—Combining efforts in mutual accountability for success or failure.
13. **SHARING POWER**—Blending your power with that of someone else in making significant decisions.
14. **SPEAKING THE TRUTH**—Accurately representing reality as you perceive it versus hiding behind distortions.

15. **OPENNESS**—Can you talk reasonably clearly about most aspects of your life?
16. **TOLERATING**—Making useful, magnanimous decisions about what to ignore.
17. **FLEXIBILITY**—Changing your point of view without stubbornness or mere compliance.
18. **OBSERVING—**Accurately perceiving what verbally and non-verbally happens in relationship interaction.
19. **CONVEYING EMPATHY**—Clearly showing that you feel some of what another person is feeling.
20. **LEARNING**—Letting yourself be influenced by "the new" and by someone who can introduce you to it.
21. **FLIRTING—**Subtly and courageously communicating your romantic interest in someone.
22. **PASSIONATE LOVEMAKING—**Losing control in energetic sex with a treasured partner.
23. **CONFRONTING—**Verbally inviting honesty and willing to be open yourself, in issues important to you.
24. **PROTECTING—**Finding fortitude to actively intervene when the safety of those you love is challenged.
25. **REQUESTING—**Using words to ask for a person's cooperation in filling your wants and needs.
26. **INVITING—**Offering a place with you in enjoyable or productive endeavor.
27. **PARTNER DANCING—**Joining another in tandem bodily flow.

PERSONAL SPIRITUALITY SKILLS
(Partnering with Yourself)

1. **DANCING ALONE—**Publicly strutting your self appreciation.
2. **AFFIRMING YOURSELF—**Positive self-talking about your body and personality.
3. **ASSERTING YOURSELF**—Raising issues in interactions when it serves your self care.
4. **FORGIVING YOURSELF—A**cknowledging your wrongdoing and letting go of guilt about it.
5. **APPRAISING YOURSELF—**Accurately perceiving yourself without either exaggerating or minimizing.
6. **PLAYING** —Losing the sense of time in childlike affective enjoyment.
7. **EXERCISING—**Bodily exerting energy for health of your body and soul.
8. **RESTING**—Relaxing regularly and when your body or mind need it.
9. **ACTING DECISIVELY—**Efficiently deciding and behaving for your own benefit or a worthy cause.
10. **RESTRAINING YOURSELF**—Controlling your impulses enough to give yourself a chance in relationships.
11. **SHARING FEELINGS—**Conveying what you feel so that it can be felt mutually by somebody else.
12. **TUNING IN**—Letting yourself feel what your body is trying to feel, whether you decide to act on it or not.

13. **DISCLOSING YOURSELF**—Openly and seriously talking about yourself.
14. **HOBBYING—**Investing energy in an enjoyable activity that persistently fascinates you.
15. **WORKING—**Exerting energy persistently and vigorously enough to get the job done.
16. **INTUITING**—Allowing your inner hunches to speak to you clearly enough to respond to them.
17. **THINKING**—Forming ideas and opinions in your mind about what you perceive.
18. **IMAGINING—**Using your creative impressions to vision a situation or solution anew.
19. **PERSISTING—**Holding on to an idea, project, dream, or plan in spite of adverse opinion.
20. **EATING—**Using human appetite to enhance body and soul without habitual excess or harmful choices.
21. **CONFESSING—**Ridding yourself of guilt through sharing regrets about your failings.
22. **PLANNING**—Envisioning practical steps to organize and energize hopes for the future.
23. **SWIMMING—**Moving through water for survival and enjoyment.
24. **COMPETING—**Exerting yourself to succeed and excel.
25. **CRYING**—Expressively finding your soul in the midst of significant events.
26. **SAYING GOODBYE—**Summing up what a person has meant to you as you part permanently.

METAPERSONAL SPIRITUALITY SKILLS
(Partnering with the Beyond)

1. **SIMPLY SEEING**—How well do you let yourself simply sense and enjoy what is around you?
2. **SILENCE AND SOLITUDE—**Can you be happy alone in silence for at least a few hours at a time?
3. **SURRENDERING—**Can you let go when holding on no longer fits the situation?
4. **PIOUS PRACTICE**—Devoted performance or observance of rituals or postures that feed your soul.
5. **SINGING/CHANTING—**Can you express your soul with words put to music?
6. **TEACHING—**Assisting others to encounter, enjoy, appreciate, and master the new.
7. **PETITION PRAYING**—Requesting your own will in Deity conversation.
8. **GRATEFUL PRAYING—**Uttering the appropriate response to recognizing beauty in awe.
9. **CONVERSATION PRAYER**—Persistently expressing from your core to a chosen Ultimate Power.
10. **PRAYING FOR FORGIVENESS—**Requesting pardon for failing yourself, people or the Creator.

11. **WORSHIPING**—Authentically acknowledging Power(s) superior to yourself, in word, action or thought.

12. **RITUALIZING—**Creating ritual space and using it to bring meaning or healing to yourself or a group.

13. **PROCLAIMING**—Bringing meaning through reading inspirational material aloud.

14. **CREATING BEAUTY**—Artistically shaping something that is beautiful to you, and maybe to others too.

15. **ENJOYING THE ARTS**—Deeply appreciating forms of human-made beauty, i.e., music, literature, etc.

16. **GRIEVING—**Sharing the feelings of a major loss enough to eventually bring closure to what was lost.

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17. **EXPRESSING GRATEFULNESS**—Actively acknowledging the rich feelings of appreciating life.

18. **SEEKING—**Sustaining the long term project of looking for meaning in life's inexhaustible mysteries.

19. **ACCEPTING**—Making peace with what you don't like but cannot change.

20. **SOLEMNIZING**—Can you be formally or informally reverent in the face of the serious aspects of life?

21. **LAUGHING—**Can you find humor in the incongruities of life?

22. **MEDITATING**—Quieting your person long enough to find oneness with yourself and with the universe?

23. **BASKING IN NATURE—**Bringing yourself face to face with the splendid miracles of the natural world.

COMMUNAPERSONAL SPIRITUALITY SKILLS
(Partnering with Communities)

1. **JOINING—**Including yourself in groups that fit you and energetically helping pursue its goals and values.

2. **INCLUDING—**Offering a place of belonging in a group or community.

3. **MINIMIZING WASTE**—Caring for your personal waste in ways that are responsible to earth care.

4. **COOKING**—Preparing and combining foods in ways that foster mutual enjoyment.

5. **PERFORMING—**Doing something precise with your body for the inspiration and enjoyment of others.

6. **CELEBRATING**—Can you enjoyably join or lead in appreciation among people?

7. **SPEAKING ELOQUENTLY**—Can you speak compellingly to the meaning of gatherings of people?

8. **ADMINISTRATING**—Leading operations for organizational accomplishment.

9. **MANAGING**—Communicating in authoritative and collaborative leadership for efficiency of production.

10. **REPRIMANDING**—Using words and emotions to confront the irresponsibility of people to a group.

11. **GIVING—**Donating time, resources or work that contribute to improving world living conditions.
12. **BLESSING—**Can you ritually highlight members of a group as in some way special?
13. **LEADING**—Can you take initiative in giving some direction to a group?
14. **FOLLOWING**—Allowing someone else to lead while remaining energetic in pursuing group goals.
15. **PROTESTING**—Can you express your opposition to the direction of a group?
16. **INSPIRING**—Can you stir up a group towards higher values through words or example?
17. **VISIONING—**Can you shape in your imagination, a rich picture for the direction of a group?
18. **WITNESSING**—Speaking from the heart to a group about yourself in matters of deep significance to you.
19. **ORGANIZING—**Orchestrating the various forces in a group, towards advancing their common vision.
20. **INSTRUCTING** -—Can you impart knowledge, understandings and wisdom to a group?
21. **CONCEPTUALIZING—**Shaping observations and insight into useful terms that provide group meaning.
22. **BUILDING**—Using tools to establish or improve living or working structures.
23. **NESTING—**Creating and maintaining comfortable and attractive home space.
24. **CHEERING**—Expressively spurring on the performance of a person or team.
25. **WRITING—**Can you fashion sentences and paragraphs that compel other people about your ideas?
26. **FACILITATING**—Actively assisting the dynamics of a group for its smooth accomplishment.
27. **MODERATING**—Actively keeping group interaction within acceptable bounds for dynamic success.