

## ABSTRACT

JONES, LOGAN CARROLL. *You Must Change Your Life: A Narrative and Theological Inquiry into the Experiences of Transformative Learning in Clinical Pastoral Education Students.* (Under the direction of Dr. Carol E. Kasworm.)

The purpose of this qualitative research study is to explore and describe the experiences of transformative learning in seminary students and clergy who have participated in a Clinical Pastoral Education (CPE) residency program while providing pastoral care to patients in an acute care hospital setting. This research focuses on the affective dimension of transformative learning because the emotional intensity of the CPE learning process, coupled with the emotional intensity of the hospital setting, invites and challenges students to struggle with the meaning of the pastoral encounters they have with persons in crisis. Current theory and research in both transformative learning and in CPE lack the empirical understandings of the affective dimension of the transformative learning process. By attending to the role of emotions found in the participants' experiences in CPE, this research advances the understanding of the importance of the affective dimension of learning within transformative learning theory. In addition, since CPE is fundamentally theological education, this research also places the transformative learning process within the context and theological framework of the psalms of lament in order to identify the inherent theological nature of the learning process in CPE. Such placement further advances the understanding of the discipline of CPE.

A method of discourse analysis was employed to shape a poem from the participant interview narratives. Poetry communicates through an economy of words the power and emotional content of an experience in ways prose cannot. The poems thus allow for the

affective elements of an experience to be more fully expressed. The findings of the research suggest that participants in a CPE residency do tell and reflect on pastoral experiences that lead to and foster transformative learning and that these experiences are filled with emotion. Furthermore, the findings center on three key dynamics of the affective dimension of transformative learning: grief, soul, and authenticity. The findings suggest that the affective dimension of transformative learning is complex and complicated. The psalms of lament through a scheme of orientation – disorientation – new orientation parallel the affective dimension of transformative learning.

There are four conclusions suggested by this study. One, there is evidence that the affective dimension of transformative learning does encompass the key dynamics of grief, soul, and authenticity as noted in the literature. There is also evidence to suggest there are other affective dynamics in the transformative learning process which need to be acknowledged. Two, there is evidence to support the inclusion of an eighth perspective of transformative learning. This new perspective is identified as the psycho-affective perspective. Three, the affective dimension of transformative learning is well integrated into the ten elements and processes of transformation as noted in the literature. The recognition of this integration allows for a more comprehensive understanding of the theory. Four, the psalms of lament provide a theological lens along with a meaningful description through which to understand the transformative learning process in CPE students.

Overall, the inclusion of the affective dimension of transformative learning compels the theory of transformative learning to become more robust and more

comprehensive. The evidence of this study suggests that the affective dimension of transformative learning is critical in the overall transformative learning process. More research into the many facets and perspectives of transformative learning theory will further the development and advancement of the theory. Likewise, more research into CPE will further extend the understanding of the CPE process.

You Must Change Your Life: A Narrative and Theological Inquiry  
into the Experiences of Transformative Learning  
in Clinical Pastoral Education Students

by  
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DEDICATION

To Kelli, Sarah, and Kate

whose love and laughter

transform my life daily –

and forever.

## BIOGRAPHY

I was born in Winston-Salem, NC and raised in the rural town of King, NC in the shadows of the Sauratown Mountains. After attending the public schools of Stokes County, I received my AB degree in Psychology from Davidson College in Davidson, NC. I then went on to earn a MA degree in Psychology from the University of Alabama in Birmingham. Following this degree, I found myself attending the Divinity School of Duke University in Durham, NC where I received my MDiv degree. While at the Divinity School, I stumbled into hospital ministry and clinical pastoral education (CPE). While the learning was difficult, I felt like I discovered where I belonged. I completed my CPE residencies at UNC Hospitals and at Duke University Medical Center. After finishing this clinical training, I served as pastor of the Mason-Braden United Methodist Churches in west Tennessee for two years.

I returned to Duke University Medical Center to begin my supervisory CPE training. I began the process of becoming a pastoral educator, a teaching chaplain. I was certified as an Associate CPE Supervisor by the Association for Clinical Pastoral Education, Inc. (ACPE) at the end of this training. For the next six years, I served as Associate Director of the Department of Pastoral Care at Methodist Medical Center in Dallas, TX. I was certified as a full CPE Supervisor during this time in Dallas. I returned to North Carolina to take the position of Chaplain and Director of the Pastoral Care Services department at Rex Healthcare in Raleigh, NC where I still serve today. I am the first chaplain employed by Rex.

I am ordained in the Moravian Church in America, Southern Province and serve under call to specialized ministry to Rex Healthcare. I am married and the father of two girls.

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## CHAPTER ONE: INTRODUCTION AND THEORETICAL FRAMEWORK

### A Narrative of a Transforming Pastoral Care Encounter

At 12:35 AM on a Friday morning, the on-call pager goes off and breaks the hospital chaplain's sleep. He looks at the number; his heart sinks. It is the Emergency Department. On the phone, the nurse's voice is filled with urgency. She tells him that a 14-year-old girl has collapsed in her hotel room. The paramedics have been working on her. She is being rushed to the hospital. Her mother is with her. The chaplain is now wide awake. He gets dressed and hurries to the Emergency Department. The young girl is from Sacramento, California. Along with coaches and other parents, she is here in Raleigh with her basketball team to play in a spring youth tournament. They arrived in yesterday and had spent the day visiting local college campuses.

The chaplain on call this night is Robert M., a 63-year-old white male. He has completed almost three years of pastoral care training and is now working on his Masters of Divinity degree. Raised in a conservative evangelical religious background, Robert has found that the ministry of pastoral care in the hospital setting is difficult. His theological perspective that faith and prayer provide a protective cloak for the righteous believers has been challenged repeatedly. He grew up with a faith that intimated, both implicitly and explicitly, that if a person believed, rightly and hard enough, then God would surely bless and protect that person from any and all harm and sorrow. Robert is now learning through experiences such as this that faith in God does not prevent sorrow and loss in life. He is learning that faith does not protect a person in the way he had been taught growing up. Robert is now questioning and reflecting upon his way of seeing and understanding the

world theologically. His perspective on the meaning of faith is changing. In the crucible of life and death found in the acute hospital setting, the words of the poet Rainer Maria Rilke surely echo here for Robert, “You must change your life” (Rilke, 1981, p. 147).

The chaplain enters the consultation room in the Emergency Department where the physician is telling the girl’s mother and the other adults present that her daughter has died. Repeated resuscitation efforts were unsuccessful. The mother is weeping uncontrollably. The other adults are stunned and in shock. Robert feels helpless and lost. Through her tears, the mother turns to him and asks, “Why did God do this to me? Why did God take her?” Prayers seem hollow now. The mother’s anguish is raw. There are no answers, not to these questions. There are no words. There is only pain. As Robert sits with the mother, he remembers his own pain and grief at a granddaughter’s near-death in a car accident a few years ago.

Finally after about three hours, the mother and the others return to the hotel. Robert has been a steadfast presence for them during these hours of intense grief. He helped the mother place phone calls. He brought tissues and cold water to the consultation room. He listened compassionately as they recounted events and told stories of this young girl. He bore witness to the disbelief, grief, and pain. Before the mother leaves, she thanks Robert for being with her.

Robert is now left with his own stress and his own grief. He, too, has been shocked by this event. The next week as Robert reflects on this event and tells the story to his chaplain peers and clinical pastoral education (CPE) supervisor in a seminar presentation, he is keenly aware of his helplessness, sadness, and disorientation. Understandably, he was

anxious in this encounter, not knowing what to do or what to say to the mother and the other adults. There was no way to fix the situation or make the pain any less bearable. Robert struggled in sharing this story in the seminar. His feelings of grief and anguish returned. In his written verbatim account of this event, Robert quoted from Psalm 22:1-3 as a way of expressing not only the lament of the mother's feelings and his own but also the trust he experienced in God's abiding presence.

My God, my God, why hast thou  
forsaken me?  
Why art thou so far from  
helping me, from the  
words of my groaning?  
O my God, I cry by day, but thou  
dost not answer;  
and by night, but find no rest.  
Yet thou art holy,  
enthroned on the praises of  
Israel.

As Robert emotionally processed this event, his grief, pain, anxiety, and helplessness were palpable. Of course, it is difficult to find any meaning in the death of a 14-year-old teenage girl. It makes no sense; there is no adequate explanation. Yet Robert was also able to begin articulating a transformed perspective of faith. He was aware of God's presence in this situation, a presence which enabled him to be steadfast and faithful to this mother in this most terrible valley of the shadow. The ancient words in this psalm helped Robert grasp how his understanding of faith was being radically changed.

Robert is learning a new perspective and a new orientation to the life of faith as he participates in CPE. His prior understanding of faith was not adequate for the experience in

which he found himself. He is experiencing a dramatic change in the way he sees the world and in how he understands the theology of pastoral care. The psalm gives Robert a new theological perspective. He is crafting new meanings. A process of transformation has begun. In short, Robert's encounter in the Emergency Department in the dark hours of the morning and his subsequent reflections illustrate an unfolding of the process of transformative learning.

### Introduction to the Study

Many theological students like Robert enter CPE programs in the acute care hospital setting to learn the art and discipline of providing pastoral care to persons in crisis. These adult students may be enrolled in seminary or divinity school or may have recently graduated. Some may be ordained clergy who have been serving in a local congregation. Others may be laypersons who choose to participate in this clinical training for a variety of reasons. More often than not, these adult students come into this learning experience unprepared emotionally, spiritually, and theologically for what they will encounter. They find themselves quickly immersed in intense situations where there is pain, sorrow, and grief. Death lurks around the corner. Feelings are raw. Chaos, uncertainty, and disorientation stalk the halls. Anger and rage simmer below the surface. Anxiety is rampant while batteries of tests are being conducted. For many patients and their families, life will be changed by a diagnosis. There are no simple answers to troubling questions asked by patients and family members. The cries of lament are never far away.

Just as for patients and family members, the hospital setting can at times evoke disorienting experiences for these theological students in CPE as well. They may discover

that their understanding of ministry, and the theology which undergirds that understanding, may not be helpful to patients and family members, or even to themselves. What they thought was good ministry to a person in emotional pain may, in fact, turn out to be problematic. Thus the experiences in CPE can be an opportunity for learning, change, and transformation for the theological students.

The learning process in CPE is an intense endeavor. Through the pastoral encounters with persons in crisis, students are challenged to find the resources within themselves to be pastorally present to these persons. This learning process has an affective dimension to it as students often find their own life stories being touched by the stories and situations of the persons to whom they minister. The learning is more than an intellectual and cognitive experience. It is more than instrumental learning. It is more than skill development. To speak metaphorically, CPE is learning about soul. James Hillman (1990) described learning about soul this way, “If we discover the place of the soul – and the experience of God – to be darkly within and below, we must reckon with a perilous voyage” (p. 49). It is this descent, as Hillman notes, which takes a CPE student into the emotional aspects of learning

The learning process in CPE can be described as being transformative as it springs out of the myriad of disorienting experiences found within the hospital setting. Transformative learning theory, as situated in the field of adult education, provides a theoretical framework through which the students’ learning experiences in CPE may be understood (Cranton, 2006b; Mezirow, 1991; Mezirow & Associates, 2000; Mezirow, Taylor, & Associates, 2009). In the fields of theology and Biblical studies, the learning

process in CPE can be understood through the lens of the Psalms as students move through a process of orientation – disorientation – new orientation (Brueggemann, 1984, 1986, 1995b, 2002b). Transformative learning theory and the movement within the Psalms provide parallel ways of understanding the learning process students undergo in CPE. Both transformative learning theory and the Psalms place critical importance on the process of disorientation. Transformative learning theory speaks of disorienting dilemmas as often being the catalyst for change (Cranton, 2006b; Mezirow, 2000). The Psalms speak of the necessity of moving through an experience of disorientation before one can move into a new orientation (Brueggemann, 1984, 1986, 1995b).

#### Statement of the Problem

Both the literature of transformative learning theory and the literature of the learning process in clinical pastoral education lack thick narrative descriptions of the affective dimension of learning and change during experiences of disorientation. A focus on the role of rational thought, critical reflection, and rational discourse on meaning perspectives dominates transformative learning theory as articulated primarily by Jack Mezirow (Mezirow, 1991, 2000, 2003, 2009; Mezirow & Associates, 2000). According to Mezirow, it is through these cognitive endeavors that transformation and learning occur (Mezirow, 1991, 1994, 1995, 2003, 2009; Mezirow & Associates, 2000). The impact of the affective dimension on transformation is only given a cursory glance in Mezirow's conceptualization of the transformative learning theory. Other scholars and practitioners such as Robert Boyd and Gordon Myers (Boyd, 1991; Boyd & Myers, 1988), John Dirkx (2001a; 2001b), Laurent Daloz (1986; 1999) and Patricia Cranton (2003; 2006a; Cranton

& Carusetta, 2004) make the compelling argument that the affective dimension of transformative learning is equally important as the rational dimension in understanding how different students learn. Furthermore, these scholars and practitioners note there is an over reliance on rational and cognitive processes as the primary means of bringing about transformation. They therefore seek to include a focus on feelings and emotions in the development and understanding of the theory.

Transformative learning is more than a rational and cognitive process. It is a multi-layered, complex endeavor. In order to be understood as a comprehensive theory of adult learning, transformative learning must necessarily encompass a broad conceptualization of learning. The affective dimension of transformative learning adds to and complements Mezirow's original presentation of the theory. It extends the development of the theoretical understanding of transformation. Otherwise the theoretical development of transformative learning remains skewed toward the rational and cognitive.

Similarly, the literature of CPE fails to adequately attend to the affective dimension of learning as theological students encounter the intense emotional experiences of grief, sorrow, and pain. In practice, both the theological students and their CPE supervisors know on experiential and intuitive levels that the intense emotional encounters with persons in crisis are indeed transformative, and that learning takes place on an affective level. However, the narratives of the pastoral encounters with the attendant emotional qualities and a narrative description of the ways in which the students make meaning of their experiences are missing in the literature. From the perspective of CPE, the problem is theoretical, not practical.

Since learning on an affective level is a critical aspect of the CPE process, it is important that CPE, as a discipline within theological education, come to a fuller understanding of the learning process students experience in their training. A focus on the affective dimension of learning adds significantly to this understanding. In addition to extending the theoretical development of transformative learning, this study provides an intentional exploration of the affective dimension of learning in the CPE process. Such an exploration is missing in the CPE literature.

#### Purpose of the Study

The purpose of this qualitative research study is to explore and describe the experiences of transformative learning in students who have participated in a year-long CPE residency program. This research focuses on the affective dimension of transformative learning in particular because the emotional intensity of the CPE learning process, coupled with the emotional intensity of the hospital setting, invites and challenges students to struggle with the meaning of the encounters they have with persons in crisis. Current theory and research in both transformative learning and in CPE lack the empirical understandings of the affective dimension of the learning process. By attending to the role of feelings and emotions found in the narratives told by the students, this research advances the understanding of the importance of the affective dimension of learning within transformative learning theory.

Feelings and emotions do not occur in isolation. The focus of the affective dimension of transformative learning anchors this study primarily in the field of adult education. In addition to considering the affective dimension in transformative learning,



this study situates feelings and emotions such as grief, pain, and anger into the theological context of the Psalms of lament. The placement of the affective dimension of transformative learning within a theological perspective will further develop the understanding of the learning process in the discipline of CPE and pastoral care.

### Background and Context for the Study

Given the identified problem found in the literature of transformative learning and in CPE and the purpose of this study, it is important to understand the historical background and theological context of pastoral care and CPE. Certainly the learning of the art of pastoral care through the CPE process is uniquely situated within theological education. The CPE process invites and challenges students to move beyond an intellectual and academic understanding of pastoral care and to move toward an understanding that attends to the necessary affective dimension of human experiences.

The Church, in its universal and in its particular local configurations, has always asked: What is the proper role for clergy in visiting the sick and the troubled? How can the minister best care for the souls of those entrusted to him or her as pastor? What is the best way to teach the art of pastoral care (Clebsch & Jaekle, 1983; Oden, 1987, 1994)? To answer these questions, the Church, until the beginning of the modern pastoral care movement in the 20<sup>th</sup> century, viewed the task of pastoral care essentially as advice-giving (Clebsch & Jaekle, 1983; Holifield, 1983, 1990). The pastor was charged with the task of providing the correct intellectual and theological interpretation of the presenting difficulty (Jones, 2006). Clergy were taught that providing such an answer was enough. Proper advice was all that was needed by the person in crisis.

### *The Meaning of Pastoral Care*

Historically, clergy have been educated in the classical European university model with a concentration on biblical studies, church history, systematic theology, worship, doctrine, and dogma (Holifield, 1983). The result of this education has been an emphasis on an academic model of ministry. This model was primarily driven by rational thought and scholarly knowledge (P. Johnson, 1968). Clergy were trained to give advice and quote the appropriate scripture to persons who were hurting and in distress. This kind of training was thought to be adequate for pastoral care because it was provided under the banner of academic scholarship. Prior to the onset of the modern pastoral care movement in the 20<sup>th</sup> century, clergy were simply not educated to deal with the emotional and psychological aspects of the human condition relating to illness, suffering, and death (Clebsch & Jaekle, 1983; Holifield, 1983, 1990).

It was within this context of theological education that clinical pastoral education was developed in 1925 as an experiential method of education for ministry (Hall, 1992; Hemenway, 1996; S. King, 2007; Powell, 1975; Thornton, 1970, 1990). Through CPE, theological students had the opportunity to “develop their pastoral identity, interpersonal competence, and spirituality; the skills of pastoral assessment; interprofessional collaboration, group leadership, pastoral care and counseling; and pastoral theological reflection” (Thornton, 1990, pp. 177-178).

While the ministry of pastoral care certainly occurs in the local congregational setting, it often takes place in the acute care setting of the hospital. The ministry that occurs in a hospital setting is most often grounded in the Christian faith and tradition (Patton,

1993, 2005). Generally speaking, pastoral care departments are staffed by chaplains who are ordained in their particular denominations and are clinically trained, but function in a broader, more inclusive manner. The theological students entering CPE programs are predominantly Christian (ACPE, 2005). They are familiar with the resources found within the Christian tradition for pastoral care such as rituals, sacraments, prayers, and scripture.

The philosophy of pastoral care in the acute care hospital setting is typically to provide ministry to the patients by meeting them where they are spiritually and emotionally and to support them in their own religious tradition and expressions of faith (Patton, 1993, 2005; Wise, 1966). Carroll Wise (1966) defined pastoral care as “the art of communicating the inner meaning of the Gospel to persons at the point of their need” (p. 8). Other scholars speak of pastoral care in terms of healing, guiding, sustaining, and reconciling in the context of a community of faith (Clebsch & Jaekle, 1983; Patton, 1993, 2005). An updated definition of pastoral care, acknowledging the current reality of religious diversity, might read: Pastoral care is the art of communicating the inner meaning of God’s presence to persons at the point of their need.

The purpose of the pastoral care is not for the chaplain to impose his or her beliefs upon the patient or tell the patient what or how to believe. Nor is the purpose to provide an answer or explanation, or to give advice. Rather the purpose of the pastoral care is to provide the needed spiritual, emotional, and psychological support to the person in need, to be present in a less-anxious manner, and offer the religious resources and relationship needed by the person in the moment of illness, grief, and loss (Cabot & Dicks, 1947; Gerkin, 1984; Jones, 2004; Williams, 1961; Wise, 1966).

*The Clinical Pastoral Education Process*

As theological students enter into the hospital setting and begin the CPE process, they often discover, as Robert did, that their theological understanding of ministry can be rather thin and inadequate for the task of providing spiritual and emotional support to patients and family members in crisis. Trained in the pedagogy of the European university model of education, the students may even become painfully aware that some of their theological understanding of ministry is decidedly unhelpful to persons who are suffering and in pain. Offering clichés, platitudes, and bible verses does not help. Giving advice, a quick answer, or an easy prayer to try and fix things is not useful. Such cheap grace given to a suffering patient does not provide comfort. In the hospital crucible of life and death, a theological student's perspective is often severely challenged.

The intense setting of the hospital environment challenges the students to make meaning and understanding out of situations, which, on the surface, may seem meaningless, such as the sudden death of a young girl in the Emergency Department. The students' theology and understanding of ministry, their frames of reference, are ripe for transformation. Just as patients and families are changed by illness and disease, so too are the students who provide pastoral care to them. The impact of the emotional encounters can bring about disorientation, and disorientation may propel transformation. Encounters with human tragedy necessarily invite transformation. As the poet Rilke (1981) writes, "You must change your life" (p. 147). Rilke knows that paying attention to the world around and the world within means that "there is no place at all / that isn't looking at you" (Rilke, 1981, p. 147).

Ministry in the hospital setting calls for this kind of intense reflection that Rilke knows about. Reflection is critical to the learning process in CPE. Other examples of intense pastoral encounters which might lead to disorientation include such events as when a 55 year-old-woman is diagnosed with a brain tumor, when a young couple experiences the horror of an unexpected full-term still birth, when a 30-year-old man with three young children collapses playing softball and is not able to be revived, and when a 45-year-old man is diagnosed with pancreatic cancer and given a prognosis of four months to live.

Intentional reflection on such intense emotional experiences make it possible for new understandings to emerge and be discovered and for new learning to take place (Chapman & Anderson, 2005; Ghaye & Ghaye, 2001). In CPE, this reflection and learning often takes the form of narratives, both written and oral. Using narrative means, students process their experiences of providing pastoral care under the supervision of a certified CPE supervisor and in the context of the educational supervisory process within a peer group setting and in individual supervision, (ACPE, 2005b).

Thus, education for ministry in clinical pastoral education begins with the assumption that learning comes from the actual practice of ministry to persons in crisis and from the subsequent reflection upon that ministry (Powell, 1975). This sort of experiential education is quite strange to most seminary students entering CPE. By and large, they are more familiar with - and more at ease in - the lecture style of teaching used in the academy. Experiential learning, by definition, requires more of a student than the reading of a textbook. As a method of theological education, CPE stands over and against the backdrop of classical theological education. As such, the use of the actual practice of ministry as a

tool for education and reflection places students in a paradoxical learning predicament. Donald Schön (1987) describes the paradox this way: “The paradox of learning a really new competence is this: that a student cannot at first understand what he needs to learn, can learn it only by educating himself, and can educate himself only by beginning to do what he does not yet understand” (p. 93).

Clinical pastoral education may be summed up as being professional theological education for ministry. It is a process through which students learn the art of pastoral care while under the supervision of a certified CPE supervisor. Students are assigned to clinical areas in the hospital where they provide ministry to patients, family members, and staff. They then reflect upon that ministry in a small peer group setting and in individual supervision with their supervisor. With an experiential model of learning in place, the focus of the curriculum in CPE programs is on the development of pastoral identity, pastoral functioning, and pastoral competency through the students’ increased awareness of themselves as pastor and as a person (ACPE, 2005b).

In theological education, the concept of pastoral identity is concerned with the patterns and dynamics surrounding the values, theological understanding, and behavior related to providing ministry. As such, the work on pastoral identity is focused on the development of an identity as a professional which presupposes the personal aspects of identity formation. Likewise, the concept of pastoral functioning is concerned with theological understanding of the work a pastor is required to undertake. Pastoral competency as a theological concept is focused on the development and use of pastoral skills for acts of ministry (Thornton, 1990).

There is neither an easy nor a simple way to learn how to care pastorally for another person. A student can read books about it, attend lectures, and take notes about the theology, theory, and practice. But that is not enough. Until the actual practice of pastoral care is done at the bedside in times of death and grief, in the rooms of the Emergency Department and the Intensive Care Unit, and in the messiness and chaos of human relationships, it is not deeply learned, nor is there transformation of the person (Mezirow, 1991; Mezirow & Associates, 2000; Mezirow et al., 2009). Books may provide some clues. Until the care is experienced and reflected upon, learning remains on a cognitive level. Metaphorically, it does not touch the heart.

#### Theoretical Framework

People seek to make meaning out of their experiences in the world. It is what human beings have done throughout history (Kearney, 2002; Lester, 1995). “A defining condition of being human,” writes Mezirow (1997), “is that we have to understand the meaning of our experience” (p. 5). To this end, stories are told. Poetry is written. Songs are sung. The meaning people construct serves as a way of seeing, understanding, and being in the world. The construction of meaning out of experiences necessarily involves the interpretation of how these experiences come to be understood.

The learning process in CPE, such as Robert experienced following his encounter in the Emergency Department, may best be understood from the theoretical framework of transformative learning theory. The setting of CPE invites students into situations of disorientation. The traumatic and tragic events which occur shake students to the core of their being. These situations challenge the students’ understanding of the meaning of

pastoral care as well their understanding of their identity as a pastoral care provider. Moreover, these kinds of learning experiences accumulate over the course of the training with the curriculum being structured to invite reflection on these events (Jones, 2006). Reflection and subsequent discourse take place not just on a rational level but on an emotional and spiritual levels as well. It is in this context that transformative learning theory provides the theoretical framework for this research study.

### *Transformative Learning Theory*

Transformative learning theory is at its core elegantly simple. As a process, transformative learning is concerned with how persons question, examine, validate, and reconstruct their perspective on the world. Transformative learning theory is essentially a theory about how persons construct meaning and interpret their experiences in the world. The theory seeks to understand the process by which a person's meaning perspective, or frame of reference, is changed as a result of encountering different perspectives and experiences (Cranton, 2006b; Mezirow, 1991, 1994, 2000; Mezirow & Associates, 2000; Mezirow et al., 2009). Mezirow suggests that disorienting dilemmas are often the catalyst for this change (Mezirow, 1991, 1994; Mezirow & Associates, 2000). Reflecting critically on these differing perspectives and also questioning and examining one's beliefs, values, and feelings is vital to the process of transformation. This change or reconstruction in a person's frame of reference represents learning. Transformative learning theory suggests that when a person changes his or her frame of reference, it typically becomes "more inclusive, discriminating, open, reflective, and emotionally able to change" (Cranton, 2006b, p. 23).



As transformative learning theory has developed over the past 30 years, seven different perspectives of the theory have been identified. These seven perspectives can be further divided into two main areas: an individual perspective and a socio-cultural perspective (Merriam, Caffarella, & Baumgartner, 2007; Taylor, 2005). The individual perspective of transformative learning focuses on three different aspects of the theory: the psycho-critical perspective of Mezirow, the psycho-developmental perspective of Daloz, Kegan, and Belenky, and the psycho-dynamic perspective of Boyd and Myers, Dirkx, and Cranton. The socio-cultural perspective of the theory includes four other aspects: the socio-emancipatory perspective of Freire, the cultural-spiritual perspective of Tisdell, the race-centric perspective of Sheard, and finally, the planetary perspective of O'Sullivan (Merriam et al., 2007; Taylor, 2005). See Table 1.1.

Table 1.1. Seven Perspectives of Transformative Learning Theory

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| <u>Individual Perspective</u> | <u>Socio-Cultural Perspective</u> |
|-------------------------------|-----------------------------------|
| Psycho-critical               | Socio-emancipatory                |
| Psycho-developmental          | Cultural-spiritual                |
| Psycho-dynamic                | Race-centric                      |
|                               | Planetary                         |

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This research study focuses specifically on the individual perspective of transformative learning. While the socio-cultural perspective is important, this study emphasizes the individual person, the CPE student, and his or her learning process. These seven different perspectives make it clear that transformative learning theory indeed encompasses a wide range of scholarship, study, and practice. To this end, I would argue that transformative learning theory as a whole acts like a prism so that one may separate out the multiple facets of the learning process. The multiple facets of the theory offer multiple perspectives through which one may focus. For example, if one views transformative learning through the individual perspective of Mezirow with its psycho-critical emphasis, one gains a certain understanding of the learning process in adults. Here the focus would be on critical reflection on one's meaning perspectives, the role of rational discourse, and critical thinking on the centrality of experience. The psycho-dynamic perspective of Boyd and Myers, Dirkx, and Cranton gives a different viewpoint on the individual perspective. From this perspective, one would encounter such concepts as grief, soul, and authenticity. However, if one then examines transformative learning through the socio-cultural perspective of Freire with his emphasis on the socio-emancipatory elements in the learning process, one would gain an entirely different understanding. As with a prism, all sides of transformative learning are equally important. The facet through which one views transformative learning will necessarily define the perspective.

One can further delineate the individual perspectives of transformative learning, for example, dividing them according to their emphasis on rational thought. On the one hand, Mezirow's conceptualization of transformative learning is grounded in rationality. His

understanding of adult learning is driven by the importance placed on critical thinking, rational discourse, and critical reflection. Mezirow's conceptualization may be referred to as the rational dimension of transformative learning (Mezirow, 1997; Mezirow & Associates, 2000). On the other hand, there is more to transformative learning than rational thought. There is also what is called in the literature the extrarational dimension of transformative learning (Cranton, 2006b). The work of Boyd and Myers (Boyd, 1991; Boyd & Myers, 1988), Dirkx (1997; 1998; 2001a; 2001b; 2006; Dirkx, Mezirow, & Cranton, 2006), and Cranton (2002; 2003; 2006a; 2006b; Cranton & Carusetta, 2004; Cranton & Roy, 2003) articulate and develop this perspective.

However, the term, extrarational, is vague, imprecise, and somewhat misleading. It hints of things not rational, of things being irrational. The prefix, extra, implies there are aspects of learning outside of and beyond the rational dimension. While this is indeed true, the prefix also implies, I would suggest, that these aspects which are outside and beyond the rational realm are less important. The term, extrarational, is a negative definition and ultimately unhelpful for the advancement of the theory. Another term is needed.

For this study I will use the term, affective, to denote the emotional dimension of transformative learning rather than the term, extrarational. Whereas the term, rational, centers on reason, sound judgment, and the ability to think, and the term, extrarational focuses on aspects of learning beyond the rational, the term, affective, points more specifically towards emotions and feelings. The affective dimension of transformative learning is focused on and characterized by an emphasis on emotions and how emotions impact the learning process. The use of the term, affective, to describe the emotional

components of transformative learning is more accurate than extrarational. The affective dimension of transformative learning highlights the place of emotions and feelings in the learning process rather than subsuming them under a vague and oppositional term.

The many different definitions of transformative learning theory in the literature show that transformative learning is a highly complex process which highlights the individual and socio-cultural perspectives as well as the rational and affective dimensions (Cranton, 2006b; Elias, 1997; Merriam et al., 2007; Mezirow, 2000, 2009; O'Sullivan, 2003; Taylor, 1998). For this study, I will be using a definition of transformative learning that notes both the simplicity and complexity of the theory: Transformative learning is a multi-faceted process by which persons reflect upon and question their orientation to and meanings of the ways in which they live, move, and have their being in the world. The process of reflecting and questioning may lead to an increase in self-awareness and to more openness to alternative orientations and meanings of the self and the world. The process of reflecting and questioning may also entail intense emotions. Furthermore, the process may foster the embodiment of and the acting upon these alternative orientations and meaning.

This process of reflecting and questioning may be intentional or unintentional, conscious or unconscious, epochal or incremental. However it occurs, what is important is that the process of reflecting and questioning take place within the person on some level and in some way.

In my definition above, I use the term orientation to denote a person's position in the world as well as an integrated set of beliefs, values, and attitudes about his or her self and the world. Orientation is the way a person sees and understands his or herself in

relation to others and to the world. If transformative learning leads to an increase in self-awareness, then that increase is one indicator of learning. An enhanced awareness of self points to the similarities of transformative learning and Jung's concept of individuation. An increase in self-awareness will lead to a greater openness to other ways of seeing and being in the world. Such openness to alternatives is a bedrock principle of transformative learning for it represents a change in what Mezirow calls frames of reference. The openness also reflects what O'Sullivan (2003) calls a "deep, structural shift" (p. 326).

Finally, the term, embodiment, is the concrete representation of the new orientation to self and world. It represents action and the response to the changes that the individual is experiencing. Embodiment captures the whole process by which learning and change is embraced and lived out in thought, word, and deed.

The rational dimension of transformative learning, as articulated primarily by Mezirow, is driven by critical reflection and rational discourse on experiences whereas the affective dimension of transformative learning focuses on such emotions as grief, anger, and love in the learning process. But the affective dimension attends to more than emotions and feelings. As will be seen, the affective dimension of transformative learning also attends to such concepts as soul, symbols, and authenticity and Jungian concepts such as the Self and the process of individuation.

The rational and affective dimensions of transformative learning will be discussed in more detail in Chapter Two along with how transformative learning is situated within a narrative context in terms of the context and methodology of this study.

### *The Psalms*

The role of disorienting dilemmas in transformative learning finds an intriguing parallel in the literature of the Psalms of the Bible. Old Testament scholar Walter Brueggemann's work on the Psalms provides a schema for understanding the movement within the Psalms and within the Psalms of lament in particular. He suggests these psalms can be understood as moving through a particular affective process from a settled orientation to chaotic disorientation and then finally to a new orientation (Brueggemann, 1984, 1995b, 2002b). The use of the word, disorientation, by both Mezirow and Brueggemann points towards a similar understanding of the process of transformation, albeit from the different disciplines of adult learning theory and biblical theology.

Therefore a secondary theoretical framework for this research study is theological in nature. This movement, as Brueggemann outlines it, speaks to a theological understanding of human experience in general, but particularly of grief and lament. Brueggemann's conceptualization of the affective movement within the Psalms is particularly helpful in understanding the Psalms which are classified as laments (Westermann, 1981). This theological framework of the Psalms operates in parallel with transformative learning theory. It provides another perspective for understanding the difficult experiences CPE students encounter in their clinical training. This parallel understanding is critical for this study since CPE is, at its essence, theological education for adult seminary students, clergy, and qualified lay persons.

In her book, *The Cloister Walk*, poet Kathleen Norris (1996) quotes a Benedictine monk as saying, "God behaves in the psalms in ways he is not allowed to behave in

systematic theology” (p. 91). The psalms are different. They speak to life in ways other scripture, doctrine, and theological presuppositions are not able. The psalms are poetry. They offer a different view of life, a view that is thick, rich, and runneth over. They seek not so much to explain as to give voice to the reality of life lived in all its messiness, both the pain and praise. Norris puts it this way, “... poetry’s function is not to explain but to offer images and stories that resonate with our lives” (Norris, 1996, p. 95). The psalms capture the height, the depth, and the breadth of life lived in relationship to and in covenant with God.

In the life of faith, the psalms are not simply an outlet for devotional prayers or “pious thoughts,” as Roland Murphy says (Murphy, 1980, p. 235). The psalms are about honest dialogue with God. In this dialogue, nothing is held back; the dialogue is raw. The spoken words are evocative. They are relentless. To this end, they are true. The words of the psalms speak to the very core of human experience in ways other language cannot begin to approach. In this way, the psalms teach us how to pray, how to stand faithfully before God, asking and even demanding response, action, and answers. The psalms teach us to bring our hopes, praise, and joy to God. They also teach us to bring our fear, pain, and sorrow.

As a secondary theoretical framework working in parallel with transformative learning theory, the Psalms, particularly the laments, are a resource for pastoral care. These psalms can provide meaning to persons in times of grief and loss. They do not dismiss or deny or seek to avoid sorrow. On the contrary, these psalms allow a grieving person to move more fully into the valley of the shadow, knowing on different levels, that no matter

what, God is indeed present in the sorrow. Brueggemann's schema of orientation - disorientation - new orientation as a way of understanding the laments anchors this framework (Brueggemann, 1984, 1986, 1995b, 2002b).

The scholarly literature on the Psalms and Brueggemann's scheme will be discussed more fully in Chapter Two.

### Research Questions

Current theory and research in transformative learning theory and in clinical pastoral education lack an empirical understanding of the affective dimension of the learning process. This research study will explore the following two questions: How and in what ways do seminary students and clergy who have participated in a CPE residency program describe and make meaning of their experiences in the acute care hospital setting? In other words, what narratives do they tell? Secondly, how and in what ways do these individuals view these intense experiences as leading to and fostering transformative learning?

### Significance of the Study

This study will add to the body of knowledge in both transformative learning theory and clinical pastoral education by attending to the affective dimensions of transformative learning theory. By attending to the affective dimension of learning this study will advance the understanding of its significance in the overall development of the theory. The research on transformative learning theory has been dominated by a focus on the rational aspects of transformation. This study will demonstrate that the affective dimension of transformative learning is of equal importance and that it is critical that



researchers take note of and attend to the role of the affective dimension in the teaching and learning process with adults. Furthermore, the study will highlight a method of inquiry that will enhance the understanding of the affective dimension of learning.

The study will also add to the understanding of the affective learning process embedded within the CPE process. The theological perspective from the Psalms as it relates to transformative learning will further develop the understanding of the learning process within the CPE process and within CPE students.

#### Definitions of Terms

There are several conceptual ideas in this study which require definition. These ideas include the following:

**Pastoral care:** Acts of caring for another person within a Christian community of faith. The term arises from the biblical image of shepherd and shepherding. It is usually the ordained religious person who provides pastoral care by bringing the resources and wisdom of the religious community into the caring relationship. Pastoral care is the art of communicating the inner meaning of God's presence to persons at the point of their need (Wise, 1966).

**Clinical pastoral education (CPE):** A method of theological education which employs an experiential, reflective practice of ministry with a focus on the theological students' development of pastoral identity, pastoral competency, and pastoral functioning through an increased sense of self-awareness and knowledge (ACPE, 2005b).

**Transformative learning theory:** A multi-faceted process by which persons reflect upon and question their orientation to and meanings of the ways in which they live, move,

and have their being in the world. The process of reflecting and questioning may lead to an increase in self-awareness and to more openness to alternative orientations and meanings of the self and the world. The process of reflection and questioning may also entail intense emotions. Furthermore, the process may foster the embodiment of and the acting upon these alternative orientations and meaning.

Psalms of lament: A stylized form of speech found in the Book of Psalms in the Hebrew Bible, or the Old Testament in the Christian tradition. The form is usually poetic and represents the preferred way the biblical people of Israel addressed God in their time of need and anguish. The lament includes the expectation and hopes that God should, and must, respond to the cries of God's people to alleviate the need (Brueggemann, 1984, 1986).

## CHAPTER TWO: REVIEW OF THE LITERATURE

### Introduction

The literatures of transformative learning theory and of the learning process in clinical pastoral education (CPE) both lack a full narrative description of the affective dimension of learning and change which can occur during experiences of disorientation and chaos. While both sets of literature acknowledge the impact and importance of the affective dimension on the learning process, they only do so in a cursory manner. Furthermore, the literature of the psalms of lament provides another parallel lens through which to view the affective dimension of transformation as it relates to experiences of disorientation and chaos.

This review will provide an analysis of the literature of these three different areas: transformative learning theory, clinical pastoral education, and the psalms of lament. The common thread in this review will be the focus on the affective dimension of learning and change as found in the collective body of the work in these three disciplines. This review will connect transformative learning theory, clinical pastoral education, and the psalms of lament through the common theme of the affective dimension of learning.

### Transformative Learning Theory

Jack Mezirow of the Teachers College of Columbia University in New York first proposed the theory of transformative learning in 1975 in a landmark study of adult women who returned to community college to continue their education after a long absence (Mezirow, 1975). Transformative learning theory, as articulated primarily by Mezirow, is dominated by a focus on the role of rational discourse, critical reflection on

meaning perspectives, and the centrality of experience (Mezirow, 1991; Mezirow & Associates, 2000). According to Mezirow, it is through these cognitive thought processes that transformation and learning occur.

The major concepts of transformative learning theory are not unique to the field of adult education. The ideas of constructing meaning from experiences, of how a person sees him or herself in the world, and the process of examining and reflecting upon premises are found in other disciplines. For example, change and making meaning are essential aspects of the psychotherapeutic process (Frankl, 1984; Jung, 2001; Stein, 1983, 1998; White & Epston, 1990). The process of interpretation plays a major role in the theology of John Dominic Crossan (1988) and in the pastoral counseling theory of Charles Gerkin (1984). The concept of transformation is also found within the discipline of pastoral supervision (Pohly, 2001). The transformative nature of religious and spiritual experiences in terms of developmental and psychoanalytical psychology and Christian theology has been noted by James Loder (1989). Poets such as Rainer Maria Rilke (1981), Mary Oliver (1992; 2006), and David Whyte (2007) have written eloquently and mysteriously about meaning, change, and transformation. Even the field of medicine wrestles with the concept of meaning as it relates to the understanding and interpretation of illness (Dossey, 1991; Duff, 1993; Frank, 1995; Mattingly & Garro, 2000; Shinoda Bolen, 1996).

### *The Rational Dimension of Transformative Learning*

With its particular location in the discipline of adult education, Mezirow's conceptualization of transformative learning begins with his emphasis on perspective, or the way a person sees and makes sense of the world. A perspective is essentially a world

view, a lens through which experience is interpreted in order to make sense of and understand the world the person inhabits (Mezirow, 1981, 1996). Using the Habermasian concept of emancipatory learning where learning is more than instrumental, technical, and practical, Mezirow defines a meaning perspective as “the structure of psycho-cultural assumptions within which new experience is assimilated and transformed by one’s past experience” (Mezirow, 1981, p. 6). A perspective transformation is then a “process of becoming critically aware of how and why the structure of psycho-cultural assumptions has come to constrain the way we see ourselves and our relationships, reconstituting this structure to permit a more inclusive and discriminating integration of experience and acting upon these new understandings” (Mezirow, 1981, p. 6). In other words, a meaning perspective is represented by a person’s predisposition to see life and experience a certain way. For example, a person may have certain expectations about the way a liberal Christian is supposed to think and act; or how a suburban soccer mom is supposed to vote; or how a Southern gentleman is supposed to talk with a drawl. These expectations are learned. They are socially, culturally, and personally constructed over time.

But as is well known, life never stays the same; change happens. Some of the change is due to normal, everyday development and growth of the person (see, for example, Daloz, 1999; Tennant, 1993). Other change occurs through cataclysmic and disorienting events. Mezirow suggests that when events and experiences do not fit into the person’s already constructed and comfortable meaning perspectives, a sense of dissonance results. The world does not make sense when such events and experiences do not fit in the usual categories or frames of reference. In other words, out-of-the-norm experiences

cannot be resolved within the usual perspectives. Something else is needed. Here, then, is the opportunity for questioning, reassessment, and change in perspective. Assumptions may be challenged. Questions may be raised. The old ways of seeing the world no longer seem to work. The new event does not fit in with the old meaning perspective.

Transformation awaits. Mezirow (1978) says, “When a meaning perspective can no longer comfortably deal with the anomalies in a new situation, a transformation can occur” (p. 104). This transformation represents learning.

Mezirow (1981) notes that the transformation of meaning perspectives may occur in two different ways. First, transformation might occur through a sudden insight, driven by a single dramatic event and the severity of the accompanying disorienting dilemma. Second, a transformation may also occur through a series of less sudden, less intense, less traumatic experiences whose overall effect is cumulative. Here learning and transformation is more gradual and incremental (Mezirow, 2000; Taylor, 2000). Mezirow suggests that the latter process of transformation is more common than the former. He writes (1981),

There appears to be two paths to perspective transformation: one is a sudden insight into the very structure of cultural and psychological assumptions which has limited or distorted one’s understanding of self and one’s relationships. The other is movement in the same direction that occurs by a series of transitions which permit one to revise specific assumptions about oneself and others until the very structure of assumptions becomes transformed. (pp. 7-8)

A review of the transformative learning literature also reveals an evolution of the language used to describe the learning process. Mezirow’s understanding and framing of

the transformative learning process came to include concepts like frame of reference, habits of mind, and points of view (Mezirow & Associates, 2000). A frame of reference, as he describes it, is a meaning perspective; it involves the assumptions and expectations through which meaning is made. A frame of reference includes cognitive, affective, and conative dimensions, and consists of two parts: habits of mind and points of view. A habit of mind is a “set of assumptions, broad, generalized, orienting predispositions that act as a filter for interpreting the meaning of experience” (Mezirow, 2000, p. 17). Cranton (2006b) identified six habits of mind: epistemic, sociolinguistic, psychological, moral and ethical, philosophical, and aesthetic. Habits of mind provide ways of seeing the world and are grounded in life history, experiences, culture, and personality. In addition to habits of mind, a frame of reference also includes points of view, which are “set[s] of immediate, specific beliefs, feelings, attitudes, and value judgments” (Mezirow, 2000, p. 18).

A point of view is essentially the rules a person uses – often unconsciously – to interpret experiences. A point of view, for Mezirow, is the expression of a habit of mind (Mezirow & Associates, 2000). Cranton (2006b) says, “A point of view is a cluster of meaning schemes, and meaning schemes are habitual, implicit rules for interpreting experiences” (p. 22). The literature argues that transformative learning occurs when the habits of mind are called into question, when assumptions and expectations are challenged, and when persons engage in a “process of examining, questioning, validating, and revising” their beliefs and values about the themselves and the world (Cranton, 2006b, p. 23).

Moreover, Mezirow is cognizant how resistant to change meaning perspectives can be (Mezirow, 1978, 1990, 1991, 1994, 1997, 2000). Views of the world do not transform easily. The old ways of seeing the world can be well defended. As Bond (2003) notes, “in practice, challenges to deeply held convictions are generally met with bitter resistance” (p. 41). Here is all the more reason to attend to emotions in the learning process. But for Mezirow, the role of critical thinking is the most crucial element in the transformation process; it drives the transformation of a person’s frame of reference. For Mezirow, critical thinking means becoming aware of how we are caught up, often without even knowing it, in our own histories, psychological assumptions, and cultural presuppositions (Mezirow, 1978, 1990, 1991, 1994, 1997, 2000, 2003).

While emphasizing the importance of critical thinking, Mezirow also notes that meaning perspectives and frames of reference do not just consist of thoughts. Without going into detail, he suggests that meaning perspectives and frames of reference have dimensions of feeling and will as well (Mezirow, 1978, 2000). While Mezirow does acknowledge there is place for feelings and emotion within the process of transformation, in his understanding of transformative learning he places more emphasis on critical thinking and its companions, reason and rationality. Critical thinking is primary for Mezirow.

Nevertheless learning through transforming one’s perspective or frame of reference is more than simply acquiring new information and new skills, and in this way it is different from instrumental learning. Transformative learning requires an individual to become critically aware of and to reflect on his or her life history and the many cultural



and psychological assumptions that shape that worlds. It is in this context that Mezirow connects Freire's work on conscientization and empowerment in adult education for social change and social justice with transformative learning theory (Freire, 1970, 1985).

Mezirow (1981) further suggests that the dynamics of perspective transformation include certain elements. Based on Mezirow's original 1975 study, Cranton (2006b) describes the ten elements and the learning process of transformative learning as moving from a disorienting dilemma through self-examination and critical reflection on assumptions to an explorations of new ways of being and acting which results in a new course of action with an integration of a new perspective. See Table 2.1.

Table 2.1 Ten Elements and Processes of Transformation

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Ten Elements and Processes of Transformation

1. Experiencing a disorienting dilemma.
2. Undergoing self examination.
3. Conducting a critical assessment of internalized assumptions and feeling a sense of alienation from traditional social expectations.
4. Relating discontent to similar experiences of others – recognizing that the problem is shared.
5. Exploring options for new ways of acting.
6. Building competence and self-confidence in new roles.
7. Planning a course of action.

Table 2.1 continued

8. Acquiring knowledge and skills for implementing a new course of action.
  9. Trying out new roles and assessing them.
  10. Reintegrating into society with the new perspective.
- 

Since these ten phases represent a developmental perspective, they manifest in a movement at uneven tempos and times where the outcome of the learning process may not necessarily be found through rational discourse (Belenky & Stanton, 2000; Taylor, 2005, 2007). Mezirow suggests that the presence of a disorienting dilemma, the first of the ten phases, most often serves a catalyst for perspective transformation. Such a dilemma might be a life changing event such as the death of a spouse, an unexpected divorce, the sudden loss of a job, or the diagnosis of a life-threatening illness. He says, “The traumatic severity of the disorienting dilemma is clearly a factor in establishing the probability of a transformation” (Mezirow, 1981, p. 7). As will be seen, the language in the Psalms echoes this disorienting process. The disorienting experience propels the person to begin the process of examining, questioning, and reflecting on his or her assumptions, values, beliefs, and understanding of the world. The hospital setting certainly lends itself to these kinds of disorienting dilemmas. Transformative learning can also occur more gradually over time. There may be a slower, incremental change that occurs in a person’s point of view which can eventually lead to a change in a habit of mind.

Transformative learning occurs when these habits of mind are called into question, when assumptions and expectations are challenged, and when a person engages in a “process of examining, questioning, validating, and revising” his or her views of the world (Cranton, 2006b, p. 23). For Mezirow, this transformative learning process is driven by rational discourse and critical reflection under the larger concept of critical thinking. These are two key elements found throughout Mezirow’s writings on transformative learning. The rational process of discourse is essential for transformative learning, according to Mezirow (1994). Rational thought and reasoning are primary and he provides a list of ideal conditions which should be met in order for habits of mind to be examined and questioned (Mezirow, 1994, 2003). While Mezirow acknowledges that these conditions cannot be fully realized, he suggests they are important nonetheless. Table 2.2 lists the seven ideal condition as noted by Cranton (2006b).

Table 2.2 Ideal Conditions for Rational Discourse

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Seven Ideal Conditions

1. Have accurate and complete information.
2. Be free from coercion and distorting self-perception.
3. Be able to weigh evidence and assess arguments objectively.
4. Be open to alternative perspectives.
5. Be able to reflect critically on presuppositions and their consequences.

Table 2.2 continued

6. Have equal opportunity to participate.
  7. Be able to accept an informed, objective consensus as valid.
- 

In addition to discourse, the process of critical reflection drives the process of questioning assumptions and frames of reference (Mezirow, 1998) and anchors transformative learning. Reflection brings into awareness unarticulated dynamics related to habits of mind. It is a conscious, rational process which seeks to consider experience through reason. It is an intentional cognitive activity.

Following Mezirow, Cranton (2006b) distinguishes between three kinds of reflective processes: content, process, and premise. Content reflection focuses on the content of a problem to determine exactly what is occurring in a situation and how the problem might be articulated. It seeks to answer the question of What. Process reflection looks at the strategies and ways used in the problem solving procedures. It is a way of asking the question of How. Finally, premise reflection examines the question of Why. Here, one reflects upon the actual problem and probes the basis of the problem. Mezirow suggests it is the process of premise reflection that leads to transformation.

Several key elements frame the rational dimension of transformative learning theory: a central focus on a person's perspective or world view (also known in the literature now as a frame of reference), the how and why that world view might be changed through questioning assumptions and presuppositions through critical reflection and

rational discourse, a ten phase process leading from a disorienting dilemma to a reintegration of a new perspective, and finally, an understanding that transformation may occur suddenly or over time. Cranton summarizes these elements in her summary of transformative learning (Cranton, 2006b):

Transformative learning is defined as the process by which people examine problematic frames of references to make them more inclusive, discriminating, open, reflective, and emotionally able to change. It can be evoked by a single event – a disorienting dilemma – or it can take place gradually and cumulatively over time. Discourse is central to the process. We need to engage in conversation with others to in order to better consider alternative perspectives and determine their validity. (p. 36)

#### *The Affective Dimension of Transformative Learning*

The affective dimension of transformative learning was brought to the fore in the literature through the work of Boyd and Myers (1988). They focus on the depth psychology of Carl Jung and suggest that transformation is the result of an event or encounter which propels the person towards greater psychic integration and wholeness. For Boyd and Myers, the process of grief is essential to the transformational process rather than rational discourse and critical reflection as argued by Mezirow (Boyd & Myers, 1988). The intentional attending to the dynamics of the grief process is one of the major differences between Boyd and Myers' understanding of transformation and that of Mezirow. A review of the literature shows that, in addition to grief, there are two other critical dynamics to the affective dimension of transformative learning. These are soul and

authenticity. These three key dynamics of the affective dimension of transformative learning are all anchored in Jungian psychodynamic theory with its emphasis on the concept of the Self and the process of individuation.

Boyd and Myers (1988) initially noted several differences with Mezirow and his understanding of transformative learning. The most pointed difference was centered on Mezirow's reliance on rational thought as the fundamental basis for transformation, and that Mezirow's position was grounded in the psychoanalytical theory of Freud with its dominance of the ego. The dominant position of ego necessarily leads to the centrality of rational thought for Mezirow. Boyd and Myers, on the other hand, offer a different understanding of adult education and transformation that is geared toward "the expansion of consciousness and the working toward a meaningful integrated life as evidenced in authentic relationships with self and others" (Boyd & Myers, 1988, p. 261). For Boyd and Myers, transformation is driven by more than the rational and reasonable. In their conceptualization, transformation occurs through a process of discernment and grief work based in Jungian psychological theory. They argue that concepts such as archetypes, shadow, persona, and Self are essential to understanding what they call transformative education.

Transformative education is more focused on contemplating the integrative wholeness of life rather than rationally discussing and reflecting on experiences. The process of discernment for Boyd and Myers centers on how a person becomes aware of his or her self in the world. The increase in self-awareness is critical to transformation here. To become and be a self, one must become aware of one's view of the world and how the

world works. Grief, soul, and authenticity serve as three key dynamics of the affective dimension of transformative learning.

### *Grief as a Key Dynamic*

Of the three primary aspects of the affective dimension of transformative learning (grief, soul, and authenticity), Boyd and Myers (1988) suggest grief is the predominant condition for transformation. Grief is a natural process and reaction to change, especially when significant life events are involved. Grief is a normal and healthy process. Any change includes, at some level, a sense of loss (Corr, Nabe, & Corr, 2003; Jones, 2007; Kubler-Ross, 1969; Moore, 2004). Therefore, grief is a part of the change. When the world changes, grief is the appropriate, necessary, and unwelcomed feeling. When disorientation strikes and there is a disruption of the unexamined order of the world, grief is surely present and found in the resulting “bitter resistance” as noted by Bond (2003). “Through grief work,” write Boyd and Myers (1988), “the individual searches out meaning based on their expanding consciousness of Self” (p. 279). By situating transformation within the crucible of grief, Boyd and Myers present a radically different understanding of transformation. The grief process is central to the affective dimension of transformative learning. Research into the grief process clearly shows that grief is more than moving through predetermined stages and is perhaps better understood through narratives the person tells of his or her loss (Churchill, 1979; Corr et al., 2003; Kubler-Ross, 1969).

Sue Scott (1997) likewise argues that the process of grieving is integral to transformation. Following Boyd and Myers, Scott reiterates that “transformation is not a rational process” (Scott, 1997, p. 44), but that the affective dimension of transformative

learning allows for the transformation to occur on a feeling level through images and symbols. For Scott, the attending to the dynamics and process of grieving what is lost when changes occurs in life is the core of transformative learning. What grief changes for a person is more complex than can be captured with rational thought. As six-year-old Claire said in a children's bereavement group, "Grief is complicated." In his book on a psychological approach to the Psalms, Edward Edinger (2004) writes:

Experience teaches us that psychological encounters with death, loss, grief, with sorrows of all kinds – when consciously met and dealt with – lead to a deepening and enlargement of personality, to a harvest rather than a loss. The tears of sorrow are in fact psychological seeds which, when harvested, bring renewal and an increase of life on a new level. (p. 122)

Attending to the process and dynamics of grief as a person struggles with change and loss in his or her understanding of the world and of his or her Self is essential to the affective dimension of transformative learning.

#### *Soul as a Key Dynamic*

A second key dynamic of the affective dimension of transformative learning is that of soul. John Dirkx introduced the concept of soul into the transformative learning lexicon (Dirkx, 1997, 1998, 2001a, 2001b, 2006; Dirkx et al., 2006), arguing that transformative learning involves much more than a technical and rational approach. He counters Mezirow's reliance on rationality by emphasizing that transformative learning also involves personal ways of knowing and makes use of imagination, symbols, and emotions - what he calls soul. For Dirkx, soul "is more than a psychological attribute, more than



attending to feelings in learning. ... Soul has to do with authenticity, connection between heart and mind, mind and emotion, the dark as well as the light” (Dirkx, 1997, pp. 82-83). With this focus on soul, transformative learning in the affective dimension fosters self-knowledge through the use of symbols, imagination, and emotions.

Dirkx acknowledges that adult learning is often chaotic. By grounding transformation in soul, he moves the theory into the heart, to speak metaphorically. The use of soul in transformative learning provides another facet through which one can view the transformative learning process. Following Dirkx, Valerie Grabove suggests that transformative learning is “soul learning” (Grabove, 1997, p. 92).

Dirkx also argues that as an individual attends to the affective dimension, he or she will necessarily be concerned with the emotions and feelings associated with a particular learning experience, and so becomes aware of their Self which until this point may have been little more than an unconscious notion. According to Dirkx, self-knowledge often comes through symbolic experiences rather than through direct language, and that therefore the process of meaning making involves the recognition, naming, and elaboration of the different aspects of the Self and its accompanying images and symbols (Dirkx, 2001b, 2006; Dirkx et al., 2006). This process of meaning making is what Jung called individuation.

Thus, Dirkx’s conceptualization of adult learning sees emotions and imagination as integral to the process of making meaning. For Dirkx, the affective dimension of transformative learning necessarily includes emotions, and since emotions are central to the human experience, they should not be avoided in adult learning situations. Rather, the

emotional content of experiences needs to be embraced because it is through one's emotions that one shifts through and makes meaning of those experiences. Emotions are critical to the process of meaning making. A person understanding of him or herself is grounded in an emotionally understanding of the self. For Dirkx, then, emotionally charged experiences are to be approached. They are not to be avoided or denied as being inappropriate. Making meaning is more than a rational, ego-based experience. It involves the emotional, spiritual, and transpersonal elements of knowing. Dirkx (2006) regards "emotion as integral to the meaning-making process" (p. 16). He notes, "Emotions always refer to the self, providing us with a means of developing self-knowledge. They are an integral part of how we interpret and make sense of the day-to-day events of our lives" (Dirkx, 2001b, pp. 64-65). This is indeed the "soul work" of the affective dimension of transformative learning, the attending to of symbols, images, and emotions that occur in the learning process.

#### *Authenticity as a Key Dynamic*

The third key dynamic of the affective dimension of transformative learning is the concept of authenticity. A somewhat elusive concept in adult education, Cranton locates authenticity in Jungian psycho-dynamic theory (Cranton, 2003). For Cranton, authenticity is grounded in the processes of becoming conscious, acquiring self-knowledge, and working towards individuation. She suggests that the process of becoming conscious, becoming aware of self and the world, is a central tenet of transformative learning theory. While Mezirow relies on rationality to convey the transformative process, Cranton turns to Jung. She writes, "From a Jungian perspective, becoming conscious involves examining

the unexamined, becoming aware of depths of the Self, moving underneath the surface of life. It occurs through introspection, reflection, delving into our emotions and imagination” (Cranton, 2003, p. 2). Authenticity rests on more than rational thought. Authenticity calls for an understanding and awareness of one’s emotional life, of the soul work Dirks speaks about. The more a person becomes aware of his or her self in relation to others and the world, the more authentic that person will be in those relationships.

For Cranton, authenticity is found self-knowledge, that is, knowledge of one’s own life narratives. By gaining self-knowledge a person begins to critically question and reflect upon previously unexamined values and beliefs. Cranton holds that gaining self-knowledge leads to transformative learning. “Transformative learning,” she writes, “depends on increasing self-knowledge” (Cranton, 2003, p. 3).

The process of gaining self-knowledge is the Jungian process of individuation, a process by which a person becomes conscious and develops self-knowledge. Jung defined individuation as “the process by which individual beings are formed and differentiated; in particular, it is the development of the psychological individual as being distinct from the general, collective psychology. Individuation, therefore, is a process of differentiation, having for its goal the development of the individual personality” (de Laszlo, 1990, p. 266). In other words, individuation is a process by which a person becomes aware of who he or she is, and how he or she is different from others. It means becoming more fully conscious of one’s self and of one’s place in the world. It means becoming more fully a unique individual. Murray Stein (2006) notes that “the process of individuation requires questioning one’s own most cherished cultural certainties and dearly held convictions. It

means letting go of earlier identifications and being open to exploring what is unknown and often distasteful” (p. 202). Since for Cranton the process of transformative learning is also a process of individuation, authenticity, individuation, and transformation are interlaced (Cranton & Carusetta, 2004; Cranton & Roy, 2003). Authenticity is then the genuine expression of the self in the context of a myriad of the understandings of how the self relates to others and to the world.

Not surprisingly, Cranton suggests that one of the primary facets for authenticity is self-awareness (Cranton, 2006a, 2006b; Cranton & Carusetta, 2004). In the context of teaching, Cranton suggests that one’s awareness of one’s history and how one sees oneself as a teacher is critical. Genuine relationship with another person, the student, is predicated on such self-awareness. Just as self-awareness drives authenticity, so authenticity drives the ability to establish open and honest relationships with students. The process of authenticity models the process of transformation (Cranton, 2006a, 2006b; Cranton & Carusetta, 2004).

In sum, the affective dimension of transformative learning acknowledges that while transformative learning does indeed have a rational facet, there are other facets of equal importance. These other facets, or key dynamics, include recognizing the process of grief when any change occurs, being aware of soul as a metaphor for the deep learning called for by emotions and symbols, and finally, understanding that authenticity in transformative learning involves the emergence of the Self. The affective dimension of transformative learning is situated in Jungian psycho-dynamic theory and as such understands transformation as paralleling the process of individuation. The self-awareness called for by

the affective dimension of transformative learning is rooted in an understanding of the narratives of the individual's life and his or her relationships with self, others, and the world.

### *The Narrative Context for Transformative Learning*

Life events are woven into narratives, and the resulting interpretation of those events occurs through the veil of narrative. In this sense, narrative is not literally what happens to a person, but rather is the meaning that a person makes out of what has happened. As Stephen Crites argues, there is a narrative quality to experience (Crites, 1971). Narrative is the means by which experience is organized, how it is told, and how it is remembered (Baldwin, 2005). In short, narrative is how a person makes sense of life experiences. In the context of a narrative understanding of life, transformative learning theory seeks to encompass the ways in which persons see themselves and how they live and move and have their being in the world. Over and over again, people tell stories, create poetry, and sing songs.

It is also important to note that the process of making meaning and the interpretation of experience does not occur in a vacuum. Persons learn their world view in a myriad of ways, through stories within their families, social networks, and communities. They learn a certain frame of reference as part of religious upbringing and the attendant narratives that embrace religious and moral values. Persons come to understand the way the world works from their encounters in the educational systems. The world view of persons is situated, both consciously and unconsciously, within the larger society and culture and their interwoven narratives. Through these different lenses of understanding

life, individuals come to form an understanding of how the world works, what makes sense of life, and how experiences become narratives of meaning (Cranton, 2006b).

Most often a person understands the world in an unquestioned and unexamined way. Without realizing it, persons become more embedded in a particular way of understanding and going about life than they may be consciously aware (Bond, 2003). They filter experiences, and thus the narratives, through the world view and assume them to be true. There is then no need to question, examine, and reflect upon the premises which provide the foundation of the perspective. More often than not persons also live their lives by certain unchallenged statements and implicit convictions, like Robert and his understanding of faith. As long as the world works and makes sense, there is no need to change, question, and examine underlying assumptions and convictions.

However, as life unfolds persons may discover in many different ways that their understandings of the world and the way it is supposed to work no longer prove to be adequate for the task at hand. The old narratives no longer work and make sense. New and disorienting experiences, such as the unexpected death of a child, challenge persons to construct new meaning and new understandings. The old assumptions are found to be inadequate to the new challenges of life.

When such disorienting experiences occur, the person has two basic options: either reject the experience – and the narrative - out of hand through denial, repression, or radical interpretation; or question his or her underlying assumptions and expectations, and thus potentially begin the process of revising these assumptions and convictions into a new story. Cranton (2006b) says, “When people critically examine their habitual expectations,

revise them, and act on the revised point of view, transformative learning occurs” (p. 19). The learning that is transformative may be the result of a single disorienting dilemma or it may occur in a more gradual, cumulative process over time. Cranton goes on to suggest that such “transformative learning leads to perspectives that are more inclusive, discriminating, and integrative of experience” (Cranton, 2006b, p. 19).

However, such a change of perspective is not without cost. In reality and in practice, when events challenge deeply held convictions and understandings of the world, the result is usually bitter resistance and grief (Bond, 2003; Boyd & Myers, 1988; Scott, 1997). Change and learning are not easy. Robert can surely attest to this fact.

#### *Current Research in Transformative Learning*

Current research in transformative learning theory is wide ranging. For example, Taylor has noted how neurobiology and the role of emotions effect transformation (Taylor, 2001). Dirkx continued to gain clarity around the concept of soul in transformation (Dirkx, 2001a, 2001b). Davis (2003) argued that there are spiritual dimensions to transformation which need to be recognized. Scott (2003) suggested that transformation is socially constructed.

Furthermore, the literature suggests that research into transformative learning is becoming more nuanced and particular. Research has confirmed the essentials of the learning process, and now seems to be moving into exploring the different facets of the transformative process in different educational contexts (Taylor, 2003, 2007). Research into the dynamics of transformative learning has appeared in disciplines such as nursing education, higher education, health education, educational administration, distance

education, and business communication. Areas of research that have emerged in recent years include (1) the importance of teaching – learning relationships, (2) the importance of understanding cultural differences in the transformative learning process, (3) the nature of changes in frames of references and habits of mind, and (4) a concentrated focus on the practices which foster and encourage transformative learning (Taylor, 2003, 2007).

First, research into the importance of the teaching-learning relationship has identified that forming significant relationships with others is essential for transformative learning. For example, one study identified that for work-related relationships for career women, the love relationship was most critical (Carter, 2002). Eisen (2001) notes that the essential relational qualities in peer-based professional development include, among others, trust, honest feedback, voluntary participation, shared goals, and authenticity. The importance and significance of social interaction of people who had been diagnosed with HIV / AIDS was noted by Baumgartner (2002). Baumgartner also notes that dialogue was equally important for these persons. The dialogue here is not simply a rational, critical discourse. Rather, it is a dialogue that embraces open, vulnerable, and trusting ways of communication. Perhaps such dialogue is more of a spiritual and emotional discourse, and thus attends to the affective dimensions of learning. Such a stance, however tempting to state, is only hinted at in the research. It is this hint, this unexplored gap, which this study attempts to address more fully.

Second, Taylor (2003) notes that while the understanding of cultural differences is important in transformative learning theory, research does not go into depth identifying significant factors such as gender and age. Nevertheless, Carter (2002) notes that relational



forms of communication are more important to the women in her study than rational, critical discourse, because the former is more conducive to transformation. In a similar study, Kilgore and Bloom (2002) note that when women are in crisis there is a lack of perspective transformation because these women lack a sense of self that is required for the necessary critical reflection upon the presenting disorienting dilemma.

Third, in terms of the nature of perspective transformation, a longitudinal study confirms that such a change may be resistant to change once it has taken place (Baumgartner, 2002; Courtenay, Merriam, Reeves, & Baumgartner, 2000). Changes in perspectives are also noted in the context of particular learning events such as service to others (Baumgartner, 2002), change in practice (K. King, 1999), cultural awareness (Lyon, 2001), and change in one's life mission (Kroth & Boverie, 2000). Embedded in the research on perspective transformation is the confirmation that action is integral and essential to a lasting change in perspective (Baumgartner, 2002; Courtenay et al., 2000; K. King, 2000; MacLeod, Parkin, Pullon, & Robertson, 2003).

Fourth, much attention has been given to research in the actual practice of fostering transformative learning in different educational contexts such as the professional development of faculty and administrators (Garvett, 2004; K. King, 2004), palliative care and medical education (MacLeod et al., 2003; Mallory, 2003), environmental learning (Cohen, 2004; Feinstein, 2004; Sinclair & Diduck, 2001), and group process learning (Cohen, 2004; Scribner & Donaldson, 2001). Other research studies have noted how an on-line education setting can contribute to transformative learning when the adult participants have a significant degree of life experience and time to reflect intentionally on the process

(Cragg, Plotnikoff, Hugo, & Casey, 2001; Ziegahn, 2001). Jarvis (1999) used romantic fiction as a means of challenging women students' traditional concepts of romantic love and power. Other studies noted how certain practices served to inhibit transformative learning (Christopher, Duncan, Duncan, & Paul, 2001; Scribner & Donaldson, 2001). These were studies that highlighted how the rules and sanctions imposed on women enrolled in a welfare program and how unequal and unsatisfactory cohort experiences within a doctoral program thwarted perspective transformations.

Research into the practices that foster transformative learning indicates that there are two critically important dynamics for this proposed study. First, research demonstrates that when students are provided with learning experiences that are, as Taylor (2007) suggests, "direct, personally engaging, and stimulate reflection upon experience" (p.182), then transformative learning is enhanced (Feinstein, 2004; K. King, 2004; MacLeod et al., 2003; Mallory, 2003). For example, studies in which medical and nursing students were required to have direct contact and experiences with dying patients and their family members showed that such experiences allowed the students to become more empathic and more aware of the emotional impact of the contact. These kinds of direct learning experiences encouraged the students to listen and respond to the narratives told by the patients, and in doing so, become more compassionate care-givers (MacLeod et al., 2003; Mallory, 2003).

Second, research also indicates that educators' support of students who are working towards transformation is important. For example, King (2004) found that in a study that employed transformative learning theory and grief theory with students following the

September 11 terrorist attacks, support provided to the students by the educators served to validate their students' feelings. The support also provided clarity and understanding towards the feelings of others. This research is the only study that has attempted to explore transformative learning theory and grief in an intentional manner.

Clinical pastoral education is unique in the discipline of theological education in that it provides the theological student the same direct experiences with persons in crisis as the above studies. CPE students are in direct and intense contact with persons who are dying, in grief, and experiencing a wide range of emotions. The educational methodology of CPE is intentionally structured to allow students to process and reflect upon the emotional impact of these learning experiences. While research into the dynamics of transformative learning theory grows, there remains nonetheless little study on the role and impact of the affective dimension of learning, and how emotions are involved the process of perspective transformation. To be sure, the dynamics of grief have been noted in the literature as being important (Scott, 1997). Taylor (2007) writes, "... little is known about how to effectively engage emotions in practice, particularly in relationship to its counterpart critical reflection, and the role of particular feelings (e.g. anger, shame, happiness) in relationship to transformative learning" (p. 188). It is this gap that this proposed study seeks to address.

#### Clinical Pastoral Education

The history of clinical pastoral education is well documented within theological education (Hall, 1992; Holifield, 1983; P. Johnson, 1968; S. King, 2007; Powell, 1975; Thornton, 1970). However, formal research into the discipline of CPE is meager. The

primary interests of CPE supervisors over the years have been on teaching the art of pastoral care, providing pastoral care, and reflecting theologically on that care rather than on asking research questions of why, how, and what. Research that has been done in CPE has been mostly quantitative and therefore, positivistic in nature (VandeCreek & Valentino, 1991). The research often ends with calls to recognize the need for more research (Gleason, 2004), the need for a better understanding of the meaning of pastoral research (Bay & Ivy, 2006; Sutherland, 1995), and the need for an increase in the quality of both quantitative and qualitative studies (Flannelly, Liu, Oppenheimer, Weaver, & Larson, 2003; Gartner, Larson, & Vachar-Mayberry, 1990; O'Connor, 2002; O'Connor et al., 2001; O'Connor, McCarroll-Butler, Meakes, Davis, & Jadad, 2002).

Overall, the research in CPE has most often used questionnaires and surveys (Derrickson, 1990; Fitchett & Gray, 1994; Geary, 1977; O'Connor, Empey, Fox, Meakes, & O'Neill, 1997; VanKatwyk, 1988). The questionnaires and surveys are usually given on a pre- and post-test basis to demonstrate learning and change in the students (Thomas, Stein, & Klein, 1982). Most of the research studies have sought to measure quantitatively the attitudes, values, and outcomes in the educational process. These studies have consistently demonstrated that CPE brings about positive changes in the students' sense of self-awareness and pastoral functioning. For example, Gerald Grant (1975) found positive changes in students' attitudes, confidence levels, and enthusiasm for ministry. Geary (1977) and VandeCreek and Valentino (1991) noted an increase in the self-actualization scores of students. In a quantitative study on time usage, Denham (1985) found that pastoral supervision positively impacted students' ability to process emotional variables.

Trothen (2000) found that CPE fostered an increase in students' self-awareness, helped with the development of pastoral skills, and helped with vocational and role clarification.

In 1990, Derrickson surveyed several studies in which psychometric tools were used to measure change. He found students experienced positive personal changes, positive changes in attitudes, and better skill development (Derrickson, 1990). Derrickson and Ebersole (1986) found that, in addition to positive changes in attitudes brought about by CPE, students remembered emotionally charged situations longer and more vividly, and that these kind of experiences had a strong impact on the students' experience of CPE. That study provides a foundation for this research project in that it is anticipated that the narratives CPE students tell about their experiences will be emotionally laden and charged with meaning for them.

There is an overall lack of qualitative research in CPE (O'Connor et al., 2001). Only a few studies use qualitative methodology. Much of the qualitative research is focused on case studies which report on specific dynamics within the discipline of pastoral care such as demon possession (Van Gelder, 1987), the experience of God during a crisis (Marston, 1990), observing one family's process of grief after a death, (VanKatwyk, 1993) and the process of conducting pastoral research in hospital setting (Hover, Travis, Koenig, & Bearson, 1992). In addition to the case study method, other qualitative research methods found in the literature include ethnographic (O'Connor, Meakes, Bourdeau, McCarroll-Butler, & Papp, 1995), phenomenology (Fitchett, 1998-1999; Van Gelder, 1987), and rarely, mixed methods (Trothen, 2001). Also O'Connor and his colleagues (O'Connor et

al., 1997) used the method of triangulation to obtain a more accurate evaluation of the CPE process.

Overall, the literature of clinical pastoral education is focused more on the theory and practice of pastoral care than on researching and evaluating methodology, outcomes, and other variables in the teaching and learning process. This focus on theory and practice is seen in the form of literature that is theological and psychological in nature (Jones, 2004, 2006). The fact remains that students who are training for the ministry are trained in theology, not research methodologies. Formal research remains on the fringe of the discipline. While there is lack of both quantitative and qualitative research in the literature, there is an underlying importance given to the essential character of narratives and the reflection on experiences.

The premier journal in the field of clinical pastoral education is *The Journal of Pastoral Care and Counseling*. This journal has been in publication for over 50 years. There is a section in the journal called Personal Reflection Articles. These are short essays which focus on the personal experience of a chaplain or on some encounter found in the practice of ministry (Hulet, 2007; Jones, 1990). The narratives usually demonstrate a sense of personal growth of the person, the essence of a pastoral encounter often couched in theological reflections, and, offer an emotional appeal. It might be argued that these personal reflection articles capture in a fuller sense the affective dimension of learning that CPE students encounter in their ministry to persons in crisis. These brief narratives, while lacking the formal sense of qualitative research, do indeed reflect on the ongoing efforts of CPE supervisors and others to make meaning of their experiences in ministry. This

proposed study seeks to address the lack of qualitative research into the affective dimensions of learning in the CPE process.

## The Psalms

### *An Overview*

The literature on the Psalms of the Bible is immense. It has a completely different character than the literature of transformative learning theory and the literature of clinical pastoral education. There are no quantitative or qualitative research studies. The scholarly work in the Psalms is theological in nature. The focus of the work centers on theological reflection, interpretation, and commentary. There is historical and sociological research into the meaning of the Psalms as well as studies in literary, canonical, form, and redaction criticism (McCann, 1996). Nevertheless, in spite of these differences, the Psalms provide an important context for this research study. The Psalms can provide an additional, or parallel, framework for understanding and making meaning of life experiences.

The focus for this research project rests on Walter Brueggemann's seminal work on the Psalms, and more specifically, the psalms of lament (Brueggemann, 1984, 1986, 1991, 1995b, 1995c, 2002b). Brueggemann's scholarly work on the Psalms is substantial and provides a solid theological grounding in terms of articulating how the psalms of lament speak directly and honestly to human experience. As Andre Chouraqui (1995) so eloquently says,

We are born with this book in the depths of our being. A little book: a hundred and fifty poems; a hundred and fifty steps set between death and life; a hundred and fifty mirrors of our rebellions and our fidelities, of our agonies and our

resurrections. This is more than a book; it is living being who is speaking, and speaking to you; a living being who suffers, who groans and dies, who comes to life again and sings – and all this at the very threshold of eternity. It takes you up and carries you away – you and all the centuries upon centuries, from the beginning of time until the end.... This book is a mystery. Generation after generation keeps coming back to this song, to be purified in this spring, to examine each and every verse, each and every word of this prayer from of old, as though its rhythms were throbbing with the heart-beat of the spheres. (p. 5)

The scholarly consensus on the Psalms is grounded in the work of Sigmund Mowinckel (1962), Hermann Gunkel (1967), and Claus Westermann (1974; 1981)). These scholars shaped the current understanding of the research and interpretation of the Psalms. Mowinckel (1962) put forth the hypothesis that the psalms are best understood as occurring in a single, liturgical setting. According to this hypothesis, many of the psalms were composed for liturgical worship and public prayer in the life of ancient Israel which particularly reflected the annual enthronement festival of the king. This festival was dramatically enacted in the temple in Jerusalem around the New Year.

Mowinckel's student, Gunkel, realized that Mowinckel's hypothesis was incomplete in that it was unable to account for the psalms that did not fit into the festival setting. Thus Gunkel turned to the form-critical approach to the psalms (Gunkel, 1967). Gunkel noted that there were various literary genres which, in essence, governed the structure and themes of the psalms. Furthermore, Gunkel noted that the psalms reflected certain forms of expressions and ways of articulation that could be best understood in as



repeating patterns. According to Gunkel, these various forms of expression could be found in the psalms of praise, thanksgiving, and lament. All of these forms used certain types of speech. They made use of certain, stylized patterns to give them shape and meaning.

Following Mowinckel and Gunkel, Westermann (1974; 1981) identified the basic form found in the psalms of lament. Westermann argued that the basic structure of the lament followed a distinctive movement from plea to praise. This movement, at times, may be sharp and somewhat disjointed. It may be uneven. Nevertheless, the movement from plea to praise is essential in the psalms of lament. For Westermann, this movement from plea to praise describes the movement of faith in God. The movement ranges from deep alienation and pain to profound trust, confidence, and gratitude. Recognizing this movement is central to Westermann's understanding of the psalms (Westermann, 1981). It does not shy away from or deny the realities of brokenness and grief but acknowledges and names them. But – and this “but” is critical-- the movement does not stay stuck in the plea, in brokenness and grief. There is more beyond. Ultimately there is even praise. There is an unparalleled transformation of sorrow into something more, call it praise, joy, wisdom, and hope. Murphy describes this movement which ends in praise like this: “It is as though Israel could never give up on the Lord; an ineradicable strain of hope and expectancy surrounds the lament” (Murphy, 1980, p. 236).

Before moving to discuss the actual structure of the lament, the meaning of lament will be discussed.

*The Meaning of the Lament*

Generally speaking, the lament is a stylized form of speech. It is a cry of distress. It is a protest or a complaint that seeks – and certainly expects – a positive outcome from God, that God deliver, that God save, that God show compassion upon the one who cries out. Throughout its history, Israel knew that along with the joy and blessing of life come, as Brueggemann (1995a) says, “hurt, betrayal, loneliness, disease, threat, anxiety, bewilderment, anger, hatred, and anguish” (p. 67). That is our history as well. Nothing has changed. We too know that life is not always good and happy. Bad things happen. The lament gives expression to the kinds of experiences and feelings we are told constantly and relentlessly by our culture to suppress.

But by praying the laments, Israel had a way of directly facing the hurtful dimensions of human life. Israel did not try to explain them away, deny them, or avoid them. Instead, Israel held to the premise that all of life – even the hurtful dimensions – is held in covenantal relationship with God. The lament enables Israel to stay engaged and in dialogue with God. The lament affirms that even though there is pain in the world, this pain can be put into words. Brueggemann (1995a) puts it like this:

The laments show clearly that biblical faith, as it faces life fully, is uncompromisingly and unembarrassedly dialogic. Israel ... in their hurt have to do with God, and God has to do with them. The laments are addressed to someone. Nowhere but with God does Israel vent its greatest doubt, its bitterest resentments, its deepest rage. Israel knows that one need not fake it or be polite and pretend in the divine presence, nor need one face the hurts alone. (p. 68)

At its core, then, the lament is witness to a profound faith that takes God seriously and takes the covenantal relationship with God seriously. This means there has to be dialogue. There has to be exchange in open and honest ways. There can be no holding back. Everything is on the table: doubt, anger, despair, guilt, resentment. There is no requirement of politeness. There is no need for gentility. If the relationship is authentic, then it can endure and even thrive on the honest and candid expression of all of the hurtful feelings. These feelings have to be spoken in order for them to be processed. Silence in the face of hurt does no good. The anguish of life calls for speech, for words, for prayer. The anguish of life calls even for poetry.

For Israel, the lament was the characteristic way of expressing and voicing the hurt of life. The Book of Psalms attests to this fact in a concrete way. Between one third to one half of psalms are laments (Brueggemann, 2002a). Clearly in its life of faith, Israel is unafraid to speak its truth about the hurts found in that life. In its bold faith, Israel addresses God in its need and goes beyond. Israel asks and even demands that God should respond decisively to alleviate the spoken need. More than that, Israel prays that God must respond. There is no other option.

As stylized speech, Israel developed a disciplined form for the lament. The form – and the words embodied in the form – worked then. It still works. As Brueggemann (1995c) says, “The community uses, reuses, and rereuses these same words because the words are known to be adequate and because we know no better words to utter” (p. 33). The lament with its movement from plea to praise is an act of boldness. Underneath the pain and anguish, the anger and despair, lays a confidence that allows, and even compels,

the psalmist to give voice to the darkness. Out of the depths come the cries of the psalmist, and the cries of all those who have followed. The psalms of lament speak the unspeakable and name the unnamable. In doing so, they offer the hope for transformation. This is not a cheap hope that can be easily confused with optimism, but a hope wrought in relationship and trust. The depth of pain expressed in the laments is all too real. So too is the possibility that this pain can be transformed, and will be transformed, into praise.

*The Structure of the Lament*

As outlined by Westermann, the plea consisted of an address to God, the actual complaint, a petition that the complaint be heard, the motivations of the psalmist, and finally, imprecations (Westermann, 1974, 1981). This movement from plea to praise is captured in the psalms of lament and an overall structure and meaning in the psalms. The current scholarship of J. David Pleins (1993), J. Clinton McCann (1996), Michael Jinkins (1998), and Denise Dombkowski Hopkins (2002) supports Westermann's theological understanding of the psalms of lament. See Table 2.3.

Table 2.3 Theological Movement in the Psalms of Lament

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| <u>Plea</u>    | <u>Praise</u>            |
|----------------|--------------------------|
| Address to God | Assurance of being heard |
| Complaint      | Payment of vows          |

Table 2.3 continued

|                   |                     |
|-------------------|---------------------|
| Petition          | Doxology and praise |
| Motivations       |                     |
| Cry for vengeance |                     |

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The address to God in the lament establishes the dialogical nature of the relationship. Thus the lament begins not in silence and isolation but in recognition of an ongoing relationship with God. The psalmist initially sets the stage for the expectation of some action and response from God. “Clearly,” Brueggemann writes, “God is expected to intervene actively and powerfully because of previous commitments between the parties” (Brueggemann, 1995a, p. 70). The lament is prayed aloud because Israel believed God was intently listening and able to respond. By addressing God directly, Israel expected God to respond as God had responded in the past. The address to God, then, places the lament in the context of an already established relationship with God. It is the nature of this relationship which will serve as a crucible for the expression of all the feelings found in the lament.

Following the address to God, the lament moves to complaint. The complaint and the following petition form the core of the lament. The complaint is often stated with hyperbole and exaggeration as a way of describing the psalmist’s troubled situation. The complaint is often loud and shrill in order to get God’s attention. Once God’s attention is grabbed, then God can be persuaded, cajoled, begged to respond and act. God must first

hear before God can respond. This is a crucial point: the psalmist and Israel know that God can also be maddeningly silent, absent, and indifferent. Simply put, the purpose of the complaint is to get God to do something to remedy the situation such as sickness, a sense of loneliness and abandonment, the presence of dangerous enemies, shame, and of course, death.

The petition follows the complaint in the lament. The petition simply asks God to act and to act decisively. The speech of the petition is urgent and bold. The petition may be for healing if there is sickness, for protection and defeat of enemies, for life in the presence of death. The purpose of the petition is to gain God's attention, that God hear the cries of the psalmist. Thus the psalmist is compelled to provide God with all the reasons God should act on the psalmist behalf.

The motivations for God's response follow the petition. The petition should be granted because the psalmist has given God all the reasons why God should right the wrong, relieve the injustice, heal the sickness, or smite the enemies. The motivations often appeal to God's reputation and to God's actions in the past. If God has listened and responded in the past to the cries, then God should listen now and respond as before. Other motivations voiced in the lament are the psalmist's protestations of innocence, confessions of sin, the desire for mercy and forgiveness, and the promise of praise if God will indeed act. The motivations, in essence, appeal to God's faithfulness even in the face of undeserved hurt and pain. The lament is a bold act of faith.

The final component of the plea in the lament is the cry for vengeance. In the laments, the cry for vengeance brings home the enormity of the pain and anguish of the

psalmist. The psalmist knows intimately about the dark and dangerous feelings in the human soul. By naming them, they are brought to light. Norris (1996) says, “The psalms make us uncomfortable because they don’t allow us to deny either the depth of our pain or the possibility of its transformation into praise” (p. 96). With the cries for vengeance, the laments give voice to the truth of the dark places in our lives. Thus the movement of the plea in the laments captures the real experiences in life, and through these laments, ancient Israel found ways to make meaning and understand the narratives of their faith. There is more to life than lament. There is also praise.

The second part of the movement within the lament is this movement to praise. According to Westermann (1981), the praise component consists of three parts: the assurance of being heard, the payment of vows, and doxology and praise. In the unfolding of the prayer of lament, a significant change occurs. The cries of distress are transformed into the praise of God. This turn toward praise is unexpected and surprising. This praise seems to come out of nowhere and is just as unsettling as the plea. Brueggemann (1984) writes, “This movement from plea to praise is one of the most startling in all of Old Testament literature” (p. 56).

The assurance of being heard acknowledges that God has indeed heard the complaint and petition, and that God has indeed acted and responded in transforming ways. The troubling situation has been changed. God has heard the prayer, so the singing of praises and expressions of thanksgiving follow. The payment of vows previously voiced and promised takes place. The psalmist had promised to praise God if God responded. The psalmist now keeps that promise through singing and through giving offerings to God. The

lament ends most often with doxology and praise. In a paradoxical way, “the God who has been accused is now acknowledged as generous and faithful and saving” (Brueggemann, 1984, p. 56).

The form of the lament with its movement from plea to praise is an act of boldness. Underneath the pain and anguish, the anger and despair, lays a confidence that allows and even compels the psalmist to give voice to the darkness. Out of the depths come the cries of the psalmist, and the cries of all those who have followed. The psalms of lament speak the unspeakable and name the unnamable. In doing so, they offer the hope for transformation. This is not a cheap hope that can be easily confused with optimism. Rather it is a hope wrought in relationship and trust. The depth of pain expressed in the laments is all too real. Yet so too is the possibility that this pain can be transformed, will be transformed, into praise.

In the psalms, the God who is faithful, powerful, and generous not only hears the cries but responds. To be sure, something remarkable does indeed happen in the lament. God surely behaves in ways that are liberating, redeeming, and life-giving. Through the lament, the psalmist invites a movement deeper into the life of faith. A warning must be given though: This descent leads into disorientation, into the depths of human experience. It is only through this descent that new life and a new orientation can be discovered.

*Brueggemann’s Scheme of Orientation – Disorientation – New Orientation*

Brueggemann’s scheme of orientation – disorientation – new orientation is particularly helpful in understanding the psalms of lament (Brueggemann, 1984, 1986, 1995b, 2002b). Building upon the seminal work of Westermann (1981), Brueggemann’s



scheme further develops the internal movement from plea to praise within the laments. It is important to note that, for Brueggemann, this scheme is not to be seen as a rigid, unbending form into which every psalm has to be forced. It is not a narrow, uncompromising rule. Said another way, the scheme is not a way to jam round pegs into square holes. Rather the scheme serves as a way of understanding, a way of conceptualizing. It is, at its best, a “principle of organization” (Brueggemann, 2002b, p. viii).

This scheme provides a way of seeing the whole of the psalms as foundational to the life of faith. That is, the laments in all of the despairing complaints, the outraged accusations, the broken petitions, the persistent appeals, and the desire for vengeance are not outside the life of faith. On the contrary, all of life, all of human experience, is embraced within the covenantal relationship with God. The movement from orientation to disorientation to new orientation shows in clear and profound ways “that what goes on in the Psalms is peculiarly in touch with what goes on in our life” (Brueggemann, 2002b, pp. ix-x). At first glance, the lament in all of its anguish may seem to be in opposition to faith, at least a faith that sees only light, goodness, and contentment. In reality it is a way to move deeper into a faith which is transformative, a faith where God does indeed make a difference. The psalms stand as a counter-narrative to the lemming-like rush toward a faith which is really only stoicism and resignation disguised. As John Endres (2002) says, “The Psalms tutor us in the language of prayer; they teach us new ways of praying and more expressive ways of articulating our hopes and fear, our joys and sorrows” (p. 54).

For Brueggemann, the life of faith is centered on two decisive moves which are always occurring (Brueggemann, 1984). The first is a movement out of what he calls a settled orientation and into a season of disorientation. This movement may happen because some circumstance has changed. It may be the onset of an illness, the loss of a job, the death of a loved one, or the recognition of sin and the pain caused by that recognition. It could even be something as simple as a growing awareness that life is not always fair and that bad things do happen for no apparent reason. No matter the cause, this movement from the security of the known into the chaos of the unknown evokes feelings of rage, resentment, anguish, and sadness. Westermann captures this movement of the plea in the lament (Westermann, 1981).

The second movement is from this chaotic disorientation into a new orientation. It is a movement characterized by the assurance that God has heard and responded to the cries of the psalmist. Action has been taken. God has indeed intervened as God is supposed to do. From Sheol, from the pit, new life emerges and the response in reply to this new life is one of thanksgiving and praise. These two movements might be visualized as follows.

See Figure 2.1.

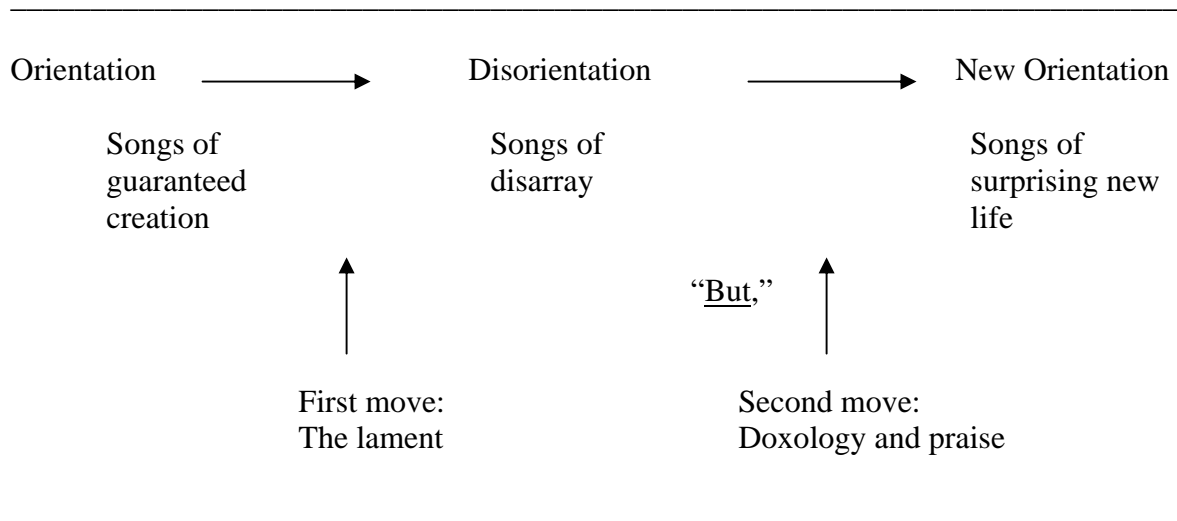


Figure 2.1 Theological Movement within the Psalms.

From the settled stance of orientation where life is good and contentment is the order of the day, the psalms recognize there is more with which to contend. Bad things happen. Circumstances change. Loss occurs. Grief and sorrow break the heart. The deep of the Pit is keenly felt. Life is turned upside down and inside out. Chaos reigns. Lament, deep and loud and persistent, is now required. This is the first movement. The cry of lament speaks the terrible truth of disorientation.

However, this terrible truth does not have the last word. Something happens as the lament is prayed aloud. The pleas, the petitions all reach God and God responds. Disorientation moves toward a new orientation, towards a new life. The psalms are never clear about exactly how this movement happens. It is usually marked by the word, “but.” Yes, bad things have happened. Yes, the anguish is real. Yes, Sheol is a dark place. The truth of life must indeed be spoken and named. While it may feel like the disorientation

will last forever and from which there is no escape, there is another narrative waiting. This narrative begins with the oft-ignored and belittled word, “But.” This word tells us the story is not over. There is more to come. There is more power available than first thought.

What comes is God. God responds and acts. Disorientation does not last forever. Through God’s mighty acts a new orientation unfolds. New life emerges. Of course, the lament is not forgotten, but somehow there is a transformative experience that overshadows the acute pain of the lament. The movement is then into doxology and praise to God for being rescued and delivered and saved and healed. A “rush of positive responses, including delight, amazement, wonder, awe, gratitude, and thanksgiving” (Brueggemann, 2002b, p. 11) characterize this movement into a new orientation.

The psalms of orientation are just that – psalms that give voice to a settled, sure faith. These psalms reflect the assurance of God’s watchful care over God’s creation and God’s people. They reflect the assurance that God is indeed trustworthy and reliable. These psalms are the poetry that express gratitude and confidence in God that comes from the long ago past and has been known from generation to generation. Brueggemann (2002b) writes, “Life, as reflected in the psalms, is not troubled or threatened, but is seen as the well-ordered world intended by God” (p. 17).

The sense of orientation found in the psalms expresses the belief that the world is reliable because God has deemed it so. God’s handiwork of creation is trustworthy and known. God is in control and watches over all. Thus, orientation means that our human life is ordered and possesses a sense of well-being that is deserved and expected. Orientation means the great blessings of life are recognized in prayer and worship. However, the

reality of life and our common human experience is that life is not always well-ordered and secure. There is another side to the equation that cries out for recognition. This is the reality of disorientation.

As Brueggemann suggests, in addition to the times of blessing, “Human life consists in anguished seasons of hurt, alienation, suffering and death. These evoke rage, resentment, self-pity, and hatred” (Brueggemann, 1984, p. 8) The security and solid footing of the orientation disappears in times of loss and change. Nothing is certain. All the old ways, the old understanding, collapse under the weight of darkness. Brueggemann’s idea of disorientation parallels Westermann’s articulation of the structure of the lament plea.

In times of disorientation, we ask questions that have no answers. How long will God forget? How long will God be hidden? How long must pain be borne? How long will the enemy be exalted? There are no answers to these terrible questions. They echo off the empty sky. To live into these questions is to face the deep darkness. There is no way to avoid it. The psalmist gives voice to this anguished part of our human experience. And there are times when the words and questions catch in the throat, when the utterance cannot be finished, when the darkness is so oppressive and painful that all is left is groaning. The unanswered questions cut to the quick. How long, O Lord? How long? There is no certainty to which to hold. The disorientation fully recognizes just how dangerous life really is. The settled and comfortable knowing of the times of orientation has faded away into the unsettled and uncomfortable unknowing of the times of disorientation. Both times

are real. Both times are true. The disorientation points to the fact that something is acutely amiss in the relationship. Something has occurred that needs to be made right.

The psalms of disorientation continue to say that even though something has happened and the orientation has turned into disorientation, everything must be voiced. It all must be brought to speech. It must be said aloud. There is no value in silence, isolation, and denial. And if everything – and every feeling – must be voiced, then it must also be addressed to God, who is, as Brueggemann (2002b) says, “the final reference for all of life” (p. 27).

The recognition of the disorientation gives permission to speak all that it unspeakable and name all that is unnamable. Nothing is to be held back. No matter what the feeling or experience, the psalms are clear in their urgency to speak and name. In these psalms, there are cries for deliverance, for healing, for life, for mercy, for forgiveness, for help, for vengeance, for relief, for hope, for attention, for presence, for strength.

The times of disorientation call for desperate measures and for urgent action. It is not a time for “making nice.” Too much is at stake. God is expected, even in the disorientation, to hear the fullness of the cries because that is who God has proven to be. God is expected to hear. God is expected to act. God is expected to deliver. However, God’s hearing, acting, and delivering are not always easy things to bear. The psalms of disorientation tell us that the darkness is indeed real. Brueggemann (1984) puts it like this:

These psalms are dangerous. They lead into places of deep darkness, where denial and deception try to rule the day. They lead us to the place where we have

to say this is how it really is, to a place where not everything can be reduced to polite and civil musings and gestures. They lead us, ever boldly, into the places unthinkable thoughts and unutterable words. But our honest experience, both personal and public, attests to the resilience of the darkness, in spite of us. The remarkable thing about Israel is that it did not banish or deny the darkness from its religious enterprise. It embraces the darkness as the very stuff of new life. (p.53)

How, indeed, does the psalmist get to “the very stuff of new life?” Something happens in the psalms. But exactly what? Between the voicing of the plea and into the singing of the praise, there is some sort of transformation which takes place. Never in the psalms are we told what this transformation entails. A mystery occurs in the movement between plea to praise, from disorientation towards new orientation. There is no clear and certain answer as to what makes this movement possible. Nevertheless, it is a most remarkable transformation.

The psalms of lament continually attest to the undeniable fact that something has changed: “Life is transformed; health is restored; enemies are resisted and destroyed; death is averted; shalom is given again. The structure of the poem expresses this change” (Brueggemann, 1995a, p. 73). The function of the insignificant word, “But,” points to this transformative dimension. Whatever happened, it surely had a profound impact on the psalmist for there is a new and renewed sense of trust and gratitude.

The “But” in the times of disorientation reflects the mysterious movement from hopelessness to hope, from darkness to light. To be sure, this movement is never easy or even natural. It comes with a great cost. To be transformed in the crucible of lament is to

know intimately the pain and joy of life. The hope for transformation is grounded in the covenantal relationship with the God who is steadfast, abounds in mercy, and forgives daily. Said another way, the radical word of this transformation, “But” is a way of speaking of the good news. God always has the last word. Death is overcome.

The new orientation characterizes the second movement away from disorientation. Most often, the psalms bear witness to “the very stuff of new life,” as Brueggemann put it (Brueggemann, 1984, p. 53). This new life is the great surprise of the psalms. New life comes as a gift when it seemed it might be lost forever. Yet let it be quite clear: this new life is not the old life. The new orientation is not a recapitulation of the old orientation. It is not a means of going back to the good old days. It is what it says it is: new.

The psalmist knows there can no longer be business as usual. Just as the psalms acknowledge the existence of the times of settled comfortableness and times of distress and trouble, they also recognize that our human life is marked by times of wonderful surprise when we are simply overwhelmed by the gracious gifts of God offered to us, freely.

The times of distress and trouble, voiced raw and eloquently, give way to times of newness and renewal. As Gerald Sheppard (1992) writes, “The psalms also seek to establish the fact that, no matter how often suppliants threaten to doubt it in the course of their anguished complaints, God can answer their questions and has power to change things for them” (pp. 144-145). The “But” points toward the newness, toward the possibility of transformation. It points, indeed, toward miracle. The life of faith, grounded in relationship, has been once more reaffirmed.



The movement from orientation to disorientation to new orientation is the movement of God across the face of the void. There is nothing natural about this movement. Rather, it reflects the power and faithfulness of God who makes all things new, who gives new life, who brings us out of Sheol, who makes all things possible.

Brueggemann's scheme provides an understanding in which to locate the Psalms. In the life of faith, the lament remains difficult as it should. There is nothing easy about lament. But prayed in its fullness and voiced from the depths, the lament provides a bold and subversive act of faith. From out of the depths, the lament teaches us – and has taught us – that the darkness will not overcome us. Our pain can be spoken and named. Our hurt can be lifted up and heard. Our cries can come from our heart. We can rest assured that nothing, nothing at all, can separate us from the love of God. We can be transformed even once more.

In summary, Brueggemann suggests that the psalms move through a scheme of orientation to disorientation to new orientation (Brueggemann, 1984, 1986, 1991, 1995b, 2002b). For Brueggemann, this movement is the movement of faith. His scheme is not a rigid, unyielding device. Rather, it is fluid and represents a way of organizing and understanding the psalms (Brueggemann, 2002a). This scheme, with its language and understanding of disorientation, echoes Mezirow's idea of the importance of disorienting dilemmas in the transformative learning process.

### Summary

Clinical pastoral education provides the educational context and experiential methodology for this research study. The setting of the acute care hospital provides the

theological students enrolled in a CPE program direct and contact with patients and families in crisis. The intense experiences of the setting often provoke disorienting dilemmas for the students. They are not prepared for what they encounter, and their frames of reference and habits of mind relating to an understanding and practice of pastoral care come under examination and question. Transformative learning theory provides the theoretical framework for this learning experience in CPE. Not only does Mezirow's conceptualization of the theory inform this study, but the works of Boyd and Meyers, Dirkx, and Cranton are equally important, particularly focusing on the three key dynamics of affective dimensions of transformative learning: grief, soul, and authenticity.

In addition to transformative learning theory, the psalms of lament offer another window into the understanding of the learning process in CPE. Brueggemann's work on the movement of the psalms of lament through orientation to disorientation to a new orientation provides an important parallel framework. Both Brueggemann and Mezirow argue that the movement of disorientation and disorienting dilemmas together serve as catalysts for change. The language used by both scholars is similar and thus the Psalms provide a secondary and theological framework for this research.

## CHAPTER THREE: METHODOLOGY

### Introduction

Theological students in CPE are thrust into situations where they are called upon to provide pastoral care to persons in crisis. These situations are often intense, chaotic, and disorienting. Transformative learning theory speaks to the kind of learning process these students undergo, especially in terms of the affective dimension of learning. The purpose of this research study is to describe and explore these kinds of transformative learning experiences. Since the literature of both transformative learning theory and CPE fail to adequately address the affective dimension of learning, this study will advance the understanding of the importance of the affective dimension of transformative learning by focusing on the narratives told by the CPE students.

The research questions posed in this study are: How and in what ways do seminary students and clergy who have participated in a CPE residency program describe and make meaning of their experiences in the acute care hospital setting? How and in what ways do these individuals view these intense experiences as leading to and fostering transformative learning? The use of the Psalms of lament provides another lens through which to view and understand the learning process. The use of narratives in the research clearly situates this study within the body of qualitative research.

While there are many definitions of qualitative research, scholars agree that one of the primary tenets of qualitative research is that such research takes place in a natural setting where the researcher attempts to interpret the data sought by the study (Creswell, 1998). Using a variety of methods, qualitative research is broadly interpretivist, has

flexible methodologies, is sensitive to social context, and seeks to articulate understandings of the meaning of experiences which are complex, nuanced, and open to holistic analysis (Creswell, 1998; Mason, 2002). Qualitative research is not one set of predetermined techniques and philosophies. Qualitative research studies do not rely on statistics or other quantitative measurements and data. The point of qualitative research is not to produce a measured and definable outcome driven by the isolation of a single variable.

Rather the focus of qualitative research is on the description, the meaning, and experience being researched rather than on a positivist interpretation grounded in the scientific method. Simply put, the focus of qualitative research is “pragmatic, interpretative, and grounded in the lived experiences of people” (Marshall & Rossman, 1999, p. 2). Qualitative research methods are uniquely positioned across different disciplines, such as medicine and theology, to assist researchers in describing and understanding various phenomena and dynamics (Coles, 1989; Crossan, 1988; Hunter, 1991; Kearney, 2002; Mattingly & Garro, 2000). Within its different approaches, qualitative research seeks to make sense of or interpret the experiences studied in the terms of the meaning the participants bring to them (Denzin & Lincoln, 1994).

There are three main strengths of qualitative research. These are “its inductive approach, its focus on specific situations or people, and its emphasis on words rather than numbers” (Maxwell, 2005, p. 22). The intent of the qualitative researcher is to explore and describe “how people learn about and make sense of themselves and others” (Berg, 1989, p. 6).

Thus the research questions posed by this study lend themselves to a qualitative approach. The research questions are: How and in what ways do seminary students and clergy who have participated in a CPE residency program describe and make meaning of their experiences in the acute care hospital setting? How and in what ways do these individuals view these intense experiences as leading to and fostering transformative learning? This research study uses a qualitative approach, grounded in narrative inquiry since the primary data will come from in-depth interviews with students who have participated in a CPE program. Drawing on the students' own narratives of their experiences, this study explores the meaning these students have made from these experiences in ministry in the acute care hospital setting.

I use the theoretical framework of transformative learning theory in this study. Following a process of narrative inquiry, I analyze narrative descriptions of the affective dimension of the experiences of theological students in a clinical pastoral education residency program. The focus of the research explores and describes the affective dimension of transformative learning while the Psalms provide a theological understanding of the learning process.

### Narrative Inquiry

An appreciation of narrative is essential to understanding the human condition because narratives are the basic organizing principle of human life (Lester, 1995). From this perspective, all that an individual does, all an individual is, and all that he or she thinks and feels is grounded in narratives, both personal and communal. The meaning of experiences is made and crafted through narratives. As a research methodology, narrative

inquiry rests firmly within the field of qualitative research. A narrative quality forms the fabric of human life through the shaping of personal and social identities and cultures (Crites, 1971; Kearney, 2002).

As its core, narrative inquiry “is a type of qualitative research in which narrative defines both the data and the method of analysis” (Rossiter, 2005, p. 419). It is a process of gathering information as well as a way of understanding experiences. In this sense then, the data of narrative inquiry is found in the narratives of lived experiences as told by the person. As a method of qualitative research, narrative inquiry gathers, analyzes, and interprets the narratives that persons tell about their lives and experiences (Chase, 2005; Clandinin, 2007; Clandinin & Connelly, 2000). A person is able to come to new understandings of his or her narrative through the process of telling and re-telling stories. This process, so familiar and intimate in the psychotherapeutic enterprise, allows the person to develop a sense of self, reshape old meanings, and create new ones (Cozad Neuger, 2001; Freedman & Combs, 1996; Marshall & Rossman, 1999; White & Epston, 1990). It allows for authenticity as a self to be developed. With this focus on authenticity, narrative inquiry is well-positioned to attend to the affective dimension of transformative learning.

This focus on the telling and re-telling of stories means that narrative inquiry is grounded in an understanding that one of the primary characteristics of human beings is the ability to use, understand, and communicate through language. This ability to use, understand, and communicate through language suggests that a person is able not only to have a story but to tell and re-tell a story (Lester, 1995). It is through narratives that

persons come to organize and understand behavior and events that occur in life. Narratives provide the means by which persons make sense out of various experiences (Chase, 2005; Clandinin, 2007; Clandinin & Connelly, 2000; Crites, 1971; Lester, 1995). Thus, narrative is connected with social construction theory. Narrative is how meaning is assigned to experiences, and as a result, informs the social construction of reality (Berger & Luckman, 1966; Jones, 2004). It is through a process of narrative that a person makes sense and meaning of the world. Narratives provide the basic organizing structure for experience and for the process of making meaning (Chase, 2005; Rossiter, 2005).

Narrative inquiry is found across the social sciences. It is anchored in and draws from such traditions as anthropology, literary theory, oral history, psychology, theology, and sociology (Chase, 2005; Clandinin, 2007; Marshall & Rossman, 1999). It is a multidisciplinary enterprise and may take on different forms. Narrative inquiry may make use of in-depth interviews of persons or simply examine the subjective experience of one person through an extensive life history. Other data may be collected in the form of letters, diaries, journals, oral histories, or other kinds of autobiographical writing. One of the underlying intentions of narrative inquiry is to honor and validate a person's voice and experiences. It is crucial in narrative inquiry to find ways to interpret the data in a way that remains consistent and true with the person's experience (Josselson, Lieblich, & McAdams, 2003). To this end, narrative inquiry has been important in the development of feminist and critical theory (Marshall & Rossman, 1999; Rossiter, 2005).

As a particular type of qualitative research inquiry, narrative inquiry can be understood as a way of making meaning retrospectively (Bruner, 1987; Chase, 2005;

Clandinin & Connelly, 2000). Each person's narrative is unique and seeks to communicate not only what happened in the experiences but also the "emotions, thoughts, and interpretations" (Chase, 2005, p. 656) of those experiences. Narratives provide a way of representing and understanding experiences. Narrative inquiry is grounded in the assumption that as a person tells and re-tells his or her story, and that the process of telling and re-telling allows the person to do two things. First, it allows a person to understand and create a sense of self, of personhood, of increased self-awareness (Lester, 1995; White & Epston, 1990). Second, the process of telling and re-telling assists the person in creating meaning out of experiences, which is an act of interpretation, and so is socially constructed through the narratives (Marshall & Rossman, 1999). In her book, *The Cloister Walk*, Kathleen Norris (1996) quotes poet Diane Glancy, "You build a world in what you say," she said. "Words – as I speak or write them – make a path on which I walk" (p. 154). Our words shape and form our worlds.

Narrative inquiry, then, is a qualitative research method that collects, investigates, and expounds on the stories that persons tell about their lives. Life is grounded in narrative (Kearney, 2002; Marshall & Rossman, 1999). According to Clandinin and Connelly (2000), "Narrative inquiry is a form of narrative experience" (p. 19). Thus, an encounter that a theological student in a clinical pastoral education residency program has with a patient in grief, sorrow, and pain is not just an abstract encounter; it is a story with people and emotions. It is lived, narrated experience. It is an experience waiting then to be told, reflected upon, and have meanings constructed. The encounter the student experiences is not theoretical, found only in a text book. It is life lived and reflected upon at the bedside



in the Intensive Care Unit, the Emergency Department, the Special Care Nursery, and the Oncology unit.

In sum, narrative inquiry allows for a deepening of the experiences that other qualitative methods may not generate. This research study is situated within several disciplines that attend to qualitative research methods, such as recently emerging attention to qualitative research in medical research (Hunter, 1991), adult learning theory (Mezirow & Associates, 2000; Mezirow et al., 2009), and theological reflection on lived experiences (Frank, 1995). A narrative approach to the exploration of the affective dimension of transformative learning follows. The theoretical underpinnings of transformative learning theory (Boyd & Myers, 1988; Cranton, 2006b; Dirkx et al., 2006; Mezirow & Associates, 2000) and the psalms of lament (Brueggemann, 1995b) provide ways of exploring and describing these narratives of lived experiences, particularly as it relates to disorienting dilemmas and disorientation. As will be shown, the transformation of the narratives into a poetic structure through a process of discourse analysis, and the subsequent pairing of the poem with a psalm of lament brings into focus the affective dimension of transformative learning theory within the experiences of the CPE students.

### Design of the Study

#### *Overview of the Study*

The purpose of this research study is to explore and describe the affective dimensions of transformative learning as experienced by theological students who have participated in a CPE residency program. The study focuses on ten theological students who have participated in the CPE residency program under my supervision at Rex

Healthcare in Raleigh, NC over the past 13 years. I conducted in-depth interviews with these ten selected participants. The intense emotional narratives found in the transcribed interviews serve as the primary data for this study. Narratives of these affective experiences are selected and analyzed using a method of discourse analysis to shape the narratives into poetic structures. With the poem capturing the emotional essence of the narrative, I then paired the poem with a psalm of lament in order to create a rich, affective description of the learning experience. By focusing on the dynamics of grief, the elements of soul, and the aspects of authenticity, the poems demonstrate the emotional engagement found in the affective dimension of transformative learning. The psalms of lament provide a parallel and theological perspective on the affective dimension of transformative learning that is appropriate within this context of ministry.

*The Site of the Clinical Pastoral Education Program*

The theological students in the CPE residency program at Rex Healthcare engage in an intensive reflective learning process while providing a ministry of pastoral care to hospitalized patients. They serve as chaplains to assigned clinical areas within Rex Healthcare as well as participating in the departmental overnight on-call schedule. As such, Rex Healthcare serves as a common site for learning the art of pastoral care for the students albeit during different program years.

As a member of the UNC Health Care System, Rex Healthcare is a private, not-for-profit healthcare system which includes a 433 bed acute care hospital, family birth center, cancer center, two long-term care and rehabilitation centers, three same-day surgery centers, heart center, in-patient hospice unit, three wellness centers, senior health center,

home services, and several outpatient diagnostic centers across Wake County, NC. Rex Hospital lies at the heart of the Rex Healthcare system. Rex Hospital is accredited by the Joint Commission on the Accrediting of Healthcare Organizations and is a member of the American Hospital Association and the North Carolina Hospital Association.

In addition to the usual complement of medical and surgical units, Rex Hospital has a 24-hour Emergency Department staffed by in-house physicians, four intensive care units (surgical, medical, cardiac, and cardiothoracic), a Level II special care nursery, and a six-bed inpatient hospice unit. On average, annually Rex Hospital has over 34,000 inpatient admissions, performs over 35,000 surgeries, provides emergency care to 56,000 persons, delivers over 6700 babies, and provides end-of-life care to over 750 patients (Rexhealth.com, 2009). Rex Healthcare clearly is able to provide the CPE student with a wide range of learning experiences in ministry.

The CPE residency program at Rex Healthcare is situated within the Pastoral Care Services department. The Pastoral Care Services department is part of the Patient Care Services division. The Pastoral Care Services department was established at Rex in 1994 and the CPE program was accredited by the Association for Clinical Pastoral Education, Inc. (ACPE) in 1996. The CPE program remains fully accredited by ACPE. The Association for Clinical Pastoral Education is a professional organization which sets the educational standards for CPE programs, accredits hospitals and other institutions as CPE centers, and certifies CPE supervisors to conduct CPE programs in the accredited centers (ACPE, 2005a). In the Pastoral Care Services department, there are two certified CPE supervisors, myself and a colleague. Currently on staff we have one full-time Supervisory

CPE Fellow, two part-time Supervisory CPE Fellows, and five students in the CPE residency program. We also concurrently conduct single units of CPE training with five to seven students participating. We have between five and 12 theological students in different training programs at any given time. A unit of CPE is defined in the ACPE Standards as 400 hours of supervised learning. A residency program, by definition, is three or four units of CPE. At Rex, our residency program consists of four units of CPE training. Each resident receives 1600 hours of supervised learning during the course of his or her training program.

The ACPE Standards (2005b) require that CPE centers design an educational curriculum which meets certain objectives and outcomes. The overall focus of these objectives and outcomes is to enhance the student's pastoral formation, pastoral competence, and the ability to reflect pastorally. To this end, the educational process focuses on helping the students to develop an awareness of themselves as ministers and how their ministry affects persons, to develop awareness of how their attitudes, values, assumptions, strengths, and weaknesses affect their pastoral care to persons, to develop the ability to use a clinical method of learning, making use of group and individual supervisory processes, to develop skills in providing intensive pastoral care to persons in crisis, to develop the ability to make appropriate use of their own religious heritage, theological understanding, and knowledge of behavioral sciences in their ministry, and finally, to develop the ability to function as a member of an interdisciplinary team (ACPE, 2005b). These objectives and outcomes frame the educational process in CPE. In the context of the CPE program, the Pastoral Care Services department is able to achieve its goal of

providing quality pastoral care and emotional support to patients and family members. Students, like Robert, are able to function as a chaplain while learning the art of pastoral care.

### *Participant Selection*

This qualitative research study used a criterion sampling method. The primary criterion for inclusion in this research study is the participation in the CPE residency program at Rex Healthcare. A total of 53 students have participated in the residency program since its inception in 1996. A second criterion in the sampling method was one of access. The study focused on former students who live within a reasonable distance from Raleigh, NC and were willing to be interviewed about their experiences in the residency program. A review of student files in the Pastoral Care Services department at Rex Healthcare determined that 18 out of 53 former students currently resided within a reasonable distance of Raleigh. For this study, a reasonable distance was defined as being within a distance of a three hour drive. This reasonable driving distance included Richmond, VA to the north, Winston-Salem, NC to the west, Wilmington, NC to the east, and Charlotte, NC to the south.

For this study, ten students were identified and randomly selected from the list of the 18 students who participated in the program over the past 13 years and met the two criteria for inclusion. The randomization function in Microsoft Excel was used for this process. Based on the overall demographics of all 53 former students, it was a reasonable expectation that the ten selected students showed a diverse background in relation to age, gender, race, denominational affiliation, ordination status, and life experiences.

*Demographics of the Participants*

In the initial analysis of the demographics of the participants, I found there was a range of diversity in several categories. See Table 3.1 for a summary of the basic demographic characteristics of the participants in regards to their residency program, gender, age, race, and marital status.

Table 3.1 Participant Demographics, N = 10

| Residency Program |          | Age          | Gender   | Race       | Marital Status |             |          |               |          |
|-------------------|----------|--------------|----------|------------|----------------|-------------|----------|---------------|----------|
| <u>Year</u>       | <u>N</u> | <u>Range</u> | <u>N</u> | <u>Sex</u> | <u>N</u>       | <u>Race</u> | <u>N</u> | <u>Status</u> | <u>N</u> |
| 1996-97           | 1        | 20-29        | 2        | Female     | 7              | Caucasian   | 8        | Married       | 6        |
| 1997-98           | 1        | 30-39        | 2        | Male       | 3              | Af-Amer*    | 1        | Divorced      | 3        |
| 1998-99           | 1        | 40-49        | 3        |            |                | Asian       | 1        | Single        | 1        |
| 1999-00           | 1        | 50-59        | 2        |            |                |             |          |               |          |
| 2002-04           | 1        | 60-69        | 1        |            |                |             |          |               |          |
| 2004-06           | 3        |              |          |            |                |             |          |               |          |
| 2006-08           | 2        |              |          |            |                |             |          |               |          |

\* = African American

In addition to these demographics, it is important to note the religious demographics of the participants since they all were theological students participating in

CPE as theological education. These religious demographics include denominational affiliation, having a seminary degree, being ordained, and the current occupation of the participants. Table 3.2 shows the demographics.

Table 3.2 Participant Religious Demographics, N = 10

| Denominational Affiliation |          | Seminary Degree |          | Ordination      |          | Current Occupation |          |
|----------------------------|----------|-----------------|----------|-----------------|----------|--------------------|----------|
| <u>Denomination</u>        | <u>N</u> | <u>Degree</u>   | <u>N</u> | <u>Ordained</u> | <u>N</u> | <u>Position</u>    | <u>N</u> |
| Baptist                    | 2        | Yes             | 8        | Yes             | 6        | Church             | 4        |
| Episcopal                  | 2        | No              | 2        | No              | 4        | Chaplaincy         | 1        |
| Independent                | 1        |                 |          |                 |          | Hospice            | 3        |
| Presbyterian               | 2        |                 |          |                 |          | Other              | 2        |
| Southern Baptist           | 3        |                 |          |                 |          |                    |          |

These demographics are based on the time when the participants were enrolled in their respective CPE residency programs. The diversity in the demographics found in the research sample was consistent with the overall demographic characteristics in the CPE program at Rex Healthcare.

### Data Collection

To gather the narrative data needed for this study, I used a semi-structured, open interview process (J. Johnson, 2002; Kvale, 1996; Seidman, 1991). Elliot (2005) argues that open-ended, non-structured interviews allow the individuals being interviewed to select the narratives which matter most to them. Without a scripted interview structure, the individuals were able to tell the story in their own words and in their own way. They were not limited by a predetermined set of questions. This way the participants in the study would be more active and engaged in the interview process. They had more freedom to tell the stories that were most important to them and to the researcher. The interview template can be found in Appendix A. The interviews centered on the participants' experiences in the CPE program and how they had made meaning of these experiences in recent years. In the interview process the students told narratives of the life-changing encounters they experienced and the emotions they experienced in profound times of anguish, sorrow, and lament. I heard stories of disorientation, stories of the resulting new understandings, and stories of experiences of transformative learning (Elliott, 2005; Kvale, 1996; Stuhlmiller, 2001). The interview process took on a spiral-like structure. Each narrative remembered and told elicited another narrative which had the potential of invoking an even greater emotional impact on the student. The narratives built upon each other (Elliott, 2005).

The interviews with the participants of this study ranged from one hour to approximately one and one-half hours in length. The total number of contact hours was 17. These 17 hours provided sufficient data saturation for the data analysis. A follow-up interview of one hour's length was offered to the participant if he or she desired it or felt



the need to further conversation. No one asked for this follow-up. Initially I contacted the former students by telephone or e-mail to determine if they would be interested in participating in the study. If they indicated they were willing to participate, I tentatively scheduled an interview, then followed up with a letter or e-mail confirming the date, time, and place of the interview. This communication to the participants provided a summary of the research questions and the informed consent form for their review. See Appendix B for the informed consent form. The interview was scheduled for a mutually agreed upon time and location of the students' choosing.

In terms of interview location, seven of the participants chose to come to my office at Rex Hospital. When contacted, they indicated they lived close enough to arrange their schedules to come to my office. Even though I offered to come to their office or another location, these seven participants preferred the familiarity of my office and its environment. I interviewed the other three participants in their respective work offices. I went to a church in the western part of the state, a hospice agency in the southeastern part of the state, and to a church on the North Carolina coast.

The research interviews were conducted over the three and a half month period from December 2008 to March 2009. Each interview was recorded using a digital voice recorder. The recorded interview was then saved on a designated USB jump drive. A backup of the data was saved on a portable hard drive. The interviews were transcribed verbatim by me as soon as possible following the interview session. A malfunction of the digital recorder occurred during the transcription of the sixth interview and this interview was lost. It was unable to be recovered. The next individual on the randomized list of

possible participants was contacted and another interview was then conducted. In all, eleven interviews were conducted with ten of the interviews being used in the final data analysis. All of the former CPE students contacted readily agreed to be interviewed.

A copy of the full interview transcript was sent to each student for review. The student could choose to receive the transcript either by e-mail as an attachment or by a hard copy sent by mail. This was a critical component of the trustworthiness of the data collection. The verbatim transcripts provided rich data and having the students review the transcripts allowed for member check (Maxwell, 2005). Throughout the research project, I treated the transcribed interview as confidential and personal material. I kept a hard copy of the research data in a secured filing cabinet in my home office.

### Data Analysis

The initial coding and analysis of the research interview data produced three primary, over-arching narratives driven by the overall context of CPE. These findings will be discussed in Chapter Four. Following Mishler's concept of the research interview as a joint construction of meaning (Mishler, 1986), these primary narratives were shaped by the focus of the research questions, bounded by the structure of the interview template, and by the experiences of the individuals in their CPE residency programs. The interview template was designed to give a more open, non-structured interview process whereby the participants had the freedom to tell the stories that were most important to them (Elliott, 2005). The template allowed for more of a flowing conversation than a prescribed question and answer format. Since all of the individuals had participated in the CPE residency

program at Rex Healthcare, there was a broad commonality of experiences that ran through the interviews and the resulting narratives.

### *First Level of Coding*

The first level of coding produced three primary, over-arching narratives. These primary narratives were, one, the narratives of the impact of the CPE curriculum and process; two, the narratives of the impact of CPE on current practices of ministry; and three, narratives of the impact of pastoral encounters with patients. These three primary narratives were wide-ranging in nature. They often overlapped in content and blended into one another. This first level of coding was driven by the research interview protocol with its focus on the participants' narratives of their CPE residency program. The narratives which emerged through the coding clustered around the three primary themes with most of the narratives relating to pastoral encounters with patients.

The coding process of these three narratives did not produce stand-alone, discreet categories. Rather the narrative content flowed back and forth. A story about the CPE process might lead to a story of an encounter with a patient which in turn might prompt a story concerning a current ministry practice. In effect, the narratives built upon each other, story upon story upon story. The primary narratives demonstrated the interrelationship between the participants' description and understanding of their experiences in the CPE process and the learning which resulted from these experiences. The interview process overall was helpful to the participants. One participant's comment at the close of his interview was typical. He said, "I think I've touched on a lot for me. It has been a very integrative experience."

### *Second Level of Coding*

The second level of coding focused on the narratives which were broadly affective in nature. I focused on the stories that had affect and emotion in it for the individual telling the story and for me as well. For my coding purposes, affect and emotion were defined as that which was seen in tears, silence, anger, or quiet reflection and memory. The affect and emotion was captured in the digital recording and in my written notes of the interview. Stories without affect, while interesting, were eliminated according to the decision rules. The second level of coding represented a reduction or narrowing of the overall narratives of pastoral encounters with patients to those which had some affective aspect. I coded over 70 narratives in this second level.

### *Third Level of Coding*

From this second level of coding, I moved into a third level which distilled and analyzed the narratives even further. I was particularly interested in noting how the three key dynamics of the affective dimension of transformative learning would be applicable and useful in answering the research questions. In this third level of coding, I coded 52 different narratives from the ten research interviews. As expected based on the theoretical understanding of the affective dimension of transformative learning and the emotional intensity inherent in the CPE learning process, there were many stories of grief and death and stories of ministry at the time of other disorienting experiences. There were narratives told of how the participants came to understand their sense of call to this kind of ministry and the sort of gifts required as they fully claimed their identity as a pastoral caregiver.

Other narratives spoke to how different images provided meaning and understanding of the learning process.

### *The Process of Discourse Analysis*

In this third level, I analyzed the narrative data gathered through the research interviews using the discourse analysis method of James Gee (1991; 1999). Discourse analysis is a process by which narratives are extracted from the verbatim transcripts and then shaped into a poetic form through a process of data reduction. The poem resulting from the discourse analysis conveys and communicates the power and emotional content of the narrative in a way that prose cannot (Glesne, 1997; Kendell & Murray, 2004; Richardson, 2002). The narratives selected for this process were those which suggest some emotions were touched. Emotions were seen during the interview process itself, confirmed in the transcribing of the interview, and supported by my notes of the interview. As in the second level of coding, an emotional response may be defined as that which results in, for example, tears being shed. A change in voice tone, pitch, or timbre may indicate an emotional response. When an individual raises or lowers his or her voice may be another indication of emotion. The silence of quiet thought may represent an emotional response. Emotion may be seen also in a participant's countenance or a change in body language. Laughter, anger, frustration, shame, and guilt are other examples of emotional responses.

Once I structured a poem from the narrative, I then paired the poem with a psalm of lament to highlight the theological context within the affective dimension of learning. The psalm chosen for this pairing depended upon the emotional content of the poem. For example, if the poem spoke to issues of grief and loss due to illness, then I selected a psalm

of lament such as Psalm 39. The psalms of lament provided a parallel and an appropriate theological perspective on the affective dimension of transformative learning.

There is emotional power in poetry (Housden, 2001). Poindexter (2002) notes that the rationale for using poetry as part of qualitative research rests on the premise that both the readers and listeners are moved by the simplicity and inherent power of a poem, that poetry communicates the emotional world of the person more effectively and efficiently than prose, and finally, that poetry may bring clarity to the experience by creating a different effect through the emotional engagement of the reader and listener and thus convey something about the experience previously not understood. Furthermore, using poetry in qualitative research enables the researcher to communicate the emotional content of the experience with an economy of words. Poems are able to touch and convey the emotional core of an experience, and in doing so, also touch the emotional center in the listener (Poindexter, 2002; Richardson, 1992). Glesne (1997) argues that poetry provides a doorway into the emotional aspects of learning. The communication of emotions and the attendant affective dimension of learning are critical to a fuller understanding of transformative learning. It is through the language of feelings, and not through rational cognition, that the affective dimension of transformative learning can best be explored and described.

Drawing from Gee (1999), Richardson (2002), and Glesne (1997), the decision rules guiding the selection of the narratives for the analysis included: (1) the words in the poem were the participant's, not mine; (2) the order of the words in the poem remained the same as the order in the transcribed narrative; (3) the line spacing and the use of stanzas

were mine; and (4) the narratives chosen for the discourse analysis were the ones which evoked a strong emotional response in the participant and in me as the researcher as well. An emotional response was defined as that which results in tears, silence, anger, or quiet reflection and memory. I captured the emotional response on the digital recording of the interview and in my written notes. The selection of the narratives was also an intuitive process on my part. These decision rules allowed for the creation of a third voice arising from the narrative, a voice that was neither the participant's nor the researcher's (Glesne, 1997). It was combination of both; it was the participant's and mine.

The analysis of the narrative data began with the selection of narratives of the student which were laden with emotional content such as tears, long silences of remembering, or even anger. From the transcribed interview, the particular narrative was copied and pasted into a new Microsoft Word document. From this new document, the process of data reduction began. In discourse analysis, data reduction is the process by which the superfluous and redundant words of the narrative are deleted. Any words or phrases that do not advance the core meaning of the narrative are omitted (Gee, 1999; Poindexter, 2002). Poindexter (2002) describes the process of data reduction as the "diamond-cutting activity of carving away all but the phrases and stanzas that seemed most evocative in emotion and clarity" (709). The purpose of the data reduction is to reshape the narrative down to its essential words.

With the core of the narrative in place, the words were then shaped into a poetic form through the use of stanzas, spacing, and alignment. Thus through the data reduction, the participant's narrative was shaped into a poem. The poem was comprised of the actual

words of the participant, arranged by the researcher in such a way as to convey the emotional core meaning of the narrative. The arranging of the participant's words into a poem depended on the researcher's intuition, hunches, and an understanding of the meaning of poetry. Another researcher could very easily shape a very different poem from the same narrative. In this process of data reduction, as Poindexter (2002) says, "The aesthetic and emotional criteria are very personal" (p. 708). Another researcher would analyze the narrative data differently.

Most likely, the poems which are full of emotional power are those deriving from some sort of disorienting dilemma as both the patient and the student struggle to make meaning. The data analysis is particularly focused on the emotional expression found within the narratives and how that expression can be conveyed through a poetic structure. The poetic structure allows for the impact of the emotionally laden experience to be felt in ways a narrative fails to do. The poetic structure allows for the affective elements of the learning experiences to be noted. The data analysis in this research study reiterated that transformative learning is more than a rational and cognitive process and also an affective dimension, and that the affective dimension of transformative learning is indeed about soul work, as Dirkx suggests (Dirkx, 1997, 2001a, 2006).

The poetic renderings from the narratives centered on the three key dynamics of the affective dimension: grief, soul, and authenticity (Boyd & Myers, 1988; Cranton, 2006a; Cranton & Carusetta, 2004; Dirkx, 2001a, 2001b; Scott, 1997). These key dynamics are not distinct, stand alone, entities. Rather the dynamics involved in each overlap with the others so that the different aspects of the affective dimension of transformative learning are



integrated. The dynamics of grief involve more than the expression of feelings of sorrow. There are physical manifestations of grief such as a lump in the throat or a dry mouth. Grief also is seen in thoughts as disbelief and confusion, behaviors such as sleep and appetite disturbances, social interactions which may be difficult, and spiritual searching for theological answers (Corr et al., 2003). The data analysis in this study focused on narratives which pointed to the multiple ways in which grief may be expressed. The poems captured the experiences of grief of the patients and the participants as well.

The key dynamic of soul in transformative learning, according to Dirkx (1997; 2001a; 2001b), is found in symbols, images, and emotions. The data analysis pays particular attention to narratives in which symbols and images are used to express meaning. For example, a participant might interpret an experience of ministry through the use of biblical symbols and imagery such as the wilderness, being in the Pit, or walking through the valley of the shadow. Using such symbols and images helps a person make meaning of an experience and is critical to the description of the affective dimensions of transformative learning. Dirkx also argues that emotions, such as sadness, anger, helplessness, all point to aspects of soul in transformative learning.

Authenticity, as a key dynamic of the affective dimension of transformative learning, is found in narratives which demonstrate an increase in self-awareness and in the emotional life of soul. According to Cranton and Carusetta (2004), authenticity in relationship to self and others leads to an increase in self-knowledge. As a key dynamic, authenticity is found in narratives which point toward a clarity of thought of self as a person and as a pastor. Thus, attending to grief leads to an increase in self-awareness and a

heightened sense of Self. The emotional content of the poems points toward the students' work on individuation through a focus on the development of their pastoral functioning, pastoral competency, and ability to reflect pastorally and theologically as the dynamics of grief, soul, and authenticity are highlighted.

As noted in Chapter Two, Brueggemann's schema of the Psalms also speaks to a process of disorientation (Brueggemann, 1984, 1986, 1995b, 2002b). Theologically speaking, disorientation occurs in times of anguish, loss, and grief. Disorientation may also be expressed through symbols and images as well as through an individual's struggle to be a Self. The Psalms of lament provide another lens through which these experiences of disorientation, these experiences of transformative learning, may be understood. This lens is theological in nature and in focus. Participants in a CPE residency program are theological students. They are engaging in professional theological education for ministry. In the context of theological education, it is appropriate and reasonable to make use of a theological perspective. The Psalms fully recognize the emotional context of life, and in doing so, provide a deeper and fuller understanding of the life of faith in times of disorientation.

The poem, as derived from the narrative, then can be seen as taking on the form of a psalm. The discourse analysis allows both the narrative and the psalms of lament to speak their own words to the possibility of transformation, to offer their own perspectives on the disorienting experiences of the students, and to point toward new meanings and new ways of understanding theology and narratives of ministry. Taken together, the discourse analysis resulting in the poetic rendering of the narrative and the Psalms of lament allow

for a full, thick description and expression of the affective dimension of transformative learning. It is the full, thick description that is lacking in the literature.

#### Issues of Validity and Trustworthiness

In qualitative research, there is a growing body of literature addressing the issues of validity and trustworthiness (Elliott, 2005; Kvale, 1996). Two of the primary issues are concerned with internal validity and external validity. As the participants in this research study tell the narratives of their experiences in their CPE residency program, the internal validity of the data was confirmed through a process that asked the participant to review the verbatim transcription of the interview for the accuracy and truthfulness of their experiences. Throughout the research process, the data was subjected to several validity checkpoints. These checkpoints included member check, researcher notes and recollections, verbatim transcripts of the data, the researcher's prior relationships with the participants, researcher journaling and reflexivity, and narrative comparison.

The data for this study came from the actual verbatim transcripts rather than solely relying on my notes and recollections. However, my research notes and recollections served as a validity checkpoint when selecting the particular narratives for the discourse analysis (Maxwell, 2005). The internal validity of the study was further enhanced by my prior relationship with each participant. This relationship helped ensure that there was trust and safety within the interview setting so that the participants were able to move into and tell the narratives that brought about affective learning and transformation. This prior relationship was critical for the trustworthiness of the data (Kvale, 1996; Maxwell, 2005). The trustworthiness of the data generated by this research rested not in the fact that the

interview was like a photograph, but was grounded in the meanings the participants made of their experiences, how they told those narratives, and the impact of the emotional components of the experiences on their learning. The narrative was the source of transformation (Anderson, 1997).

The issue of external validity was important to this study as well. While qualitative research is not geared to suggest global findings, there is still a sense that the findings may be relevant to the learning process generated in other CPE programs. In acute care hospitals, there are on-going experiences of disorientation and chaos, tragedy and trauma. No matter where the hospital is located, patients experience grief and sorrow. The grief and sorrow will be expressed in ways determined by culture, community traditions, religious beliefs, and personal histories. But grief is universal nonetheless. The experience and learning Robert had the Emergency Department at Rex Healthcare was uniquely his, framed by his own unique history and life narrative. The learning a different student experienced in a similar situation would differ and be uniquely that student's own learning. The learning could nonetheless be just as transformative.

The last validity checkpoint for the research was a process of comparison. I compared the narratives of affective learning and transformation told by the different participants to each other (Elliott, 2005; Kvale, 1996; Maxwell, 2005). Since the learning setting of Rex Healthcare was the same for all participants, there was a sense that the narratives all had a similar context. The context provided a check for the validity of the narratives.

I also tested the trustworthiness of the data through my process of reflexivity (Maxwell, 2005). I used a process of journaling through all phases of the data collection and analysis to reflect on the narratives and the meanings ascribed to them. The journaling allowed me to check my own feelings and thoughts about the narratives. To be sure, the researcher cannot remove himself from the position of influence within the interview process. However, by being aware of the possible influences at work, I was able to reflect on how I affect the validity of the data.

#### The Role of the Researcher

For this research study, I would have supervised each of these students as their primary CPE supervisor at some point in their CPE residency program. Based on the prior relationship, I had some sense of their learning process as they were participating in the program. A relationship built on trust, safety, and mutual respect had already been established. As a method of qualitative research, narrative inquiry requires trust and openness between the participant and researcher. A sense of safety for the participant is necessary in order for him or her to be able to reveal the narratives which carry meaning and transformation (Clandinin & Connelly, 2000; Marshall & Rossman, 1999). In other words, narrative inquiry requires a relationship between participant and researcher that is similar to friendship so that the participant feels at ease and comfortable in the telling and re-telling of the narratives which have changed his or her life.

My prior relationship with the students provided the gateway into the intensely personal, emotional experiences of their CPE training. The prior establishment of a trusting relationship was crucial in creating an environment where the students could feel safe

enough to move into the affective dimension of their experiences. The existence of this prior relationship was essential for the narrative inquiry of this study. Thus the interview was more like a conversation than a set of structured interview questions (Kvale, 1996; Marshall & Rossman, 1999; Stuhlmiller, 2001).

My bias as a researcher was anchored in my career as a supervisor of clinical pastoral education. In my theological training, I have participated in a single unit of CPE and two different CPE residencies, for a total of nine units of training. I have experienced firsthand the transforming nature of the learning experiences in the acute care hospital setting. These experiences changed my life and led me into the process of seeking certification as a CPE supervisor. Throughout my professional career, I have been motivated to teach theological students as I had been taught. I understand and have an appreciation for the experiences of disorientation and chaos found in the hospital as well as the experiences of transformation which springs out of the disorientation and chaos. I live with an abiding appreciation for the transformative nature of the CPE learning process.

Furthermore, my bias as a researcher was to honor and listen to the experiences the students brought into the learning process. The point of honoring and listening was not to change the experience in any way, but to allow the student the time and space to begin the work on integrating the experience into his or her perspective as he or she told the stories that needed to be told, and to hear the lament when a perspective was being compelled to change.

### Ethical Considerations

The purpose of research is to advance the understanding of the experience being studied. As such, any research should be conducted as a moral practice (Mason, 2002). In this study, I paid particular attention to the ethical issues of content within the interview process, confidentiality, and informed consent. In addition, as a certified CPE supervisor in the Association for Clinical Pastoral Education, Inc., I adhere to the ACPE Code of Ethics (ACPE, 2005a). This code, while global in nature, is foundational for the practice of CPE supervision. In general, the ACPE Code of Ethics calls for adherence to the professional standards of program and curricula, the respectful engagement of students in their learning process, adherence to practices of non-discrimination, an understanding of cultural and religious diversity, and the maintenance of good standing within the organization through on-going peer review and consultation of one's supervisory practice (ACPE, 2005a).

In the methodology of narrative inquiry, there is an ethical consideration inherent within the interview process. My intent during the interview was to create a safe space in which the participants would have the time and space to tell their stories in their own words and at their own pace. I anticipated that these participants chose narratives of experiences that had been the most meaningful to them, experiences that touched them personally. It is, of course, these kinds of personal experiences that foster transformative learning.

There is a moral imperative in qualitative research in general and in narrative inquiry in particular to respect the research participant's narrative and words. To this end, I honored this imperative in the discourse analysis of the narratives. In the rendering of a

poem from the narrative, I used the student's own words and in the order they were spoken. I made choices to change the narrative as I shaped into a poem by the process of data reduction. The process of data reduction cut away the more unnecessary words and phrases. The core emotional meaning found in the narrative and structured in stark relief in the poem remained. The capturing of the core emotional meaning of the narrative in the poem was, I believe, a moral act for this study. It honored the words of the participant, the meaning, and the transformative process while remaining open to the fact that something different might emerge.

Moreover the narrative content of this study calls for attending to the ethical aspects of the interview process. As the participants remembered and spoke of transformative experiences of grief and pain, there was in all likelihood tears and other emotional expressions. This in and of itself was not problematic. There was always the possibility of distress brought on by the remembering and telling of stories. However, the telling of stories also had the possibility of being therapeutic, or healing, for the participant. Working with and through emotional material in a research interview does not necessarily mean the participant was in some sort of distress. Rather, as Josselson (2007) argues, "such deep feelings arising from the interview may be integrative and growth-oriented for the participant" (p. 539). Elliot (2005) notes that interviewees can benefit from being given chance to remember, talk about, and reflect upon their lives with a good listener. In the presence of tears, grief, sorrow, and other emotions what is called for is careful attention and listening. Such affective expressions are an indication that the



participant feels safe enough with the interviewer to allow such emotions to come to the fore (Josselson, 2007).

As a researcher, I was called ethically to listen carefully and respond compassionately. I was called to hear the unfolding of the story fully. I would suggest that the participants in this study had already experienced me as a safe person who was able to listen and respond pastorally and appropriately to their feelings. I did not try to end their stories out of my own anxiety. The ethics of narrative research call for listening to the participant with a non-anxious and non-judgmental presence. In my practice and experience as a CPE supervisor, I am keenly aware of the dynamics of grief and other emotionally charged encounters. I have the training and ability to manage emotionally charged stories. I know how to listen to stories of grief, pain, and anger. I was able to make a referral for personal psychotherapy if it was requested by the participant. However, Josselson (2007) notes that in her own experience as an interviewer, and as noted in other research, no interviewee has required a psychotherapeutic referral. In this study, none of the participants asked for a referral.

The nature of the interview process, along with the emotional content of the narratives, meant that issues of trust and safety were important. It was critical that the participants have a sense they could trust me as a researcher. This was where my prior relationship with the students was essential for the emotional depth required for this study. For the participant to be able to enter into the affective dimension of learning and reflect on that process through narratives, he or she needed to feel safe, that the stories would be respected and heard, that they would experience no harm or judgment.

Issues of trust and safety also require that the participants know that their narratives will be treated as confidential material (Josselson, 2007). I have not used the real names of the participants. In the data analysis, participants were labeled by aliases. Any actual names of patients or family members that emerge in the narratives were changed as well as any other identifying information. Any biographical information about the participants is general in nature and does not lend itself to identifying the participants (Elliott, 2005).

Each participant agreed in advance to participate in this study. I fully disclosed the research process in the informed consent document. Since I interviewed former students, there were no current supervisor-student relationship with the attendant power dynamics with which to contend (Josselson, 2007). The former students were free to choose to participate in this research. They were also free to withdraw from the study at any point they desired. I informed them that the recording of the interview can be stopped by them at any time. This respected the need for limits and boundaries (Josselson, 2007). I also fully explained the process of discourse analysis in terms of transcribing the interview, selecting certain narratives, and from those narratives shaping poems using their words.

Finally, as an ethical consideration for this study I need to note my experience as an ACPE certified supervisor. In my own training as a student, I participated in nine units of CPE receiving 3600 hours of supervised learning during that time. Following my graduation from Duke Divinity School with a Masters' of Divinity degree, I served as pastor of two small rural churches for two years. I then spent the next two and a half years in training to become a CPE supervisor. I completed my certification process in 1987. Over the past 22 years in my practice as a CPE supervisor, I have supervised over 70

different groups and over 350 students in different levels of training. I am a seasoned, well-experienced supervisor of clinical pastoral education.

To be aware of the ethical issues in narrative inquiry ultimately means that the narratives told by the participants must be treated with respect and careful attention. There is no one right way to tell a story of tragedy and trauma, of disorientation. There are many ways to express emotions and to lament the disorienting experiences of life. The narratives – and the poetry – of the affective dimension of transformative learning are fraught with expressions of grief, of soul learning and soul work, and of the process of becoming an authentic person. These expressions of the participants are uniquely personal and reflect what I call the sacredness of an individual's interior life.

#### Limitations of the Study

The nature of this research study was to provide a description of the experiences of the affective dimension of transformative learning in a select group of CPE students. The selected students all had participated in the CPE residency program at Rex Healthcare in Raleigh, NC. The majority of CPE programs are found in acute care hospitals. The inherent emotional intensity of this setting makes for a unique research study on the affective dimension of transformative learning. The hospital setting, coupled with the emotional intensity of the CPE process, provides for a particularly high level of emotionally charged experiences. Such emotionally charged experiences are not typically found in other adult education settings. Thus the affective dimension of transformative learning may not be as potent in these other settings. Researchers need to be aware of any limits set forth by a particular educational setting.

The students in this study were also limited to those who lived within a reasonable driving distance so there could be access. The criterion sampling required by the study limited the number of students who might have been a part on the interview process. In addition, this study makes no attempt to give a generalized explanation of the findings. As a research methodology, narrative inquiry does not define or explain an experience; it simply narrates it in the participants' own words. Narrative inquiry does not try to prove or disprove a research hypothesis.

The use of discourse analysis to capture the affective dimension of transformative learning is but one method of analysis. The use of the poetic renderings, along with the Psalms of lament, is, I believe, a valid method to express the emotional content. Certainly, the use of the theological perspective of the Psalms is unique to this study. In the context of the theological education inherent in the CPE process, the use of the Psalms was entirely appropriate and reasonable. There are other methods of analysis which could have been employed to highlight the affective dimension of transformative learning, such as art, drama, or intensive journaling. I would argue that poetry and the Psalms fit well the purpose and design of this study.

## CHAPTER FOUR: FINDINGS

### Introduction

This chapter will present the findings of this research study on the experiences of transformative learning in CPE students. It will address the two research questions: How and in what ways do seminary students and clergy who have participated in a CPE residency program describe and make meaning of their experiences in the acute care hospital setting? How and in what ways do these individuals view these intense experiences as leading to and fostering transformative learning? The findings initially focus on the three primary narratives which emerged in the data analysis. These primary narratives were the narratives of the impact of the CPE curriculum and process, the narratives of the impact of CPE on current practices of ministry, and the impact of the pastoral encounters with patients. The findings then address the three key dynamics of the affective dimension of transformative learning found in the third of the primary narratives, the impact of the pastoral encounters with patients, through the presentation of the verbatim narrative, the poem shaped from the narrative, and a parallel psalm of lament. The poem captures the emotional and affective essence and meaning of the narrative and the psalm illustrates the inherent theological nature of this particular research. Other affective dynamics found in the data analysis are also presented in the same fashion. This chapter begins with a brief profile of the ten individual participants.

### Participant Profiles

In order to get a fuller sense of the participants, a brief profile of each individual is presented. The profiles are arranged in the order the participants were interviewed. Each

name has been changed as well as any other identifying information in order to protect the participants' confidentiality. The discourse analysis and the resulting poems are the actual words of the participants as recorded and transcribed.

*Cindy Smithson*

Cindy Smithson was in her late 50s when she participated in the CPE residency program. She was a married, Caucasian woman and an ordained deacon in the Episcopal Church. Cindy entered the residency program quite anxious. She was terrified of death. Cindy's learning process was marked by her willingness to confront this fear, to lean into her feelings about death, and then be able to be present with patients and family members who were approaching the end-of-life. Much of this learning centered on Cindy embracing her own long-ago griefs surrounding a stillborn infant and then her own mother's death. As Cindy approached her own grief, she was more able to effectively minister to the grief of others. She said the main theme of her residency would be "healing" for herself. Following her residency, Cindy has been working in her local congregation and doing contract on-call work as a chaplain at a local hospital.

*Abigail Stanford*

Abigail Stanford entered the CPE residency program when she was in her mid-50s. Abigail was a married, Caucasian woman. Like Cindy, Abigail belonged to the Episcopal Church. She said her residency "had a two-fold theme. One was to work beyond the fact that the Bishop ... did not approve me for ordination. One was to re-hear my call to ministry." Thus Abigail's learning process during her residency was characterized by grief. She entered the program grieving that she would not be able to be ordained by her church.

She then experienced the untimely and unexpected death of one of her adult children as the residency program was coming to an end. Her grief bracketed the beginning and the end of the program. Abigail was able to use her grief as a way to hear and attend the stories of others. She said through her tears, “the task at the point was to find a way to use my experience in ministry without getting in my own pain.” Her interview was marked by her grief and her on-going healing process. Abigail currently does some occasional on-call work as a chaplain at a local hospital while she searches for a full-time chaplain position.

*William Carter*

William Carter came into the CPE residency program on the heels of his second divorce. In his mid-40s, William, a Caucasian man, was ordained in the Southern Baptist faith tradition. As with Cindy and Abigail, William’s learning process during his CPE residency was fraught with grief. As he said, “I was a basket case in some ways.” William used the CPE process to learn about his self and the depths of his feelings. During the interview, William showed no fear of naming and reflecting upon the many feelings evoked during his residency and what he learned from them. Currently, William works as a staff chaplain at an area hospital.

*Christine Dixon*

Christine Dixon was in her late 40s when she participated in her CPE residency. Of Asian descent, she was married and ordained, like William, in the Southern Baptist faith tradition. Much of Christine’s learning process centered on cultural differences, finding her voice, and her sense of self within the intensity of the hospital environment. She said, “The hospital is very different so culturally I had to learn from, you know, scratch.” Christine’s

movement towards ordination during the residency program captured her sense of calling and her emerging recognition that she indeed has the necessary gifts for ministry. Christine's interview was evocative as she offered symbols of her learning process which were transformative for her. She currently works as the pastor of a local mission congregation in the western part of the state.

*Beth Robinson*

Beth Robinson was in her late 20s when she participated in the CPE residency program. A married, Caucasian woman, she was recently ordained in the Baptist faith tradition. The CPE learning process was not easy for Beth. Her ambivalence to the emotional intensity created at times resistance and defensiveness within her. Yet Beth stayed with the process. "I was able to survive by the grace of God," she said. She was able to move into significant pastoral relationships and ultimately secure a full-time chaplaincy position. Much of Beth's learning took place around, as she said, "what was going in my personal life in the midst of the residency was change and transition because of so many changes that happened in my life during" that time. Beth is currently working as a chaplain at a hospice agency in the southeastern part of the state

*Allison Parker*

Allison Parker was a married, Caucasian female. She was in her mid-20s during her residency. Allison belonged to the Southern Baptist faith tradition and she was ordained. For Allison, the primary task was finding her voice and her sense of self. In her CPE residency, Allison did significant work around differentiating from her family of origin. She said, "It's a lot of hard work but it's the most important work I've ever done."



This work enabled her to move towards more clear and more defined relationships in her pastoral care. The more Allison was able to find her voice and ways to honor that the more she was able to listen and hear the voices and stories of others. Allison is currently doing ministry in a local congregation and a stay-at-home mom.

*Ruth Albritton*

Ruth Albritton was in her early 40s during her CPE residency program. She was a single, Caucasian woman who belonged to the Presbyterian Church. She was not ordained. Ruth's learning in the residency moved her into her own multiple griefs and losses. She said, "... what I remember from the year was this image of letting go and unclutching my hands and then opening my hands." In the CPE process, she struggled to find her place within the group and claim her own identity as a pastoral care giver. Much of Ruth's interview focused on the learning she has taken from the CPE residency to her current position in a hospice agency in another state.

*Sarah Stewart*

Sarah Stewart was an African-American woman who was single. She was in her early 40s during her CPE residency program. She was ordained in the Baptist faith tradition. Sarah was a quiet, gentle person whose style of ministry was careful and guarded. She entered into pastoral relationship slowly, being mindful of the other person and not wanting to intrude or to be a bother. The intense engagement in the CPE program was difficult for Sarah. She struggled often to find her place in the group process. Sarah said, "I was the one in the group that was quiet and was challenged to speak out even though I didn't always communicate." The interview revisited some of the difficulties as

well as her fully claiming her call to the ministry. Currently Sarah is working at a local hospital in a social work and patient advocate capacity.

*Robert Myers*

Robert Myers was in his early 60s when he participated in the CPE residency program. He was a married, Caucasian man and belonged to an independent, non-denominational faith tradition. Robert was ordained. Like many other students, Robert came into the CPE program from a fairly conservative religious background. He was able to learn with some struggle the skills to listen, to attend, and to be present to persons without having the need to fix or solve their problem. He said, “I’ve learned I can’t fix it all. It’s not my role to try and fix it but to come in and to be a presence.” Robert began working towards his Masters of Divinity degree while in the CPE program. He is currently working as a chaplain for a local hospice agency.

*Brian Bishop*

Brian Bishop was in his 30s during his CPE residency program. He was a Caucasian man, once divorced and now in a committed relationship. Brian was ordained in the Presbyterian faith tradition. Brian’s learning in the CPE program focused primarily on his identity and finding ways to claim his voice and his gifts for ministry. He said, “One of the primary learnings for me in CPE was that really the heart of pastoral care is about is not the words. What I said or didn’t say in a room with people was not as nearly as important as how I used my presence.” Brian is currently serving as a pastor of a local congregation in the southeastern part of the state.

### The Context and Narratives of Clinical Pastoral Education

The research study was designed to focus on how participants in a CPE residency program describe and make meaning of their experiences and how these experiences might lead to and foster transformative learning. The process of meaning making and transformation was reflected in the narratives the participants told about their experiences in the CPE residency program. These narratives clustered around three primary aspects of the overall CPE context and experience. First, there were narratives of the impact of the CPE curriculum and process; second, there were narratives on the impact of CPE on current practices of ministry; and third, there were narratives on the impact of the pastoral encounters with patients. The stories of the pastoral encounters with patients comprised a great deal of the interview process with each participant and evoked emotion and affect. However, the stories of meaning making and transformation through the CPE curriculum and process and how CPE has impacted their current ministry practice were also important to the participants.

#### *Narratives of the Impact of the CPE Curriculum and Process*

During the interview process all of the participants told stories of their CPE experiences. An essential component of the CPE curriculum is an intensive group process involving other peers and the CPE supervisor. The group process involves both educational and interpersonal relational seminars. Participants told narratives of conflict within the group process, of struggles with theological and racial diversity, of gender skirmishes, of deep abiding friendships, and of intense struggles with individuals. For example, Allison Parker described how she has remained in touch with her peers over the years since her

residency program. Her peers are still a source of support for her. She said, “I felt closer to them than any group I’ve ever had and still do. That’s still the group I still go to for perspective on stuff.” She continued, “I think one of the things I learned from that group is trust...I mean, where else can you tell everybody to screw off and go back to the room and still eat lunch together and laugh about it?”

Sarah told several stories of her difficulty with the peer group process. She was mostly quiet in the group setting. She was challenged many times by her peers to speak up, get engaged, and participate. Her peers wanted more from her interpersonally and she was content to just listen. Sarah also spoke of the theological differences and the resulting tensions within her group. She said, “These theological views that some of the people in the group had were really whack, you know what I mean? I found myself saying, ‘Listen, Sarah, this is not quite what you believe.’” Her group was very diverse theologically and often the theological differences spilled over into interpersonal conflict. Conservative Baptists, orthodox Catholic, moderate Presbyterian, and liberal Unitarian-Universalist make for an interesting mix. Sarah said, “Some of the things in group that are said are not clicking with me. It’s like, where is this coming from, like left field?”

Both Beth and Brian spoke of the friendships they forged during their residency programs. For Beth, it was her friendship with one of her peers that allowed her to stay in the program when she was going through all the change and transition in her life. She put it this way, “One thing that really stands out in my mind is Cindy’s generosity of letting me live with her. If it wasn’t for her, it would not have been possible for me to finish the program.” For Brian, his friendship with one of his peers balanced the intense conflict with

another. He said, “One of the wonderful things that came out of my residency here was the friendship with Brenda that continues to this day.” He continued, “Brenda sort of functioned for me as the positive energy in that integration work because she kind of embodied for me ... an earth-based, spiritual person. Roger (Brian’s other peer) kind of functioned as the negative counter-point to that for me.” The peer group was also important to Abigail as she grieved her many losses, especially the death of her son. The peer group served as a safe place where she could bring her grief. She said, “I think that Peter’s illness and death transformed who we are for each permanently.... Walking with my group through this changed who we were.”

In addition to the narratives of the group process and the friendships and conflicts, the participants reflected on what they learned about themselves as persons and as pastors. The CPE process engaged them, as it is designed to do, around such concepts as self-awareness and individuation. Beth said, “CPE helped me to realize it’s OK to be who I am.” Here with Beth an echo of authenticity is heard. It is indeed acceptable to be the person she is called to be, the person she is becoming. Beth says CPE was essential in helping her be who she is as a person and as a pastor.

Christine put it this way, “The hard work, the CPE experience, all the tears and grief, and the fear, they helped to unearth what God had already put in me.” Christine clearly states that the difficult work that makes up the CPE experience is worth it, at least for her. The sense that God is at work in her life is confirmed. Ruth likewise spoke of how her CPE residency helped her, saying CPE “helped me to know better who I am but mostly to pay attention to who I am and how I am when I am in relation with another person.”

Here again are hints of the importance of authenticity and self in the context of the ministry of pastoral care. Like Christine, Ruth said, “My internal work was the hardest part of CPE.”

The narratives of the participants’ CPE experiences reflected two main themes. First, the group process in the CPE curriculum highlighted the importance of peer relationships, both supportive and conflictual, for learning and change. Transformative learning does not occur in isolation; it arises from interpersonal relationships within the context of critical reflection and discourse. The peer group provided a safe and trustworthy context in which the participants could explore the meaning of their experiences and new learnings. Second, the participants reflected on and described how the CPE curriculum and process fostered an increased self-awareness. The intentional reflective process inherent in the CPE curriculum leads to deliberation and questioning of frames of reference, and out of such deliberation and questioning come greater self-knowledge and self-awareness. Self-awareness is essential in the development and formation of a pastoral identity. It allows the individuals to learn about themselves as pastors and how their ways of being in ministry affect other people. As Cranton (2003) argues, self-awareness is critical for transformation.

#### *Narratives of the Impact of CPE on Current Practices of Ministry*

In addition to stories of their CPE experiences, the participants also spoke of how their learning in CPE impacted their current practices of ministry. These stories bridge the past with the present. The participants related how their ministry has benefited from their experiences and learning in the CPE process. For example, Beth spoke of moving toward ordination and how CPE helped her articulate her theology in a way that was authentic and

congruent. She said, “It’s God given, my ability to do this kind of work, even the work I am doing now with hospice. So many people have said there is no way they could do what I do.... I think we all have our ministry. We all have a ministry.”

Sarah spoke of how, in her current position as a patient advocate in an Emergency Department, she knows when to call upon a chaplain to help a patient when emotional and spiritual support is needed. She said, “In the ER where I work now, I say, ‘Listen, guys. Call. Call the chaplain and get them down here.’” She learned to differentiate between her role as a patient advocate and the role of the chaplain. They are different and Sarah respected those differences. As a patient advocate, Sarah is not in the role of providing pastoral care; her role has other functions. She did not try to fulfill both roles.

William related several stories of how his learning in CPE allowed him to minister to patients and staff in his hospital setting with more care and concern. He said, “I think that is what CPE did for me. It was many things, but for me, it helped me to see that my emotions were not a liability but actually transform my thinking and my reasoning.” He described the importance of listening and pastoral care skills he learned in CPE. William told a story of his listening to a co-worker who had a good friend suddenly die. He said, “I asked, tell me about your friend. Tell me some stories about her. As she did, these tears started coming out, tears just coming down her cheeks. I don’t think I would’ve been able to that before CPE, just to be with her and not run out of the room.”

Allison, as a stay-at-home, spoke how CPE helped to understand the dynamics in her family of origin and helped her to set appropriate boundaries. After telling several stories of her family, she said, “I’ve thought this so many times, that there’s no telling how

miserable I would be had I not done that work (in CPE)... I have thought so many times how in the family narrative finding my voice continues to be a journey and kind of crazy it is having these strong emotions, having this prophetic edge.” Robert, Ruth, and Brian all spoke of how CPE gave them the skills along with the self-awareness to function better in ministry now. Robert said, “Now being a hospice chaplain, I brought so much reward with me, with what I’ve been through at Rex and what I learned at Rex.” Now working in bereavement for a hospice agency, Ruth said in reference to what she learned in CPE, “The way the person and the family lets a complete stranger into their life at such a vulnerable and intimate and raw and real time is just such a privilege. I could not get into their lives at another time in the same way and that is what keeps me going.” For Brian in particular, CPE helped him to re-affirm his call to parish ministry. His learning surrounding the theological concept of presence has been helpful in his ministry. He said, “It’s not what I’m going to be able to say to these folks that’s going to help, it’s going to be the fact I show up and that I somehow convey my willingness to be with them.”

The stories of a greater integration of theology with practice, of the use of pastoral care skills, and of greater self-awareness in ministry suggest that significant learning and transformation has taken place. This new learning is embodied in new actions and new behaviors. It is the concrete representation of transformative learning. The transfer of learning from the CPE program and the hospital environment to other ministry contexts is evident in these narratives.

In terms of this research project, however, these two primary, over-arching narratives sit on the periphery of the research questions. Clearly there can be further



investigation into the meaning of the CPE experiences for students and how CPE impacts their practice of ministry. The critical reflection on the nature and meaning of call into ministry is one area where further study would be beneficial. These narratives do hint at transformative learning on the affective dimension.

Certainly CPE experiences can propel students into unnerving disorienting dilemmas where changes in a theological frame of reference happen. Students in CPE experience the movement as described by Brueggemann (1984) where disorientation moves towards a new orientation. Cranton (2006b, p. 23) describes this movement as one where a person becomes “more inclusive, discriminating, open, reflective, and emotionally able to change.” This movement is most often found in the narratives of pastoral encounters with patients. I turn to those narratives now.

#### *Narratives of the Impact of the Pastoral Encounters with Patients*

In these narratives of pastoral encounters with patients, I was interested in those in which an affective response was present. As might be expected based on the nature of this research, many different emotions were found in the narratives. There were stories of grief and sadness, anger and joy. I heard stories that evoked laughter, some that elicited frustration. There were stories of gladness and delight as well those which were dark and difficult. In some stories, anxious laughter masked the underlying feelings of grief, pain, and sorrow. Other stories used images and symbols to convey meaning; others spoke clearly on how a particular encounter was transformative. All in all, the primary narratives of pastoral encounters with patients were laden with many different emotions, told in many different ways.

Critical reflection upon these narratives produced changes in meaning perspectives. Often this change was seen in the participants' theological world views. This is not surprising since CPE is at its core theological education. For example, Brian questioned if God was really in control of the events of this world after a particular tragic death in the Emergency Department. Robert reflected on being changed by being exposed to so much death, grief, and pain. As Sarah reflected on her call into the ministry, this reflection affirmed her vocation.

The narratives also described how the participants made meaning out of these experiences. The use of images was significant here. Allison used the image of an "umbrella of grace" to describe her experiences. Robert spoke movingly about "becoming part of the pain" as he cared for persons in grief. William said he cried "a bucket of tears" during his residency. Ruth used the evocative image of unclutching her fist to describe the process of becoming more open and being willing and able to give up control. Abigail told how doing the work she was called to do left a "mark on your soul." Sarah spoke of how her residency allowed her to fully claim her calling by God. She forcefully declared she was indeed called into the ministry by God. Her experiences in CPE confirmed her sense of call. Both Christine and Beth became aware that they did not have to be perfect in order to do ministry. In fact, they found the grace to accept their flaws with an awareness of God's presence in their lives. William was cognizant of the importance of people's stories, and in turn, the importance of his own story.

These narratives and the resulting poems found below demonstrated the many ways these participants described and made meaning of their CPE experiences. Each person had

unique stories to tell, and as narrative theory holds, each story is in some way the story of us all. For example, the stories of grief reached across differences in age, race, gender, and denominational affiliation. The narratives were rich with images and depth of soul as the participants spoke of how their experiences shaped their lives and ministry. Robert said after being with a family at the time of a tragic death, “If that doesn’t change your theology and your thinking, then I don’t know what will.”

The narratives reflecting the impact of pastoral encounters with patients on the participants capture the different ways the participants described and made meaning out of their experiences. For some, the emotion of grief was paramount and at the forefront of their reflections. For others, the use of images and symbols allowed them to express their meanings. The participants were also able to reflect on the changes in their self-knowledge and that impact on their identity as a pastoral caregiver. The narratives of pastoral encounters with patients elicited emotions and images as the individuals remembered and reflected. The three key dynamics of the affective dimension of transformative learning reflect how the intense experiences in CPE lead to and foster such a “deep, structural shift” (O’Sullivan, 2003, p. 326) that is indicative of transformation. The findings which focus on the three key dynamics of the affective dimension of transformative learning follow.

#### Grief as a Key Dynamic of the Affective Dimension of Transformative Learning

Grief is disorienting. In the hospital setting, CPE students are exposed to different kinds of grief and loss. There are situations when death is sudden and unexpected, and as Brian said, “This is ugly death.” There are other situations where death is peaceful and

comes without struggle. Christine was present as a hospice patient died quietly in front of her. There are situations in ministry that require more will and courage than an individual thinks she has. It broke Beth's heart to be the one to take a dead infant to the morgue and place the child on a cold shelf. For some students, like William, they bring grief with them from their own lives. For William, grief brings a "bucket of tears." The intense emotions and bitter resistance of grief require a long process of critical assessment in the face of social expectations of mourning and loss. Grief may come as a result of a single event and it may also accumulate gradually over the course of many experiences. Both the single event and the incremental impact of grief are demonstrated in these poems of grief.

In transformative learning theory, grief is seen as an essential part of the transformational process. Boyd and Meyers (1988) argue that grief is the predominant condition for transformation. The intense, interior work surrounding grief allows for individuals to find meaning based on their "expanding consciousness of Self" (Boyd & Myers, 1988, p. 279). In the acute care hospital setting, grief is seen and felt frequently; often in disorienting ways. Scott (1997) argues that grief is fundamental to transformation and that the process of grieving is at the core of the transformative learning process. Attending to the process and dynamics of grief is essential in understanding the affective dimension of transformative learning.

*This World is Madness, Part 1, (from Brian Bishop)*

After a few introductory remarks, Brian Bishop begins to tell the story of "the patient experience ... that popped up in my mind most clearly." This is a story of the death of an 80-year-old man and his three sisters who were grieving in the room. This narrative

leads Brian to reflect on other deaths and other rituals of grief he encountered during his residency. He then speaks of his peer group and its importance in his learning process. We are about one third into the interview at this point when Brian makes a shift. He moves towards a deeper mood and his countenance reflects deeper thought. He says, “I can tell you another experience that came up for me in the car....”

With this simple introduction, Brian proceeds to tell the narrative of his experience surrounding the death of a six-year-old boy in the Emergency Department. Research in CPE has shown that students remembered emotionally charged situations longer and more vividly, and that these kinds of experiences had a strong impact on the students’ CPE learning process (Derrickson & Ebersole, 1986). The narrative begins with Brian recalling the night when he was on-call and how he felt like he had already had enough for the night. His voice is low and his eyes filled with tears. Brian said:

*Narrative*

BB: .....you frequently were whacked with multiple calls on a given night when you’re on-call and this was one night when.....I had already been....I don’t know, but in my psyche it felt like, you know, to three or four deaths. It was one of those nights, I don’t know, it was probably about 2:00 AM and I was tired and I was done. I remember saying to God as I was trudging through the hallways back to the on-call room, um, “I am done. I’m done with death for this 24-hour period.” It was almost like a dare.....[laughter].....I don’t think it was a dare but it was, I was putting God on notice, you know, “I have nothing else left to give so just know

that” and especially I don’t want to be in the presence of death a single other time this night.....Of course.....

LJ: Of course.....

BB: Before I could get back, I think I got back to the on-call room and took off my outer layer of clothing to lay down on the little hard bed and my pager went off and....it was horrific. It was a .....my memory is like a six-year-old boy and, and I don’t understand how he got to the hospital so late that night but he had been in a, um,.....car on bike accident earlier in the day. A car had hit him while he was crossing the street on his bicycle with some significant speed and his injuries were life-threatening and I remember going into the ER and there this child was and his parents were obviously just besides themselves and there I was.....feeling like there was nothing left to give from my point and I don’t know what I could have given anyway....um.....except back to that odd presence thing.....and I remember just how heartbroken I was because it was, he was near Tommy’s age. I mean, that was like the worst death I could have been called to and he eventually did.....die, um,.....and.....what I remember....what I remember taking away from that experience was a sense that, um,.....OK, um,.....you really aren’t in control, are you, God? I mean, it hit me at a visceral level. This world is madness. I mean, the death just keeps happening and it’s not pretty death. It’s not people 90 dying of, in their sleep. This is ugly death and what this little kid, the pain he had experienced that day and the emotional pain of his parents.....so I mean, I think that was transformative for my theology because, I mean, then I was left to try and integrate

emotion that had just occurred to me at a visceral level. I mean, it had occurred to me in my brain before but at this visceral level, God, you really, you really can't stop this, can you? This is out of control, out of your control and you know I had studied process theology starting in college but didn't do so much in seminary. But I had a professor in college who was big on it and that really brought to me the reality of what process theology tries to get at, for me, in a real life way that, you know, maybe.....maybe God, you know, this.....what has been a widely accepted Christian notion, God as omnipotent and all powerful, um, maybe that is full of bunk and maybe that makes us feel better but I'm not seeing much evidence of it when I really live my life and maybe....I have to muster up some courage to live with a God who.....loves us dearly but can't always stop the pain, you know, and I think that's a profound spiritual reality that, um,.....I remember a Rilke poem that you brought to some group seminar at some point that put words on that for me too. I always remember the line....something about, um, describes God as.....um, the one who holds all the falling so this, this, this image of a God who can't stop the falling but....is present to it and holds it in some kind of container that, in my traditional Christian language, which I would say....doesn't stop the pain but at some level, it redeems, it can redeem the pain. I mean, it does give meaning to the pain even though I don't think God – and I don't and I continue to this day to buy the process this line that God is not in control of this world except through being the loving presence through each and every moment of our lives, holding our falling.

LJ: I think the Rilke line, um,.....is.....”there is Someone (capital S) who holds all this falling in infinitely soft hands” or something like that. That image of, um, that is the crucible, that is the container of all falling, all the pain, all the grief, all the questions.

BB: Absolutely.....and though I’m sure some people do.....I think I have probable observed a few even in my brief time of supervising CPE students, get through CPE without having that question raised from them. I think you have to be pretty dense not to have that question come up in a CPE residency. Is God really in control? You just see too much, too much human pain.

*Poem*

This World Is Madness, Part I

I.

It was one of those nights.  
It was about 2:00 AM.  
I was tired.  
I was done.  
I remember saying to God  
as I was trudging through the hallways  
back to the on-call room,

I am done.  
I’m done with death  
for this 24-hour period.

It was almost like a dare.  
I was putting God on notice:

I have nothing else left to give.



I don't want to be in the presence  
of death a single other time this night

I got back to the on-call room  
to lay down on the hard bed.  
My pager went off.  
It was horrific.

It was a six-year-old boy.  
He had been in a bike accident.  
A car had hit him while  
he was crossing the street.

I remember going into the ER  
and there this child was  
and his parents were just  
besides themselves.  
There I was,

feeling like there was  
nothing  
left to give.

I remember how heartbroken I was  
because he was near Tommy's age.  
I mean, that was the worst death  
I could have been called to  
and he did

die.

II.

What I remember taking away  
from that experience was  
a sense that,

you really aren't in control,  
are you, God?

This world is madness.  
The death just keeps happening.  
It's not pretty death.  
It's not people 90 dying in their sleep.  
This is ugly death.

I was left to try and integrate emotion  
that had just occurred to me  
at a visceral level.  
It had occurred to me  
in my brain before  
but at this visceral level,

God, you really, you really  
can't stop this, can you?  
This is out of control,  
out of your control.

III.

I have to muster up some courage  
to live with a God who  
loves us dearly  
but can't always stop the pain.

Is God really in control?

IV.

You just see too much,  
too much human pain.

In telling this story, Brian Bishop re-lives the horror of an on-call experience. He remembers his emotional exhaustion. He recalls that he had nothing left to give. Then it

happens. It is always like this in hospital ministry it seems. The pager goes off. Brian is called to the Emergency Department. A six-year-old boy was hit by a car as he was riding his bike. Brian's grief is clear and palpable in this remembered telling: How could this happen? Tears fill his eyes. He speaks softly. In reflecting on this experience, Brian questions God. Is God really in control of this world? It does not seem that way, not when there is the madness of a six-year-old boy lying dead on a stretcher in the Emergency Room. This experience for Brian does not occur on a cognitive, rational level. It touches him on a visceral level. Brian emotionally connects with this experience because his own son is near this boy's age. He says this kind of death is ugly. "This world is madness," he says. It is pure madness.

A theological world view where God is in control and all is right with the world does not hold here in this experience. Brian asks God; Brian laments, "God, you really, you really can't stop this, can you? This is out of control, out of your control." Much like the psalmist, Brian's cries echo off an empty sky. There is no answer. The reality of this experience is chaos. Here the disorientating dilemma is being thrown out of control by an experience that makes no sense.

However the disorientating dilemma does not stop Brian from his critical reflection. He realizes he has to "muster up some courage to live with a God who loves us dearly but can't always stop the pain." Brian's critical reflection leads to his questioning his own theological assumptions. He questions the premise of God's providence in the world in terms of theodicy. God's control of events in this world in relation to God's goodness has been a bedrock assumption that has been studied, reflected upon, and

questioned across centuries of theology by the communities of faith. Brian's reflection on this narrative ends with the awareness that he has seen "too much human pain" in this kind of ministry. Even in all this pain, Brian has continued in ministry and found ways to be faithful to his call. He makes meaning by saying he has to "live with a God who loves us dearly but can't always stop the pain."

Brian's learning from this experience is not intellectual. It is the deep, structural shift in his theology. It is transformative learning driven by the madness of the death of this six-year-old boy. Brian has to make room for and revise his world view and understanding of God so that out-of-control events happen and still God's love is present and available. This is not an easy theological shift to make. The grief around the death of a six-year-old child propels Brian into this transformative learning experience and reflection.

The grief Brian experienced is captured in Psalm 88. Just as Brian cried out from the depths about God not being in control, the psalmist likewise calls out from the depths, asking God to be attentive and to respond. The psalmist wonders why God is hidden just as Brian wonders why God is not in control.

*Psalm of Lament*

Psalm 88:1-5, 13-15

O Lord, my God, I call for  
 help by day;  
 I cry out in the night before thee.  
 Let my prayer come before thee,  
 incline thy ear to my cry.

For my soul is full of troubles,

and my life draws near to Sheol.  
 I am reckoned among those who go down  
 to the Pit;  
 I am a man who has no strength,  
 like one forsaken among the dead,  
 like the slain that lie in the grave,  
 like those whom thou dost  
 remember no more,  
 for they are cut off from thy hand.

But I, O Lord, cry to thee;  
 in the morning my prayer comes  
 before thee.  
 O Lord, why dost thou cast me off?  
 Why dost thou hide thy face from  
 me?  
 Afflicted and close to death from my  
 youth up,  
 I suffer thy terrors; I am helpless.

This psalm of lament begins with the normative cry for help. The psalmist is wanting to be heard and wanting answers just like Brian. The psalmist has no strength. He too is exhausted. He is among those who have gone down to the Pit and are cut off from God's protective hand. Brian knows something about this feeling in the early hours of the morning when he has nothing left to give. He too feels forsaken. But still Brian and psalmist question God. The psalmist wants to know why he has been cast off. Why has God been hidden from him during this time of trial? There are no answers given in this psalm, just the cries of one who is hurting, one who is seeking answers, of one who nonetheless has enough faith to question God even in the face of human pain.

This psalm is unique in the Psalter in that the cry, the plea, the complaint are not resolved. Praise is absent. Yet the covenantal relationship endures. The psalmist does not relent. He continues to press for a response from God. This psalm represents a profound act of faith on the psalmist's part. Even in the disorientation and chaos, the psalmist continues to cry out. Brian does likewise. Even in the disorientation and chaos of this awful event, he continues to press God. Like the psalmist, Brian is able to give voice to the anguish of this experience. At times, the world is indeed madness.

*Durn It. I Said I Wasn't Going to Cry (from Beth Robinson)*

Beth Robinson begins her interview by noting all the significant transitions that were taking place in her life during her residency. She got married, moved, and then her grandfather died after a lengthy illness and hospitalization. Her husband took a new job after a long job search and this resulted in yet another move. Beth noted how difficult all these transitions were for her, how helpful her peers were, and how she was glad she was able to complete the residency program. Beth then moved into talking about her experiences in ministry. She said, "there were three (experiences) that are really jumping out," as she reflected back on her residency. One was of a death of man in ICU and her ministry to this man's life partner. The second experience was with the unexpected death of a 40-year-old woman in the Emergency Department. She then turns towards the third experience, the story, she says, "this one has continued to stay with me" in the same way that Brian's narrative has remained with him. As suggested in the literature, these kinds of intense experience do not fade away; they are transformative (Derrickson & Ebersole, 1986; MacLeod et al., 2003; Mallory, 2003).

The narrative that has continued to stay with Beth is a story about an IUFD (Intra-Uterine Fetal Demise) that occurred in the Birth Center. The baby died at 36 weeks as a result of a placental abruption. The mother is in critical condition in the ICU. The father does not know if his wife will survive; he only knows his baby is dead. After letting the dad hold his baby, Beth and a nurse take the baby down to the morgue. She has to place the baby, all alone, up on a shelf. The re-telling and the remembering of this story bring Beth to tears, tears she told herself she wasn't going to cry. Her grief is palpable and heart-breaking. Beth said:

*Narrative*

BR: Well,....and this one, uh,.....has continued to stay with me and, uh, even as I have talked with some of the staff here about it as we've talked about things, uh, the, uh,....baby, uh, ....one of the babies in the Birth Center, and that was another thing that happened when I was on-call and it was a Sunday afternoon and I knew things were suspiciously quiet.....[laughter].....I mean, things during the day had been going too well so far and it was, um, about 2:00 in the afternoon when I got the call from the Birth Center and, um, .....you know, I went and, um, and, and at first they said it was a fetal demise, and you know, of course that sets off a whole type of response and anxiety and all that but I didn't know just how bad the situation was until I got there because the mom had had, uh, a placental abruption and was in surgery, you know. The baby had already died and they're doing emergency surgery to get the baby out, um, they couldn't stop the bleeding with the mom and, you know, you have, you know, this horrible situation on top of, uh,

.....it was just too much and....you know, I was with the dad when he signed the consent to an emergency hysterectomy if that's what it came to. They were trying to do things to prevent that, but, you know, um.....then something happened with the mom's blood or something. You know, she was in ICU and....um, and the ICU staff, they weren't as skilled, they didn't quite know what to do with this kind of situation as the Birth Center people were, and.....it just wasn't how you normally handle an IUFD and then, so, and..... again it was just another ....and the mom was in surgery and, then the dad, he didn't know....the dad was in the room and he didn't know if his wife, I mean, if she was going to be OK. You know, the news that his child had died and.....um, and then, and of course the staff, they were having a hard time dealing with the compounded...you know, it's one thing to deal with an IUFD and then dealing with an IUFD on top of the mother's life being in danger. Then we had, I helped the nurse, um, bath and dress the baby, um, you know, that was, um,.....a really, um, tough thing. Then that just so out of....that was just, you know, letting the dad hold the baby. Mom's not there and, um, .....wonder.....and then, you know, later on, it's time to take the baby to the morgue, and.....you know, me and the nurse, we walked the baby down to the morgue.....um.....

LJ: That's hard to do.

BR: Yeah.....and of course it was on the top shelf and the security guard made it very clear he was there just to let us in. That was all he was going to do and I was a good, uh, probably three or four inches taller than the nurse and even with the step



stool, it was still a [unintelligible] and I was the one who stood up and had to put that little girl.....and that night, that was probably....like I said, it started at 2:00, um, the dad, he left because he had children at home. So he left because the mom, she, uh, was out of surgery and in ICU sedated so.... But then, uh, about 10:00 everything kind of settled down except for me and I came, that was the night I came as close to ever saying, "That's it. I've had it." I did. I came about that close to calling you and saying, "The pager's on the desk."

LJ: So, what did that do to you?

BR: I think it changed me too, um, but, um, it just broke my heart, um.....with everything compounded and then thinking, "Why did I have to be the one to, um, have to put this baby on this cold shelf?" You know, and, and that, you know, it was just, you know, a body. It wasn't , um,....but still, I felt.....I just couldn't hardly stand the thought of this child, uh, being alone and cold, you know.....it couldn't, you know.....[tears]....I think about as a mom.....Durn it. I said I wasn't going to cry.....

*Poem*

Durn It. I Said I Wasn't Going to Cry

This one has continued to stay with me.

I was on-call.  
It was a Sunday,  
about 2:00 in the afternoon,  
I got the call from the Birth Center.  
I didn't know just how bad  
the situation was until I got there.

The mom had  
had a placental abruption  
and was in surgery.  
The baby had already died.  
They're doing emergency surgery  
to get the baby out.  
They couldn't stop the bleeding  
with the mom.

It was just too much.

I was with the dad  
when he signed the consent  
to an emergency hysterectomy  
if that's what it came to.

The mom was in surgery.  
The dad was in the room.  
He didn't know if his wife,  
was going to be OK.

It's one thing to deal with an IUFD  
and then dealing with an IUFD  
on top of the mother's life  
being in danger.

I helped the nurse bath  
and dress the baby.  
That was a really tough thing,  
just letting the dad hold the baby.

It's time to take the baby  
to the morgue,  
me and the nurse.  
We walked the baby  
down to the morgue.

It was on the top shelf.

The security guard made it clear  
 he was there just to let us in.  
 That was all he was going to do.  
 I was a good three or four inches taller  
 than the nurse.  
 I was the one who stood up  
 and had to put that little girl...

That was the night I came  
 as close to ever saying,  
 (It just broke my heart)

Why did I have  
 to be the one  
 to put this baby  
 on this cold shelf?

I just couldn't hardly  
 stand the thought  
 of this child being  
 alone and cold.

I think about as a mom.

Durn it.  
 I said I wasn't going to cry.....

Beth Robinson remembers a chaotic, disorienting story from the Birth Center. A young mother experiences a placental abruption. Her baby dies. She is bleeding extensively and needs immediate emergency surgery to save her life. The husband is lost in this chaos. His baby is dead and he does not even know if his wife will survive. As the afternoon progresses, Beth helps the nurse bath and dress the baby so the father can see and hold his dead infant for a moment.

Afterwards it is time to take the baby down to the morgue in the basement of the hospital. This is not a pleasant task. The security guard is no help. Beth is the one who places the infant on the cold, top shelf, all alone. This act of placing the infant, all alone, on the cold shelf in the morgue breaks her heart. The remembering of this story brings Beth to tears. She cries, “Why did I have to be the one to put this baby on this cold shelf?”

This narrative still carries emotional power and grief. Beth can barely stand the remembering of it, even several years later. Now a mother herself of a young child, Beth recalls this story from that perspective. It touches her deeply. This disorienting experience causes Beth to reflect and examine the meaning of being a chaplain in this situation as well as the meaning of now being a mother. She never thought she would have to be the one to place a dead infant on a cold shelf in the morgue. It was not what she signed up for and yet, here was this experience that did not fit into her meaning perspective. Clearly this experience was a disorienting dilemma. In telling this narrative, Beth critically reflects upon her assumptions and expectations. She expected the nurse to be the one to place the infant on the shelf in the morgue, not her. Nevertheless, Beth did what was needed to be done and she ultimately gained confidence in her ability as a chaplain.

Beth tried to maintain her composure during much of the interview but the remembering and the telling of the story was simply too much. The affective dimension of her learning was clearly present in her narrative. Her tears spilled out. “Durn it,” she said. “I said I wasn’t going to cry.” After such an experience a person is never the same; she is changed forever. Beth testified to that. In these verses from Psalm 29, the psalmist also testifies to the transformative power inherent in a disorienting experience.

*Psalm of Lament*

Psalm 28:1-2, 6-9

To thee, O Lord, I call;  
     my rock, be not deaf to me,  
 lest, if thou be silent to me,  
     I become like those who go down  
     to the Pit.  
 Hear the voice of my supplication,  
     as I cry to thee for help,  
 as I lift up my hands  
     toward thy most holy sanctuary.

Blessed be the Lord!  
     for he has heard the voice of my  
     supplications.  
 The Lord is my strength and my  
     shield;  
     in him my heart trusts;  
 so I am helped, and my heart exults,  
     and with my song I give thanks to  
     him.  
 The Lord is the strength of his  
     people,  
     he is the saving refuge of his  
     anointed.  
 O save thy people, and bless thy  
     heritage;  
     be thou their shepherd, and carry  
     them for ever.

This psalm of lament speaks to Beth's experience. The psalmist cries that if God is silent then he will become like those who go down into the depths, lost and cut-off. In this disorienting experience, Beth is the one who has been down to the Pit. For Beth, though, the Pit is the morgue. It is a real place. It is not symbolic. Carrying the dead infant down to

the morgue in the basement of the hospital represents entering into the depths for Beth and, like the psalmist, she too knows what it means to cry out. While Beth does not explicitly call upon God to help her in her time of need, she does know the cost of this ministry to her. She questions why she had to be one to carry out this task. This is part of her critical reflection. But there are no answers just like Brian received no answers. The psalmist affirms that God is his strength and his shield, and that God will save God's people and will be their shepherd and carry them in his arms for ever.

This psalm demonstrates the theological significance of the parallel between the process of transformative learning and the movement from disorientation to a new orientation. Beth has been down to the Pit symbolically as she has carried this infant gently in her arms. Just as the psalmist calls upon the Lord to be the shepherd of the people and carry them for ever, I would suggest that Beth has been a shepherd for this infant. She will carry this infant for ever with her in her heart, transformed by her tears.

*I Cried A Bucket of Tears (from William Carter)*

William Carter began his interview by talking about his peer group. In response to a question about his residency, William then commented on what he called the overall theme of his learning process during his residency. He said, "I think one of the main themes is my own grief." William named his grief over two failed marriages and the murder-suicide of his mother and step-father. As he said, "I was in a very raw place" as he began his CPE residency.

Even as William reflects on his own grief, he is aware that it is his grief that allows him to be sensitive to all the grief that happens in the hospital setting. The incremental

nature of different losses over time sets William's transformative learning process in motion. Once it began there was no turning back. William said:

*Narrative*

WC: Let's see ..... I think, uh, one of the main themes is my own grief. Uh, at that time, if you remember, as I was coming, I was coming in, um, I had just been hit by a second divorce, that's what it felt like, and, um, a second separation.

LJ: Right.

WC: I had been divorced before and then, you know, uh, this separation, uh, came in March of 1998. I had already been accepted here so I came in, and that loss sort of punctured a hole in my soul is the way I see it and, uh....

LJ: Yeah, you were, um, in a very raw place.

WC: Yeah. I was a basket case in some ways I feel like (laughter) and, uh, I think, uh, I think it had touched deeply into the griefs of my mother earlier in 1981 who was killed by my step-father who then also killed himself, and uh, uh, and so, I was at a very raw place. I just felt like everything had come unglued, uh, outwardly in a sense and then inwardly too. And so I come in [unintelligible] of my own grief, my own loss, and uh, that was one of the major, you know, themes during the time. If you remember, I cried a bucket of tears many times, and uh, so that was one thing.

*Poem*

I Cried a Bucket of Tears

One of the main themes  
is my own grief.  
I had just been hit

by a second divorce.  
I had been divorced before,  
that loss sort of punctured  
a hole in my soul.

I was a basket case.  
It had touched deeply  
into the griefs of my mother  
earlier in 1981 who was killed  
by my step-father  
who then also killed himself.  
I was at a very raw place.  
I just felt like everything  
had come unglued,  
outwardly in a sense,  
inwardly too.

I cried a bucket of tears.

William entered the CPE program a broken and wounded man. He brought all of his grief with him. His world has been turned upside down. William is aware that his own grief was a significant part of his learning. Grief was “one of the main themes,” he says. As part of his transformative learning experience, William is critically reflecting upon his life and realizing the depths of his many losses. His disorientation is evident in his telling. His second divorce drives him into the ancient grief of his mother and step-father’s murder-suicide. It is a raw, painful place. There is a hole punctured in his soul. The pain is that deep. William’s emotional reflection upon his life challenges the meaning perspectives of marriage and family. Now nothing makes sense. The trigger event of his divorce leads William into remembering his time in the CPE residency as a time of coming “unglued,”



both outwardly and inwardly. It is also a time of self-examination. The disorientation leaves him no choice but to cry “a bucket of tears.”

However, William’s “bucket of tears” is not the end of his story. His work in the CPE program around his grief led to an increase in his self-awareness which, in turn, led to an increase in his pastoral competence. William’s grief did not derail his learning process. Rather it served as a catalyst enabling him to explore new options in his life, new ways of understanding his story, and new ways of being in ministry. William’s good work during his residency was evidenced by his securing a position as a staff chaplain at a local hospital. Having a hole in his heart did not preclude William from discovering his abilities to be present to people in pain. He drew on his own experiences and his own tears. These opening verses from Psalm 6 point towards the psalmist own languishing and the equivalent of his own bucket of tears. The psalmist, like William, does not hold back his grief. There is the beginning of healing and restoration. There begins the transformative process of embodying new ways of living and moving and having one’s being.

*Psalm of Lament*

Psalm 6:1-7

O Lord, rebuke me not in thy  
 anger,  
 nor chasten me in thy wrath.  
 Be gracious to me, O Lord, for I  
 am languishing;  
 O Lord, heal me, for my bones  
 are troubled.  
 My soul also is sorely troubled.  
 But thou, O Lord -- how long?

Turn, O Lord, save my life;  
deliver me for the sake of thy  
steadfast love.  
For in death there is no  
remembrance of thee;  
in Sheol who can give thee praise?

I am weary with my moaning;  
every night I flood my bed with  
tears;  
I drench my couch with my  
weeping.  
My eye wastes away because of  
grief,  
it grows weak because of all my  
foes.

In Psalm 6, the psalmist makes a raw plea to God. He is sorely troubled, even to point where he can only asks, “How long?” without even completing the thought. The psalmist’s soul is breaking. He pleads for his life. Like William, the psalmist has flooded his bed with his tears every night. His weeping soaks his couch and his eye is wasting away because of all of his grief. Yet somehow the psalmist finds a way to acknowledge that God has heard his cries, that God has heard and accepted his prayers. That is enough to sustain the psalmist as it is for William.

In its stark language, this Psalm paints a universal picture of grief. Nothing is held back in the psalmist’s pleading. Any person who has experienced a significant loss knows all too well the refrain, “How long?” A person in grief knows of the weariness and the times when the tears seem to be unrelenting. The psalmist’s grief is similar to William’s

grief. Thus the experience of grief is shared across the centuries and through this sharing, transformation is possible as William begins to explore new ways of being and so discovers a developing confidence and competence in his pastoral care skills.

*If You See It, Go Ahead (from Christine Dixon)*

Christine Dixon began her interview by reflecting on the different members of her peer group. She spoke of how culturally different the hospital experience was for her as an Asian woman and how difficult it was to minister to patients and families in crisis. Christine started off speaking in broad, general terms as she reflected on her experiences in her residency. As she continued to reflect, she slowly moved from the global to the local, from the generalities to the particulars. Christine was moved to tears as she began to remember specific patients and experiences on the oncology and hospice units. This remembering touched her own grief. She said, “Grief is real. Pain is real. Death is real.... Hope is real, is very real.” Christine then spoke of one particular experience that was powerful for her. She said:

*Narrative*

CD: um.....oh, there is a story....there is one thing. I went upstairs to hospice. There was a lady in the room on the right hand. She was in there by herself. I was very surprised to see nobody there, you know, in broad daylight. So I went in. So she was looking out the window, very quietly. Later I found out her husband had just stepped out and she was, you know, just looking out the window to her right, sort of like gazing very far through the window to somewhere, um, you know, I talked with her. She did not move. She didn't even blink, and suddenly I realized

she was dying.....You know, I guess from working on hospice, I had worked there, um.... I had two, two, at least two hospice, um designated areas for my, for me....so I had really spent a lot of time up there. So I realized she was dying at that moment, and for some reason, I just started saying to her, you know, maybe you are seeing something, Mrs. So-and-So. Can you see it? I was just talking to someone who was not returning to me but somehow I could communicate to her. I said, "If you see it, go ahead." You know, she died in front of me.

*Poem*

If You See It, Go Ahead

I went upstairs to hospice.  
 There was a lady in the room.  
 I was surprised to see nobody there.  
 Her husband had just stepped out.  
 So I went in.

She was looking out the window  
 very quietly,  
 gazing very far through the window  
 to somewhere.

I talked with her.  
 She did not move.  
 She didn't even blink.  
 Suddenly I realized she was dying.  
 For some reason,  
 I just started saying to her,

Maybe you are seeing  
 something, Mrs. So-and-So.  
 Can you see it?

Somehow I could communicate to her.

I said,

If you see it, go ahead.

She died in front of me.

Being in the presence of death brings affective learning. It changes a person in untold ways. Christine tells a narrative of being with a patient in the hospice unit. The patient is alone. No one is with her. Her husband has left for a while. She does not move at all. She just looks through the window. Christine realizes that this woman is actively dying. Her time on this earth is coming to an end, mercifully. With this awareness, Christine begins to talk to the patient, asking if she sees something out the window, “Maybe you are seeing something. Can you see it?” The patient does not respond. Christine continues, “If you see it, go ahead,” and the patient dies in Christine’s presence.

This is a peaceful experience of death, not the madness and ugliness that Brian remembered in his narrative. Here Christine is present with this patient as she, the patient, passes from this world. Christine’s eyes fill with tears as she tells this story, a sweet remembering where death can be gentle and welcoming. Her tears point towards the emotional impact of presence and the power of steadfastness, of being able to stay in the room without anxiety, in moments of death as well as the event which triggers reflection on meaning.

In this narrative, Christine finds a new way to embody her learning process in CPE. She is not afraid of death. She does not anxiously leave the room and leave the patient alone. Instead Christine is able to remain pastorally present in a less anxious way. She is

not able to fully articulate exactly why she begins to talk to the patient. She just does, asking her if she sees something. Christine is able to act upon her previous learnings, make use of her critical reflections on death, and be present to this woman in a significantly transformative way. Psalm 39 parallels the reflection on death and its nearness.

*Psalm of Lament*

Psalm 39:4-13

“Lord, let me know my end,  
and what is the measure of my  
days;  
let me know how fleeting my life  
is!

Behold, thou hast made my days a  
few handbreadths,  
and my lifetime is as nothing in  
thy sight.

Surely every man stands as a mere  
breath!

Surely man goes about as a  
shadow!

Surely for nought are they in  
turmoil;  
man heaps up, and knows not  
who will gather!

“Hear my prayer, O Lord,  
and give ear to my cry;  
hold not thy peace at my tears!  
For I am thy passing guest,  
a sojourner, like all my  
fathers.

Look away from me, that I may  
know gladness,  
before I depart and be no

more!”

These verses from Psalm 39 reflect awareness on the psalmist’s part that death is indeed near. He asks for assurance and knowledge of the end. The movement towards death is mysterious. The psalmist, like this patient, knows that he is a sojourner in this life. Likewise, Christine seems to know that she too is a sojourner with this woman. Christine is the one who acknowledges the coming of death, of maybe the woman seeing something out the window and needing permission to simply “go ahead,” as she said. Christine does not see death as something to be avoided at all costs. Her critical reflection suggests that there are times when death can be welcomed and that a person may know gladness before death. Yet the remembering of this encounter brings tears to Christine. Even in a peaceful death there is grief.

#### Soul as a Key Dynamic of the Affective Dimension of Transformative Learning

The soul work in the affective dimension of transformative learning emerged in different ways in the research narratives. It was not as easy to capture soul as was grief, but images of soul were still present nonetheless. In the transformative learning literature, the concept of soul is used to convey images, dreams, and symbols that individuals use to describe their experiences. In this context, soul is not a theological term. Rather, it points towards a deepening of experiences, of finding images and symbols to describe experiences that are laden with affect.

Dirkx’s use of soul counters Mezirow’s reliance on the rational aspects of transformative learning (Dirkx, 2001a, 2001b). For Dirkx, soul is found in the use of

imagination, of symbols, and of emotions. Soul is not a cognitive venture; it lies in the depths of experience. Grabove (1997, p. 92) argues that transformative learning is “soul learning.” This “soul work” of transformative learning is the attending to of the symbols and images that occur in the learning process. Such work is often chaotic, messy, and unclear. Nevertheless, for Dirkx, the transformative learning process is centered in how such work is approached and embraced.

These following four narratives and poems represent ways in which these participants found useful images and symbols to help them articulate the transformative learning they were experiencing. The focus of these narratives and poems centers on the participant’s sense of self and how self-knowledge occurs through the use of symbols and the emotions that accompanies and are associated with those symbols. William speaks of being so tired that he is afraid he will “throw up.” The image of total exhaustion then moves to a dream where he is the patient about to be resuscitated. The end result, as William says, “it just showed how bone, soul-tired I was.” Robert uses the image of “becoming part of the pain” to describe how intense situations impact him. He is not outside of the grief, distant from the pain. His image is one of being intimately connected to the pain. For Robert, that connection through the image is transformative. For Ruth, the image of unclutching her hands represents her struggle to give up control. The movement of clutching and unclutching is symbolic of her learning process. Allison uses the image of “an umbrella of grace” to describe her experiences. This image evokes a sense of how Allison understands her learning in a theological context.



These narratives and poems further demonstrate how images, symbols, and emotions are central to the affective dimension of transformative learning. The making of meaning out of disorienting experiences often requires more than a rational understanding. Meaning is found in the “soul learning.”

*Bone, Soul-Tired (from William Carter)*

Throughout the interview, William has been remembering different experiences from his residency. He has connected these experiences to his current ministry. He has remembered his peer group and how significant they were to his learning process. His grief has been ever-present during these narratives, his tears being evidence of the deep feeling evoked by the recounting of these stories. Even stories filled with anger and frustration have been told. Now William turns to a different encounter, a “funnier sort that is still part of the process,” he said. “It shows how tired you can get.”

William is referring to being on-call. Being the on-call chaplain means being the only chaplain in the hospital during the evening and night hours. It means carrying the on-call pager and responding to any call that may come. There may be only a few during the individual’s shift or the individual may be up all night, caught up in a myriad of emotional and spiritual crises. It can be exhausting physically, emotionally, and spiritually for the chaplain. Brian’s narrative of his experience in the Emergency Department comes from one of his on-call shifts. Beth’s narrative of the IUFD and taking the baby to the morgue comes from being on-call. Here William reflects on being tired, too tired to provide pastoral care to another patient. He asks for a reprieve of sorts. His dream then of having a code blue called on him and just about to be shocked back to life reflects William’s being

“bone, soul-tired.” This image of being “bone, soul-tired” represents the soul learning, the transformative learning. William said:

*Narrative*

WC: There’s an encounter of a funnier sort that is still part of the process, I guess. Uh, it shows you how tired you can get....I mean, I hadn’t, I had several deaths one night, maybe five or six something like that, and, uh, and, about two o’clock in the morning I got called to go up to, I think it was third floor. Is that the respiratory floor?

LJ: Four East.

WC: Yeah, and so this person had been.... And it didn’t seem like she was working on anything, you know, significant. It was like she was, uh, I don’t know what it was but I was so tired, and, uh, and I was just not in command of myself at all and... but I knew I wasn’t doing her any good and this is what I said – I don’t know if I even told you this story – and she was, and I didn’t say this in an ugly way, but the words sort of sound ugly – I said, “Do you mind if I come back tomorrow morning after I get some sleep? I’ve really had a tough night. I think if I hear another word, I think I’ll throw up.” .....[laughter]..... and she said, “Yeah, honey, just come on back then.” ....[laughter].... And, uh, my words were not the best ones to choose, they were the only thing I could come up with. I was so exhausted, and, uh, that night and somehow it worked out OK. I sort of, as I look back on it, it is very humorous, I think, Oh, God. I can’t believe I did that....But that’s an encounter too that, uh, sort of sticks in my memory that, uh, we can get so

tired and I know there was one time I had a dream, I was up sleeping in the uh, uh, you know, the room we had as chaplains and, uh, during my dream there was a code blue that was called, and, uh, these doctors came in rushing and I could see them above me, getting ready to take those electric paddles on me to shock me back to life. I think it just showed how, uh, bone, soul-tired I was, you know, at that time, and, and so.... It's hard work.

*Poem*

Bone, Soul-Tired

I.

I had several deaths one night,  
 maybe five or six.  
 About two o'clock in the morning  
 I got called.

It didn't seem like  
 she was working  
 on anything significant.  
 I don't know what it was  
 but I was so tired.  
 I was just not in  
 command of myself.  
 I knew I wasn't doing  
 her any good.

This is what I said,

“Do you mind if I come back  
 tomorrow morning after  
 I get some sleep?  
 I've really had a tough night.  
 I think if I hear another word,

I think I'll throw up."

She said,

"Yeah, honey,  
just come on back then."

They were the only thing  
I could come up with.  
I was so exhausted  
that night.

II.

There was one time I had a dream.  
I was up sleeping in the room  
we had as chaplains.  
During my dream,  
there was a code blue.

Doctors came in rushing.  
I could see them above me,  
getting ready to take  
those electric paddles on me  
to shock me back to life.

I think it just showed how

bone, soul-tired I was.

William remembers times when he was exhausted emotionally, physically, and spiritually. In an early morning encounter, he has to say to a patient that he is so tired he is not doing her any good. He says, "I think if I hear another word, I'll throw up." In his fatigue, William is forced to admit his limits. He acknowledges that he has hit the

boundary of his endurance. To his credit, William confesses his limitations. I hear William's confession not only in a concrete, literal sense but also as an image that the intense emotional work required in this ministry can be nauseating. The pain and the grief are enough to make one sick, physically and symbolically. This work is on a deeper level than William can command at this point. There is more happening to William than he can control through his ego. He cannot force himself to stay and actively listen to this patient. His learning process is occurring at a deeper level. William's exhaustion and his fear that he will "throw up", as images, provide here a gateway into learning about his limits, and such limits are indeed acceptable.

William then relates a dream about how "bone, soul-tired" he was. He dreams a code blue has been called. A code blue is a cardiac or respiratory arrest and cardiopulmonary resuscitation is begun. Much to his surprise, William dreams the code blue is called on him. He sees the physicians in his room, hovering over him, getting ready to use the electric paddles on the crash cart to, as he says, "shock me back to life." William's learning process left him exhausted, drained, feeling lifeless. The work of grief, the soul learning, is not for the faint of heart. The shock of the paddles is another image of the deep change William is undergoing. His life, as he knew it, is over. He is being revived, resuscitated to a new life out of his fatigue.

These verses of Psalm 55 make use of symbols and images. The psalmist is in anguish. Fear, trembling, and horror surround him and he longs to have wings to fly away and be at rest. William knows something of this feeling.

*Psalm of Lament*

Psalm 55:1-8, 16-18, 22

Give ear to my prayer, O God;  
and hide not thyself from my  
supplication.

Attend to me, and answer me;  
I am overcome by my trouble.  
I am distraught by the noise of the  
enemy,  
because of the oppression of the  
wicked.

For they bring trouble upon me,  
and in anger they cherish enmity  
against me.

My heart is in anguish within me,  
the terrors of death have fallen  
upon me.

Fear and trembling come upon me,  
and horror overwhelms me.

And I say, "O that I had wings like  
a dove.

I would fly away and be at rest;  
yea, I would wander afar,

I would lodge in the wilderness,  
I would haste to find me a shelter  
from the raging wind and  
tempest."

But I call upon God;  
and the LORD will save me.  
Evening and morning and at noon  
I utter my complaint and moan,  
and he will hear my voice.  
He will deliver my soul in safety  
from the battle that I wage,

for many are arrayed against me.

Cast your burden on the LORD,  
and he will sustain you;  
he will never permit  
the righteous to be moved.

This psalm of lament provides similar images to William's narrative. The psalmist says that his heart is in anguish. Fear and trembling are all around him. He longs for wings like a dove so that he could fly away and be at rest. William knows something of this feeling of needing deep, restorative rest. The psalmist continues his plea by invoking images of finding shelter against the raging wind and tempest. Here the image of a storm evokes a comparison with the emotional storms and intensity experienced by William and others in CPE. For William, the raging wind and tempest leave him feeling sick and then, in his dream, so exhausted he needs to be shocked back to life.

The emotions which accompany such deep fatigue have the potential to be transformative. For William, his use of images and his dream supply the necessary motivation for him to realize a change in his life is needed. It cannot be business as usual. Through these images, William is challenged to find new actions and behavior which will indicate a change in his dominant meaning perspective. He is challenged to plan a new course and to embody a new way of being. He is challenged by these images and dreams, just as the psalmist is, to transform his life.

*You Become Part of the Pain (from Robert Myers)*

When asked about any pastoral care experiences that he remembered as being significant for him, Robert quickly told the story of the 14-year-old girl who died in the

Emergency Department after a cardiac arrest. Robert recalled all the grief involved in that situation. It was painful at the time and painful to remember. Tears filled his eyes. Robert used the image here of being so involved with the people, with the emotions, so “embedded in it,” as he said that he became “part of the pain.” As the chaplain, Robert did not stand outside of the situation, looking in as a detached observer. Robert became so intimately involved and so emotionally present and available that, as chaplain, he became “part of the grief.”

For Robert, as he remembered this story, the process of being part of the pain strengthened him. This image, this symbol, was important to him. He said the experience made him “more of a human being.” Becoming part of the pain changed Robert. It transformed his theology as well. He said:

*Narrative*

RM: Well, you probably remember the .....uh,.....basketball tournament that was taking place in Raleigh and a these young girls had flown in from all over the country and remember that night, about midnight, this young 14-year-old girl dropped dead of a heart attack in her hotel room and her mother and they came to Rex....She and her mother and whole team, well, the team didn't come but the coach and friends and they were Catholic but they were non-practicing Catholic and when I got the call to go to the ER, uh,.....it was again one of those situations where I just felt so helpless and, and.....totally out of sort and really....scared to death because, again, I still had that mentality that I've got to come down here and fix this thing somehow and you've got a 14-year-old girl lying



there dead and her mother asking me – and she literally asked me, “Chaplain, why did God do this to me?” You know and I had no answer for her and I just had to stand there and, and....tell her that I would support her. That was just another....and those are heart wrenching things, those are not experiences where you go and do a job. I mean, you are so embedded in that once you get into it, you become part of it. You become part of the pain and you become part of the grief that takes place. But that was just another, uh, experience where I saw God working, uh, that I was able to stand there silently, maybe an hour, maybe an hour and a half and finally, uh, they came and asked me to pray with them. Again, that was just....I believe that was God working through that process because I did not....recommend that all but here, you know, the pain of losing a kid like that and the shock and trauma of it and you know, me going into it, I was scared to death anyway. So that was another experience, another experience and then in the Birth Center, I’ve had so many experiences in the Birth Center with young couples who had stillborns and just going to be with them and trying to process their questions, you know, their first child and here the child has died born stillborn and.....um.....the couple is just distraught and devastated and wanting to know why.....when there are no answers to those questions and so, um,..... through that process, I’ve had to trust, um, my own faith and what’s going on and that, uh,.... try to change the grief system or grief process the family goes through.....but to stand with them through these times. If that doesn’t change your theology and your thinking then I don’t know what will.

*Poem*

You Become Part of the Pain

You've got a 14-year-old girl  
lying there  
dead.

Those are heart wrenching things.

You are so embedded in that  
once you get into it,  
you become part of it.

You become part of the pain.  
You become part of the grief.

That was just another experience  
where I saw God working.

I was able to stand there silently.  
They came and asked me  
to pray with them.

I believe that was God working  
through that process  
because I did not know  
the pain of losing a kid,  
the shock  
and trauma of it.

Going into it,  
I was scared to death.

If that doesn't change your theology  
and your thinking

then I don't know what will.

The toll of the emotional intensity in hospital ministry is paid many times over. Robert knows. In an over-arching story, he captures an image which symbolizes the cost of being immersed in grief throughout his CPE training. Beginning with a single disorienting experience, he comes to understand his grief is also grounded in the culmination of many experiences. He says there is no way to avoid it, no way to escape. Robert says softly with tears in his eyes, “You become part of it. You become part of the pain. You become part of the grief.” This image of becoming part of the pain is searing. It resonates deeply in its truth. It is transformative.

Like Brian, Robert’s theological world view is turned upside down through his experiences in CPE. His world view and frame of reference can never be the same again. Robert is mindful that the change is in his own life now. He cannot fully explain it. He does not have to explain it; he simply believes it. For Robert, it is a matter of trust, a matter of faith. Richard is open to alternative theological orientations now and able to act on them in a competent way. Like Christine, he is able to provide pastoral care and be present in a less anxious way with a grieving family because he believes God is “working through that process.” Becoming part of the pain is an image full of emotion for Robert. It is the emotion that leads to transformative learning.

The image of becoming part of the pain is evident in the four-fold refrain of “How long” found in Psalm 13. The refrain begins with no answers to the question. The psalmist appeals to God for an answer to the pain in his soul. As Robert knows, there is no escape from the pain. It is to be borne.

*Psalm of Lament*

## Psalm 13

How long, O Lord? Wilt thou  
 forget me for ever?  
 How long wilt thou hide thy  
 face from me?  
 How long must I bear pain in my  
 soul,  
 and have sorrow in my heart all  
 the day?  
 How long shall my enemy be exalted  
 over me?

Consider and answer me, O Lord  
 my God;  
 lighten my eyes, lest I sleep the  
 sleep of death;  
 lest my enemy say, "I have  
 prevailed over him";  
 lest my foes rejoice because I am  
 shaken.

But I have trusted in thy steadfast  
 love;  
 my heart shall rejoice in thy  
 salvation.

I will sing to the LORD,  
 because he has dealt bountifully  
 with me.

Psalm 13 is a psalm of disorientation. Pain is a part of life and yet the psalmist continues to ask the question of "How long?" There is the pain of grief that Robert knows so well. There is the pain of being forgotten by God, the pain of feeling that God has hidden God's face, and the pain of having sorrow in the heart. Robert's image of becoming

part of the pain is echoed here. The plea is for God to hear and for God to answer this haunting plea. The psalmist wants God to answer so as to prove faithful to the covenant.

The psalm ends with praise somehow with the word “but” signifies a transformation of sorts. The psalmist can move from plea to praise, that the steadfast love of God is trustworthy and so rejoicing results in song. Robert’s faith has been tested and tried. Even in this testing, he knows of God’s dealing with him graciously. Even in the face of pain, Robert, like the psalmist, believes that God is indeed present and involved in all of life.

*Letting Go (from Ruth Albritton)*

Ruth Albritton responded to the question about an overall theme to her residency by saying that she had been thinking about this as she came to the interview. Ruth recalled the image of “letting go and unclutching my hands” as describing the overall theme of her learning process for the year. She said, “that was the work of the year, to move from this clutching and control to letting go.” Even some ten years after her residency program, this image still holds true for Ruth. It is a strong image, one that has stayed with her over the years. It is an image that represents transformation. Ruth said:

*Narrative*

RA: I did give it some thought when I was on the way down, and, um, I had written a poem at the end and I couldn’t find it before I came but what I remember from the year was this image of letting go and unclutching my hands and then opening my hands and that was, that was the work of the year, to move from this

clutching and control to letting go, um, that is what I remember as the overall theme.

LJ: So.....what did that clutching and letting go represent for you? What did you learn from that?

RA: That, um,.....the clutching was..... trying to be in control and, um, and, um, keeping my stuff in and the letting go was, um,.....letting things unfold and, um,.....and opening myself up to that process and being changed and, um. It was a huge, it was huge.....you know that it was a really transforming year for me. It was huge., huge. So to allow myself to be open to that process of change, um, was hard for me to do but essential.

*Poem*

Letting Go

I remember this image of letting go,  
unclutching my hands  
and then opening my hands.

That was the work of the year,  
to move from this clutching  
and control  
to letting go

The clutching was trying to be in control,  
keeping my stuff in.

The letting go was letting things unfold  
and opening myself up to that process  
and being changed.

It was huge.

To allow myself to be open  
to that process of change  
was hard for me  
but essential.

For Ruth Albritton, the image of letting go and unclutching is significant in her learning process. She describes the unclutching of her hands and opening them as a symbol of her process of change and transformation. No longer did Ruth need to hang on to control tightly and rigidly. She found an image that allowed her to relinquish control and let go. Ruth is aware that the clutching for her hands represents “keeping her stuff in,” where “stuff” means feelings of grief, anger, and struggles with relationships. The image here of opening up the clenched hand is an image of releasing emotions. It represents an opening up, willingness to change, and a desire for newness. Ruth is learning the value of letting life unfold and the importance of being open to that unfolding.

The image of letting go is emotionally charged. It points towards being changed, of finding a new way, of being open to change and whatever that change may bring. Ruth is also aware being open to change is difficult. It is not without cost. She says it was “hard for me, but essential.” Ruth’s self-examination of her life leads her to explore new ways of being and to seek new ways of being in relationship with others. For Ruth, “letting go” symbolizes her new course and represents a new confidence in the transformation she has experienced. Letting go and unclutching her hands is the transformative image for Ruth. It contains emotions and the reality of Ruth’s increasing awareness of her self. These verses from Psalm 77 also use images of a hand being outstretched and the emotions symbolized by that act.

*Psalm of Lament*

Psalm 77:1-10

I cry aloud to God,  
aloud to God, that he may  
hear me.  
In the day of my trouble I seek the  
Lord;  
in the night my hand is stretched  
out without wearying;  
my soul refuses to be comforted.

I think of God, and I moan;  
I meditate, and my spirit  
faints.  
Thou dost hold my eyelids from  
closing;  
I am so troubled that I cannot  
speak.  
I consider the days of old,  
I remember the years long ago.  
I commune with my heart in the  
night;  
I meditate and search my spirit:  
"Will the Lord spurn for ever,  
and never again be favorable?  
Has his steadfast love for ever  
ceased?  
Are his promises at an end for all  
time?  
Has God forgotten to be gracious?  
Has he in anger shut up his  
compassion?"  
And I say, "It is my grief  
that the right hand of the Most  
High has changed."



The parallel image here in this psalm of lament is the image of the hand as the psalmist's hand is stretched out even during the night. It is unclenched and open even in the time of trouble. The psalmist remembers God's presence from the days of old and questions whether it will be found again. Has the love of God ceased? Has God somehow forgotten to be gracious? Has God's compassion gone forever? These are difficult questions to pose, yet they capture the essence of the raw dialogue required by the laments, to speak the unspeakable and to name the unnamable. Even so the psalmist knows that it is his grief that has been changed by the right hand of God. Ruth uses the image of her unclutched hand to represent the essential change of becoming open to the process and the giving up of control.

*Umbrella of Grace (from Allison Parker)*

Allison Parker began her interview by saying that CPE “was some of the hardest work I’ve ever done – besides having children.” She noted that she draws upon her CPE experiences everyday in her relationships. Allison said that CPE was “yet by far the most valuable education I ever had.” When asked to describe or define the hard work of CPE, Allison spoke of becoming more accepting of her self. She used the image of an “umbrella of grace” to describe how she was able to become more accepting. The image of an umbrella evokes an element of covering over or some sort of protection. For Allison, her theology of grace became a means of covering all of her relationships, especially those in her family of origin. Grace became, for Allison, an embodied, real theological concept rather than an abstract, theological category. She said:

*Narrative*

AP: Well, one of the things it was about, uh, was about being to look at myself .... fully and be more accepting of myself. One of the ways I talk about it to other people and have sort explained it to myself is that I really developed a theology of grace...through CPE. The reason that happened was because I had to, it was an absolute necessity for me in order to do the hard work of looking at my wounded places, looking at the wounded places of others, um, and having to walk along side of people in terrible grief and crisis, uh, involved getting in touch with the grief and crisis in my own life so that I could appropriately respond to others and then had to do that under the umbrella of grace. There's no way I could look, I learned, at my wounded places and my broken spots except through the lens of grace. That was the only thing....otherwise I was completely overwhelmed by it and did what my family story was to pretend it wasn't there.

LJ: Right.

AP: So I developed the courage to be able to, over time and with lots of help, to begin to look at that because....I could do because of grace.

LJ: I remember that you really bumped up against your family narrative, almost from the get-go.

AP: Yes.

LJ: You just kept banging up against this...story of how you were supposed to be.

AP: And that continues. It continues to be an issue....and, uh, I think one of the things that was so surprising to me at the beginning of CPE is that many of my

friends growing up and later in high school and college were very attracted to my family...um, and I enjoyed my family in lots of ways....Lots of people who came from, um, challenging home lives were attracted to my family because of its stability.....Um, and Mom and Dad made sure it was a welcoming place most of the time, but it was.....it was...that major experience, coupled with my family story around any differentiation is treason that it, uh, it was a big hurdle to get over, to begin to be able to, uh, to same thing....faithfully look at where's the wounds, the broken places, um, where's the gaps, where's the sin.... So that, uh, again, I had to develop a theology of grace but I wasn't looking at this stuff to condemn. I was looking at this stuff to tell the story, and ultimately for healing.

*Poem*

Umbrella of Grace

I developed a theology of grace  
through CPE.

The reason that happened  
was because I had to.

It was an absolute necessity for me  
in order to do the hard work  
of looking at my wound places,  
looking at the wounded places of others.  
Having to walk along side of people  
in terrible grief and crisis,  
involved getting in touch with the grief  
and crisis in my own life  
so that I could respond to others.

I had to do that under  
the umbrella of grace.

There's no way I could look,  
I learned,  
at my wounded places  
and my broken spots  
except through the lens of grace.  
That was the only thing.

I developed the courage  
to be able to look.  
I could so because of grace.

It was a big hurdle to begin  
to be able to faithfully look  
at where's the wounds,  
the broken places,  
where's the gaps,  
where's the sin.

I had to develop a theology of grace.  
I wasn't looking at this stuff to condemn.  
I was looking at this stuff to tell the story,

and ultimately for healing.

Allison Parker uses the image of an umbrella of grace to describe her theology and her learning process in CPE. As Allison begins to understand her own wounded places and broken spots, it becomes clear that grace is the theological lens she needs. She is keenly aware that in order to be present with, to walk with, to minister to patients in terrible grief and crisis, she needs to be in touch with her own grief and crisis. There is no other way. Allison knows, at least on an intuitive level, that she shares her woundedness and brokenness with others. She is not alone nor is the other person. There is a shared, common

humanity. The image of an umbrella of grace thus offers shelter and protection for Allison as she begins to accept her own brokenness. Grace is the only thing that allows her to do this hard work. It gives her an anchor, a foundation, to faithfully attend to the depths.

Allison is looking for a way to tell her story. The image of an umbrella of grace becomes the vehicle for that narrative. Critical reflection on her narrative leads Allison to this image. As with Ruth, the image provides the means of understanding and then embodying a new way of being. The new way of being for Allison is not to avoid and deny her woundedness but rather to embrace it and so find new ways of being in relationship with others. Allison's transformation is embedded in the image of the umbrella.

*Psalm of Lament*

Psalm 26:1-7, 11-12

Vindicate me, O LORD,  
 for I have walked in my  
 integrity,  
 and I have trusted in the LORD  
 without wavering.  
 Prove me, O LORD, and try me;  
 test my heart and my mind.  
 For thy steadfast love is before my  
 eyes,  
 and I walk in faithfulness to  
 thee.

I do not sit with false men,  
 nor do I consort with dissemblers;  
 I hate the company of evildoers,  
 and I will not sit with the wicked.

I wash my hands in innocence,  
 and go about thy altar, O LORD,  
 singing aloud a song of thanksgiving,  
 and telling all thy wondrous  
 deeds.

But as for me, I walk in my integrity;  
 redeem me, and be gracious to me.  
 My foot stands on level ground;  
 in the great congregation I will  
 bless the LORD.

This psalm parallels Allison's understanding of her wounded self. In her woundedness, Allison found an authentic sense of self that allowed her to be present to the woundedness of others. This is her integrity. The psalmist says he has "I have walked in my integrity." In other words, he has been faithful and lived out his faith in an authentic manner. The psalmist, like Allison, knows that to have integrity is to have a sense of self.

The psalmist asks the Lord to try him and test him. This will show that he does not sit with the evil doers or the wicked. For Allison, she was tried and tested in CPE. She discovered that she needed to be aware of her own grief in order to be helpful to others. It is Allison's understanding of the umbrella of grace that allows her to sing her own songs of thanksgiving. As an image for transformative learning, Allison's umbrella of grace parallels the psalmist's sense of God's steadfast love and faithfulness.

#### Authenticity as a Key Dynamic of the Affective Dimension of Transformative Learning

Authenticity in the affective dimension of transformative learning is concerned with the work of being a self. It is centered on the Jungian concept of individuation. In

CPE, students work towards the development and formation of a pastoral identity. In other words, students work towards seeing and understanding their identity as pastoral persons called by God into the ministry of a faith community. An essential aspect of pastoral identity requires awareness of one's self, history, and the factors influencing one's life. Being a self requires the difficult work of integrating these aspects into an identity so that one's identity is seen as authentic by oneself and by others.

Authenticity, as the third key dynamic of the affective dimension of transformative learning, is somewhat elusive. Cranton and Carusetta (2004) argue that authenticity is grounded in the process of becoming self-aware, acquiring self-knowledge, and working towards individuation. Authenticity rests on more than rational thought. It calls for awareness and understanding of the individual's emotional life. The more persons are aware of their self in relation to themselves, others, and the world, the more authentic those persons will be in those particular relationships. The narratives and poems reflect something of this hard, transformative work.

*I Don't Have to be Perfect (from Beth Robinson)*

Beth Robinson learned during her residency that perfection was not required. It was not required of her, or of anyone else. Beth stated this clearly in the interview as she spoke about her most important learning. She learned that enough is acceptable. For a person in ministry, that learning was a life-giving and life-sustaining awareness. To be conscious of one's limitations, of one's flaws, of one's imperfections is critical for the process of individuation and for the development and formation of a pastoral identity. To be a Self does not mean that an individual has to be perfect; it means an individual has to be whole.

For Beth, this awareness of her gifts and abilities for ministry represented an acceptance of her being a Self, of being authentically who she was called to be. She said in response to a prompt about the most important thing she learned about herself:

*Narrative*

BR: Hhmmm.....I learned that.....um, I don't have to be perfect, um, I learned that, you know, sometimes enough is OK.....Um, I learned that, you know, that for whatever reasons, God gave me the gifts and abilities to do this kind of work, um, as I, um, saw .....you know, I heard other interns and even other residents say they couldn't stay or they couldn't do this or they couldn't do that, and I mean I never really gave myself that option or never really.....I mean, I just did it.....

LJ: So, where did that come from? To just do it.....

BR: It's just, It's just what I've always done. If something has to be, I just do it.....and again, my ability, I do, I mean, it's God given, you know....my ability to do this kind of work, even the work I am doing now with Hospice, um, so many people have said there is no way they could do what I do.

*Poem*

I Don't Have to be Perfect

I learned I don't have  
to be perfect.

I learned sometimes  
enough is OK.

I learned that for whatever reasons,  
God gave me the gifts and abilities



to do this kind of work.  
I heard interns and even residents  
say they couldn't stay,  
or they couldn't do this,  
or they couldn't do that.

I never really gave myself that option  
I just did it.  
It's what I've always done.  
If something has to be,  
I just do it.  
It's God given, my ability to do  
this kind of work.

Beth Robinson continues the work of being a self with her narrative on not having to be perfect. She narrates a reflection that understands perfection is not required in this intense ministry. Beth has learned that simply enough is indeed enough and that enough is acceptable. Beth also realizes that to be a self in this work and ministry does not mean that she has to know it all, do it all, or even be all. More is not necessary. Beth is mindful that her sense of self and identity here is not something that she has chosen. It simply is who she is called to be, called by God means to be given the gifts and abilities to meet that call. Beth embraces her gifts and abilities in this narrative and in doing so, embraces her sense of authenticity.

Beth has become more aware of her self and all of the attendant emotions. Her narrative reflects this increase in self-knowledge and thus reflects her process of individuation. The increase in self-awareness is a central and vital component of transformative learning. Beth's process in her CPE residency reflects her own transformative journey. This journey is paralleled in the verses from Psalm 62.

*Psalm of Lament*

Psalm 62:1-2, 5-8, 11-12

For God alone my soul waits in  
silence;  
from him comes my salvation.  
He only is my rock and my salvation,  
my fortress; I shall not be greatly  
moved.

For God alone my soul waits in  
silence,  
for my hope is from him.  
He only is my rock and my salvation,  
my fortress; I shall not be shaken.  
On God rests my deliverance and  
my honor;  
my mighty rock, my refuge is God.

Trust in him at all times, O people;  
pour out your heart before him;  
God is a refuge for us.

Once God has spoken;  
twice have I heard this:  
that power belongs to God;  
and that to thee, O Lord, belongs  
steadfast love.  
For thou dost requite a man  
according to his work.

Out of the silence, the psalmist says, his soul waits for God. In God there is hope, nowhere else. The psalmist repeatedly uses images of rock and fortress to describe God. These images of strength and protection anchor the psalmist. He and others who wait for God in silence will neither be moved nor shaken. Deliverance and honor rest on God.

Beth's sense of self is likewise anchored. Her understanding of her self and her ministry reflects a deep knowing like the psalmist's.

Beth knows that her salvation does not come from perfection; it comes from God. The psalmist calls on the people to trust God and to pour out their hearts to God, for God is their refuge just as for Beth. She is able to trust her gifts and abilities for this ministry. She claims that God has given these gifts and abilities. She trusts them. She does not question. Beth is simply able to do what is required of her. She will not be shaken. This is her work and so she trusts, like the psalmist, that she will be requited well.

*Listen Now (from Sarah Stewart)*

For Sarah Stewart, CPE was, for the most part, overwhelming and challenging. Her peer group, while challenging her, also provided a safe place as she processed her fear of going into a patient's room. As Sarah said about one particular patient encounter, "It scared the mess out of me." During the interview, Sarah related encounters where she felt she could not speak, where she was too anxious. She struggled to be who she was. At this point in the interview, Sarah spoke of being challenged in the group process. She did not like it and she thought about quitting the program. She had had enough. Sarah was able to express herself firmly, authoritatively, and clearly with her own authentic voice. She claimed that voice for her call by God to ministry. She said:

*Narrative*

LJ: You found your voice.

SS: Yeah, I did. I really did and it was liberating because, listen now, God has a call for me in the ministry as chaplaincy. I was able to say that very clearly, um,

and I knew it was either hospital or nursing home chaplaincy. OK? I also knew there was a place for me to work in the church, at my church hopefully after I finished my residency year. Maybe about two or three years later, in 2001 I did my initial sermon. In 2005 I became ordained, specifically mentioning to my pastor, um, I was getting ordained because I wanted to become a chaplain and somewhere in that second, third, fourth unit, like you said, I found my voice. I felt comfortable, not always in group, but I felt comfortable in the role of the chaplain, as a chaplain, you know. I like people, you know, saying, “Hey. I’m glad you’re here. I’m glad you prayed.” I felt very.....I adored the praise. I’m going to be honest.....it was like feeding me kind of.....[laughter].....Um, but the group was where I struggled most and I was so glad.... I have to admit, I was so glad Sam was there and also Rick because I felt I was anchored. The thoughts and ideas that came from left field that I felt came from Kyle and Mary, and sometimes Alice.....

*Poem*

Listen Now

Listen now,

God has a call for me  
in the ministry  
as chaplaincy.

I was able to say that very clearly.  
I knew it was either hospital  
or nursing home chaplaincy.

I also knew there was a place for me  
to work in the church.  
In 2005 I became ordained.

I was getting ordained because  
 I wanted to become a chaplain.  
 I found my voice.  
 I felt comfortable.

I felt comfortable in the role  
 of the chaplain,  
 as a chaplain.

With a great deal of emotion in her voice, Sarah Stewart claims a sense of calling and its importance to being a self. She claims her call, claims her voice, and thus claims her place as a chaplain because, she says, “God has a call for me in the ministry as chaplaincy.” Sarah voice here is strong and confident. Having a sense of self leads to being at ease and comfortable with that sense. Sarah embodies this notion. She is clearly able to articulate her call. She has listened to it and so declares that I listen to it as well.

Sarah’s identity as a chaplain gives her confidence in her abilities. She is able to act upon her identity in ways that reinforce her sense of call. Furthermore, Sarah knows that there is a plan for her in “either hospital or nursing home chaplaincy.” This awareness allows Sarah to live into her calling and her sense of self. Her sense of self here is authentic as her self-awareness increases through the process of critical reflection and self-examination. These verses from Psalm 66 reflect a parallel with Sarah’s sense of call as the psalmist desires to tell all what God has done for him.

*Psalm of Lament*

Psalm 66:16-20

Come and hear, all you who fear  
 God,  
 and I will tell you what he has done for

me.  
 I cried aloud to him,  
 and he was extolled with my  
 tongue.  
 If I had cherished iniquity in my  
 heart,  
 the Lord would not have listened.  
 But truly God has listened;  
 he has given heed to the voice of  
 my prayer.

Blessed be God,  
 because he has not rejected my  
 prayer  
 or removed his steadfast love from  
 me.

The verses of this psalm of lament speak to the power of narrative. The psalmist calls on all who fear God to listen to what God has done for him. The remembering serves as a means of affirming one's identity as a person who has been heard by God. For the psalmist this is primary. The psalmist wants all to hear what God has done. The psalmist affirms, as does Sarah, that God has indeed listened and heeded the cries and the prayers. Ultimately for both the psalmist and Sarah, identity is grounded in the covenantal relationship. It is God who calls, who listens, and who responds. This is the basis for authenticity in the self.

*People's Stories Is What They Have (from William Carter)*

At this point in the interview, some three quarters of the way through, William has told many stories, stories of grief, of healing, of anger, of courage, and of fear. The stories just kept coming. William noted that, at the core, all stories are about facing his Self, and

that the facing of one's Self can be quite scary. In response to a follow-up question about how does facing his Self help him in his pastoral care, William replied, "All of us have our personal unique stories but those personal unique stories are also universal in many ways...." This awareness about universal nature of narrative led William to then "have more mercy and compassion with myself" and, as a result, to "have more mercy and compassion with others." William learned the transformative significance of the telling and listening to stories. There lies sacred ground. He said:

*Narrative*

WC: Yeah. It was. I mean, that one thing, I think, uh, ..... I learned from, uh, this process too is that people's stories is what they have, and, uh, I mean, it's really the only thing you can take with you when we die, I think. And, uh, it is the most personal and essential part of our being in this life and so to hear another person's story, uh,..... is a high honor to be able to do that. I try to be..... I try to remember my self in case, to keep my self alert to when someone does open up that we are on sacred territory there.

*Poem*

People's Stories Is What They Have

One thing I learned from this process  
 is that people's stories  
 is what they have.  
 It's the only thing  
 you can take with you  
 when we die.  
 It is the most personal  
 and essential

part of our being.  
 To hear another person's story  
 is a high honor.

William presents a slightly different slant on authenticity. He honors the person's story just as he has found that his story has been honored by others in CPE. Through this deep knowing of his own story and own self, William realizes that others have the same desires, the same hungers, the same dreams. He says, "People's stories is what they have." Once that story is found it can never be taken away. William says the story is the "most personal and essential part of our being." It is the essential part of identity as a self. To be an authentic self means to live into and embrace the authentic story.

William is aware that a sense of self is found in one's story and how that story is told. The more a person is aware of his or her story, the more he or she is able to develop an authentic sense of self. The knowledge of story and the critical reflection on that story is a central part of transformative learning. Such reflection leads to greater self-awareness and thus a deeper sense of individuation. William's awareness of the importance of stories is essential in his developing an authentic sense of self. The importance of story is reflected in these verses from Psalm 143. The days of old are remembered.

*Psalm of Lament*

Psalm 143:1-2, 5-8

Hear my prayer, O LORD;  
 give ear to my supplications!  
 In thy faithfulness answer me, in  
 thy righteousness!  
 Enter not into judgment with thy



servant;  
for no man living is righteous  
before thee.

I remember the days of old,  
I meditate on all that thou hast  
done;  
I muse on what thy hands have  
wrought.  
I stretch out my hands to thee;  
my soul thirsts for thee like a  
parched land.

Make haste to answer me, O Lord.  
My spirit fails.  
Hide not thy face from me,  
lest I be like those who go down  
to the Pit.  
Let me hear in the morning of thy  
steadfast love,  
for in thee I put my trust.  
Teach me the way I should go,  
for to thee I lift up my soul.

In this psalm there is a clear call to remember, to remember the days of old as the psalmist puts it. This remembering is a way of honoring a person's story. That is what William says is the most personal and essential part of who we are. The psalmist says he will meditate and reflect upon what God has done and on the ways God has been active in his life.

William's story is full of pain yet he does not turn from it. He has found the courage, like the psalmist, to fully live into his story without flinching. He looks to God for

solace, comfort, and guidance. He hopes God will not be hidden but will allow his to know of God's steadfast love. All of this is part of William's story. This story is what he has.

*A Mark on Your Soul (from Abigail Stanford)*

Abigail began her interview by speaking of all of her personal grief. She spoke of her grief of not being ordained by her denomination and of her grief over her son's death. Abigail then moved to tell of her experiences in her residency. She reflected on her encounter with a Korean family whose mother committed suicide and the grief of the teenage daughter and the stoicism of the father. From these experiences, Abigail moved to reflect on the integrative work she did, knowing, as she said, "my head is very gifted and learning how to let my heart be as equally gifted." Abigail reflected on how the residency curriculum helped her to realize there was more to being and functioning as a chaplain than academic learning, that being a chaplain, for her, was a matter of identity, of authenticity. She said:

*Narrative*

AS: I did Miroslav Wolf, um, for my theologian. Both, um, he wrote a book called *Exclusion and Embrace*, that I read my first or second year in divinity school for a class and it just resonated with me. Then he has written a number of other books since then, um, and the other that he wrote that more recently, in the past year or two I think, was one on work where he talks about how work, he talks about how work, he talks about work sacramentally saying that if you're doing the work that your soul calls you to do and it can be work in the world, it can be other, other

types of work, it gives out an indelible mark on your soul and you carry that identity with you into heaven.

LJ: I can see how you would resonate with that.....

AS: Yeah. So that was my theologian. But also when you're doing, when you're doing pastoral care the whole dynamic of exclusion and embrace, for me, frames at its best what a pastoral visit is for me....because it is a mutual interaction, you know, it's not like I'm doing something to somebody. It has to be mutual, the embrace part. But also part of the embracing is that there is the separation, there's the embrace, there's the release as well.....So it frames things, um, there are people that exclude you. There are people who unfortunately, because they remind you of somebody who you may or not be conscious of, that you exclude them and, and the call just doesn't gel.....

LJ: But also.....

AS: Also, this indelible mark that work, that work that satisfies the soul produces.....provides, if you are aware of where you are, I think that you have an easier time of recognizing it in other people.....Yeah.

LJ: I am just thinking of that exclusion and embrace in terms of your ministry with than, um, Korean family.....you were very aware of the exclusion dynamic that's going on, aware of your differences, but also you, I would say, even embraced the connection on all these different levels that you came to realize, and also realized that, uh, you're different too.

AS: Right.

LJ: So there's this, sort of, almost like a dance kind of in that.....That's a great image.

AS: Then there's sort of the divine entering into the dance too. So it's....it's not just me and....our best interactions...it's not just me and the patient. But there's the awareness of the holy too.

LJ: So....how would you describe or talk about this mark on your soul out of this experience?

AS: I think my innate identity is as a priest....whether or not I'm ordained. That is my innate identity.

LJ: I've always said there's two ordinations. One is interior and then there's an outer, and the interior is much more important.

AS: Yeah.

LJ: So how did that, this inner ordination, how did that show up in your work here? In patient visits? On-call?

AS: I think, paradoxically, sometimes it turned up in my ability to see the holy in aspects that.....for other people that would be trivial or not connected with God or, kind of superficial. I've had, uh, over the years numerous people, usually men who are not church goers – they don't belong to a church although one of the females in their family may belong to a church – but these men find themselves fishing.....

LJ: Literally?

AS. Literally.

LJ: Out on the water.....

AS: Out on the water. And since I am a water person myself, I can resonate with this. I'm not a fisherman but I love being on the water, near water.....So I can resonate with this. I had, well most recently, last Monday when I was on-call, um, there was, uh, a fairly young 64, 67-year-old man who coded multiple times. His family came, his children, his former wife, his present wife – they had a good relationship – friends, you know who had driven people, spouses of the children.....and at one point when I came back to them after being at another death, you know, things were, were a little calm, calmer. So I asked them, you know, “I get called to these rooms when a crisis happens and I never know the patient. What can you tell me about him?” He loved to hunt. He loved to fish.....so when I, when we were called into the room, the doctor said, “I'm sorry. There is nothing more we can do.” Everybody was there. I was asked to read some Scripture so I read the end of the Gospel of John, you know, Peter and the apostles decided to go out fishing after Jesus died and they find him on the beach. I was speaking with one of the daughters-in-law in the hallway, you know, as people were saying their last goodbyes and gathering themselves to leave and she said, “I'm really worried that he didn't really know God because he didn't go to church.” So I was able to, to draw on all of my experiences with patients who, who had told me that they felt most at peace on the water. To me, when someone feels most at peace and most themselves, it's because God is with them. And I talked to her about that and she said, “That's really, really comforting. I never would have thought of it like that.”

*Poem*

## A Mark on Your Soul

If you're doing the work  
that your soul  
calls you to do  
it gives out an indelible  
mark on your soul.

You carry that identity  
with you  
into heaven.

I think my innate identity  
is as a priest  
whether or not I'm ordained.

Sometimes it turned up in my ability  
to see the holy in aspects  
that for other people that would be trivial  
or not connected with God.

Last Monday when I was on-call,  
there was 67-year-old man  
who coded multiple times.  
His family came.  
When we were called into the room,  
the doctor said,

“I'm sorry.  
There is nothing more we can do.”

I was speaking with one of the daughters-in-law  
in the hallway as people were saying  
their last goodbyes,  
gathering themselves to leave.  
She said,

“I’m really worried that  
he didn’t really know God  
because he didn’t go to church.”

To me, when someone feels most at peace  
and most themselves,  
it’s because God is with them.  
I talked to her about that  
She said,

“That’s really, really comforting.  
I never would have thought of it like that.”

Abigail Stanford drives home the importance of authenticity with her reflection on her work as priest and chaplain. She says, “If you’re doing the work that your soul calls you to do it, gives out an indelible mark on your soul.” It is identity that is carried into heaven. It is not a role, not a persona, not a function. For Abigail, to be a self is to recognize this mark on her soul. She claims her authentic identity is that of priest whether or not she is ordained by the Church. Ordination is secondary.

For Abigail, her authentic identity, the mark on her soul, shows up in her gift to make theological connections with persons which provide comfort and solace. Abigail is able to draw upon her experiences, as she tells in this narrative, to know that to be at peace and to be a self means that God is likewise present in ways that are mysterious and transforming.

To be aware that one has a mark on one’s soul means that he or she must have an awareness of his or her own life story. It means there needs to be an awareness of self and the emotional life that is part of a self. In other words, there needs to be self-knowledge.

Abigail's awareness of her own story leads her to know that her identity is found within and not dependent upon external factors which are beyond her control. She is able to transform her call into an innate part of her self, a part which is undeniable and will be with her forever. Psalm 130 speaks to the depths from which identity comes.

*Psalm of Lament*

Psalm 130

Out of the depths I cry to thee,  
O Lord.  
Lord, hear my voice.  
Let thy ears be attentive  
to the voice of my supplications.

If thou, O Lord, shouldst mark  
iniquities,  
Lord, who could stand?  
But there is forgiveness with thee,  
that thou mayest be feared.

I wait for the Lord, my soul waits,  
and in his word I hope;  
my soul waits for the Lord  
more than watchmen for the  
morning,  
more than watchmen for the  
morning.

O Israel, hope in the Lord.  
for with the Lord there is  
steadfast love,  
and with him is plenteous  
redemption.  
And he will redeem Israel  
from all his iniquities.



In this psalm, from out of the depths comes a sense of self. From the depths, the psalmist calls out to God. Notice the image of the mark here. It is not used here as a positive mark as Abigail uses the term. But here for the psalmist as well as for Abigail, the presence of a mark is what sets a person apart; this setting apart is a significant part of the language of ordination. Abigail knows from the depths that she has been marked, and in that mark is her hope.

#### Other Dynamics of the Affective Dimension of Transformative Learning

As noted in the three coding phases, some the research narratives did not fit neatly into the three key dynamics of the affective dimension of transformative learning identified in earlier research literature. While these other narratives did indeed have an emotional flavor, they highlight the complexity of the affective dimension of transformative learning. There are many different ways to view the affective dimensions of transformative learning. Some, like the three key dynamics of grief, soul, and authenticity, capture a significance piece of the learning. But these three key dynamics do not capture all aspects of the affective dimension. There is more to be studied. The following narratives and poems represent other affective dynamics that were not supported by the theoretical literature on transformative learning. There are different emotions to be researched regarding their impact on transformative learning.

*Courage – Anger – Fear (from William Carter)*

In response of a follow-up probe about what he had learned about his identity, William spoke of courage, fear, and anger, all springing from his personal historical narrative and all impacting his ministry as a chaplain. William has previously reflected on how people's stories are all that they have. Here he reflected more on his own narrative. He claimed that he was indeed a fearful, frightened man, that he was an angry man, and a man angry at God for all of the losses and sorrows in his life. But for William, the CPE process was freeing him, to have a safe place and a trusted peer group where "being able to name those things was liberating." He said:

*Narrative*

WC: .....Well, what I guess.... What did I discover? Well, one thing that pops into my mind is that, uh, it takes a lot of courage to do this CPE stuff, to really put yourself out there, and um, I was at a very fearful place in my life, you know. I didn't know what glue was going to hold me together. If you remember, my second wife, she, uh, she was wealthy and unconsciously I think I had really, uh, uh.... Part of that was the great attraction I had for her, uh, before we got married and I think it led up to my own insecurity, uh, and so, uh, when she dumped like that and in court I didn't try to get any of her money, you know, uh, that process of legal separation and divorce, and, uh, it's like, you know, what am I standing on? What is my security? And so, uh, ... I guess to ..... and so I think to ..... and this was in the evaluation too, one of the big things I worked on at the time was, you know, the fear of life. I had never really been able to claim I was scared, you

know, in life, and I had reasons to be scared, you know, when I was a kid growing up.... You know, my step father threatened to kill me and all that, and uh, but I've never able to name that fear so as I was defining myself, uh, you do that in context of, or I did it in context of here I am, a fearful man, you know, but I've still got to take the risk of to, to throw myself into the group in a sense, to say who I am and what I believe and think and feel, and, and so that is what I tried to do. And in that, I think my supervision, you know, individual with you and Nancy, uh, were helpful because this was a place that, coming, you know, into individual supervision was a place that where more or less also you could reflect on what was happening in the group and, uh, with the insight that y'all would share, uh, you know, there were things I needed to work on, you know, and so, so, y'all sort of encouraged that, uh, so in a way, in way there are two incubators going on there, you know, one in the group is sort of a place of incubation but also individual sessions are sort of an incubation period.

LJ: It sounds like that the process of accepting and owning your fearful history was liberating....

WC: Yeah, I think so, uh ..... I think.....I think, uh, my fear and my anger were very much tied in together, uh, I was an angry person..... for a lot of my life, but I think particularly when I planned to go into the ministry when I was about 20 and then, if you remember, uh, .... You know, that got sort of side-tracked at first because with the girl, the woman I was dating.... We got pregnant in a sense and uh, in a sense she got pregnant and, uh, so, you know, we got married,

uh,.....From that.... I'm sort of losing my train of thought now..... talking about fear and anger, OK..... What happened, uh, during my 11 years of marriage, I mean though I did eventually get back to seminary and get on track, uh, for so many years I was angry, uh, just at life and if you remember during seminary years, I lost my mom, you know, and my step father and the next year my grandfather and uh, he was my mother's father and uh, Barbara lost her grandmother who died, and then the year before, I mean about a month before I graduated from seminary, my father, you know, died suddenly. I guess of a heart attack. We never had an autopsy done. But, uh, I had a lot of loss, and I had a lot of, you know, uh, you know, once you lose your parents, or for me, once I lost my parents, it's a whole different world and there is no one to turn to in a sense, uh, in terms of, in terms of those primordial relationships, I guess and so I had a lot of anger, I think, toward God and, uh, fear about life and so coming here, uh, and being able to name those things was liberating, uh, it was, uh, freeing to be able to say, well, I have been scared, you know, during my life, and uh, it's like it was always there and perhaps there's an aspect of myself that knew that it was here or there in my life, but, uh, at the same time, uh, being able to say it and, it's almost like if you don't say it to someone then you can't incorporate it in one's life or integration. I don't know what the theorist say about that, but that is sort of how it has been for me..... So if you can't say it with someone, then you really can't integrate it.

*Poem*

## Courage – Fear – Anger

1.

It takes a lot of courage  
to do this CPE stuff,  
to really put yourself  
out there.

2.

I was at a very fearful  
place in my life.  
I didn't know what glue  
was going to hold me together.

I had never really been able to claim  
I was scared in life.  
I had reasons to be scared.  
When I was a kid growing up  
my step father threatened  
to kill me.  
I've never able to name that fear.  
So as I was defining myself  
I did it in context of  
here I am,  
a fearful man.

3.

I was an angry person  
for a lot of my life.  
for many years I was angry  
just at life.  
During seminary years,  
I lost my mom and my step father,  
and the next year my grandfather,

then the year before my father  
died suddenly.  
I guess of a heart attack.  
I had a lot of loss.

4.

I had a lot of anger  
toward God  
and fear about life.  
Being able to name  
those things was liberating.  
It was freeing to be able to say,  
“Well, I have been scared  
during my life.”

5.

So if you can't say it  
with someone,  
then you really can't  
integrate it.

In this rambling narrative, William names the strong emotions of courage, fear, and anger. The affective dimension of transformative learning is clearly present here. Learning has taken place; transformation has occurred in William. William affirms that courage is needed to enter into the CPE process because it means having to explore his sense of self and his identity. It means he will be challenged to claim his identity in ways he has not done before in his life. William is able to name his fear. He states that he “has never been able to claim I was scared in life.” This sort of confession of emotional reality is essential to the establishing of the authentic sense of self. The honest confession forces William to

examine and question some ancient ideas of his identity. He is able to, in the context of the CPE process, say that “here I am, a fearful man.”

William is also able to name the emotion of anger. The multiple losses in his life contribute to this ever-present sense of anger. While anger is certainly a legitimate aspect of grief, for William it is connected to his fear and his sense of loss. He directs his anger towards God. Like Brian, William wonders, where is God in all of this loss. When God is silent, then anger can fester.

William knows the importance of being able to name his feelings. He claims it is freeing to be able to say what is in his heart. To name these feelings with another person is healing for William. It enables him to integrate these intense emotions which often carry a negative connotation into his identity. William’s understanding of integration here is essential to the transformative learning process. Verses from three different psalms parallel William’s narrative.

*Psalm of Lament*

Psalm 31:24

Be strong, and let your heart take  
courage,  
all you who wait on the Lord.

Psalm 55:4-5

My heart is in anguish within me,  
the terrors of death have fallen  
upon me.  
Fear and trembling come upon me,  
and horror overwhelms me.

Psalm 4:4

Be angry, but sin not.

The psalms do not only speak to feelings of grief, they also address other emotions like the ones William is living with in his narrative. Strong emotions are not foreign to the psalmist nor are they foreign to the process of transformative learning. The psalmist calls on those who wait on the Lord to be strong and take courage. This is the same sort of courage that William invokes he called upon for his own CPE process.

In Psalm 55, fear is the dominant emotion. The psalmist knows something about the “terrors of death.” William knows as well and he knows on an emotional level how such terrors can leave a person fear and trembling and overwhelmed by horror. All these feelings can only lead to anguish. Yet by naming these feelings, the psalmist, like William, is able to integrate them into a sense of authentic self, an authentic self that has a sense of integrity.

The psalmist also knows about anger. The psalms are full of references to enemies and the sense of anger that arises from being attacked by the unnamed enemies. But in this short verse, the psalmist notes it is indeed acceptable to be angry. There is nothing inherently wrong with anger. Anger is a legitimate emotion which signifies a sense of threat. Anger is not to be avoided. Yet the psalmist also cautions, “but sin not.” The psalmist does not say what the sin might be. In the Psalms, the full and honest expression of anger to God is an acceptable aspect of the covenantal relationship. Theological reflection might lead one to argue that the sin here would be to not speak and name the feeling of anger, to deny that it exists, to pretend one is not angry when, in reality, the



anger is deep and it is real. For William, the liberating part was his being able to name his anger and so then be able to integrate into his sense of self.

*I Give Them Back (from Ruth Albritton)*

In this part of her interview, Ruth reflected on the impact of all the grief she was exposed to in her residency. She was intent on noting how difficult her residency year was for her and, at the same time, able to name her learning about the importance of boundaries and limit setting. Ruth reflected on how her depression helped her, and ultimately aided her in her transformation and learning. She was now able to embody her learning within her current practice of ministry. For Ruth, this was another indication of the significance of letting go. She said:

*Narrative*

RA; I got depressed and had to go on anti-depressants that year, um,.....  
 um,.....I remember that year as so heavy, so heavy and, um,.....and I had not  
 learned how to let it go emotionally and, um,...I was depressed and, um,.....with,  
 you know, I think I saw somebody here. I know I did when I was back in  
 Baltimore, counseling for a while. I'm not on an anti-depressant anymore and I  
 don't see a counselor anymore but I do, um,... I am in people's grief all day long  
 and, um, I have learned, um, this is more of a spiritual discipline than anything  
 emotional that, that at the end of the day or at the end of the session or the end of  
 the conversation or whatever it is that I literally pray them back over to God. My  
 job was to be with them in that time and that space and, um, and.....you know,  
 um.....um, be God's person or agent or however you want to put it and at the end

of that time, I give them back and so.....people say that I'm really good at what I do and I think it is because I will get in there with them and get all dirty and messy and, um,..... then I get out and I, um,.....clean up and I wipe it off and I do not take it home with me. I'll take home things like, I got to remember to call so-and-so, you know, I take that kind of stuff home with me way too much, but I don't take the emotional or spiritual piece home ,um, of the patients because.....because....of that year. I could not do this work if it was like it was that year. So, so.....it was kind of the precursor for helping me learn to let go. I don't think I.....I don't think.....I don't think, it was that year was so intense emotionally and spiritually anyway, um,.....that it took a couple of years after that to.....

*Poem*

I Give Them Back

I got depressed  
and had to go  
on anti-depressants.  
I remember that year  
as so heavy,

so heavy.

I had not learned  
how to let it go

emotionally.

I am in people's grief  
all day long.  
I have learned  
this is more of a

spiritual discipline  
than anything emotional.

At the end of the day  
or at the end of the session  
or the end of the conversation  
or whatever it is,  
I literally pray them  
back over to God.

My job was to be with them  
in that time and that space  
and be God's person.  
At the end of that time,

I give them back.

People say that I'm really good  
at what I do.  
I think it is because I will  
get in there with them  
and get all dirty and messy.  
Then I get out,  
clean up,  
and I wipe it off.  
I do not take it home with me.

I don't take the emotional  
or spiritual piece home  
of the patients.  
I could not do this work  
if it was like it was that year.

It was kind of the precursor  
for helping me learn

to let go.

This narrative centers on the new behavior, the embodiment, and the action component of transformative learning. From the overall disorienting experience of her CPE residency where the year was “so heavy,” Ruth took her learning about letting go and has used it in her current work in bereavement by giving people back to God through prayer. Ruth sees this new way of being as a spiritual discipline. Her narrative is clear that Ruth has gained competence and self-confidence in this new way. It frees her up to be more present and more authentic with persons who are grieving. She is able to maintain her sense of self without getting lost in the other person’s grief. In bereavement work and counseling, maintaining a sense of self is one of the hardest things to learn.

For Ruth, this new behavior has come out of the emotional intensity of her residency program. She fell into a situational depression. She realized that she could get emotional entangled with persons, so much so it was becoming a detriment to her health. It was imperative that Ruth find another way of being in relationship. Otherwise she could not survive. Thus Ruth found a new way of being with persons that enabled her to be fully present but to not take on their grief. She found a way through prayer to give them back to God, to pray them back into God’s care and keeping. Ruth’s learning here demonstrates and describes transformative learning in how her meaning perspective of caring for another person changed. Psalm 69 acknowledges the feelings of being overwhelmed and the need to be rescued. Ruth also knows something about this.

*Psalm of Lament*

Psalm 69:13-18

But as for me, my prayer is to thee,

O Lord.  
 At an acceptable time, O God,  
 in the abundance of thy steadfast  
 love answer me.  
 With thy faithful help rescue me  
 from sinking in the mire;  
 let me delivered from my  
 enemies  
 and from the deep waters.  
 Let not the flood sweep over me,  
 or the deep swallow me up,  
 or the pit close its mouth over me.

Answer me, O Lord, for thy  
 steadfast love is good;  
 according to thy abundant mercy  
 turn to me.  
 Hide not thy face from thy servant;  
 for I am in distress, make haste to  
 answer me.  
 Draw near to me, redeem me,  
 set me free because of my  
 enemies.

The psalmist is threatened on all sides in this psalm, from sinking in the mire, from enemies and the deep waters, from the deep and the pit. The threat is real, just as the heaviness of Ruth's CPE residency threatened to overwhelm her. The psalmist prays to God that God will rescue him from these threats. The old way of being no longer works. A new way is called for him and the psalmist prays that God will answer and be near.

Ruth made the same sort of plea. Her old way of being in relationship was beginning to swallow her up; it led her to the pit of depression. She needed a new way of being, a new way of acting and being with persons in grief. Ruth found her way in prayer

just as the psalmist prays that he will be rescued. Ruth found a spiritual discipline that allows her to be present and then to give the person back to God. For Ruth, the giving back is not abandoning the person. Rather it is a significant act and reminder of the covenantal relationship with God. God can handle the grief and the anger. It does not all depend on Ruth. Ruth's transformation and new perspective is life-giving for her.

*This World Is Madness, Part II (from Brian Bishop)*

During the interview, Brian continued to reflect on the chaotic nature of his learning experiences in his residency and how his theology and understanding of God is still changing. He said the experiences in CPE “stripped away a lot of my defenses.” So he moved from recounting the narrative of the 4-year-old boy being hit by a car to “another strange story that I still haven't quite unpacked.” Here the tragic story evokes not only tears but the absurdity of hysterical laughter as well. Brian said:

*Narrative*

BB: Yeah, that's true. That resonates for me and holds.....realness.....I can.... I have no idea where this might or might not fit in your process, your writing process. Another strange thing that I still haven't quite unpacked, kind of an opposite experience of death was one I witnessed second hand.....I forget what we called it but our cubby, where all the resident would hang out, our little four by four and Suzanne, who was one of my colleagues, fellow residents, she was on-call and it was during the day and she had gotten called to the ER and she came back into the residents' room where we were all just sitting around goofing off, sat down and started telling us about this experience she had just had in the Emergency

Room in which a 12-year-old girl had, for some God unknown reason, her parents had let her back the car out of the driveway and her grandmother had been standing in the yard close by and this girl loses control of the car and I guess thinking she was trying to hit the brake, hit the gas, she runs over and plows through her grandmother and kills her.

LJ: Oh my God.....

BB: Killed her grandmother right there in the driveway.....but see, I'm laughing (laughter). But Suzanne who had a good sense of humor so she's telling this and she just sort of starts breaking out in hysterical laughter and the rest of us, I mean, we do too. I mean, we just can't help it. I mean, there just something about this bizarre image and then we get even worse. We start throwing out, "Grandma, got run over by a reindeer" and all the free associations and we laughed for a half hour to tears about that and as I reflect on that, obviously what was going on for all of us was, was catharsis and the way not only tears bring catharsis but deep, deep guffaws, laughter also brings catharsis.....But it also reminded me after the fact of....how close the two are. I mean, in a way, um,.....humor and death.....I don't quite know to make of it, there is a way in which, humor helps us touch some things we are afraid to touch in a more direct ways. I think that is part of what we were doing too.

*Poem*

This World Is Madness, Part II

One of my colleagues was on-call.

It was during the day  
and she had gotten called to the ER.  
She came back into the residents' room  
where we were all just sitting  
around goofing off, sat down  
and started telling us  
about this experience  
she had just had in the Emergency Room  
in which a 12-year-old girl had,  
for some God unknown reason,  
her parents had let her back  
the car out of the driveway.  
Her grandmother had been standing  
in the yard close by.  
This girl loses control of the car,  
I guess thinking she was trying  
to hit the brake,  
hit the gas,  
she runs over  
and plows through  
her grandmother  
and kills her.

Killed her grandmother  
right there in the driveway...

But see, I'm laughing.

Sharon had a good sense of humor.  
She starts breaking out  
in hysterical laughter  
and the rest of us,  
we do too.  
We just can't help it.  
There just something  
about this bizarre image.  
Then we get even worse.  
We start throwing out,



“Grandma, got run over by a reindeer”  
and all the free associations.  
We laughed for a half hour  
to tears about that.

As I reflect on that,  
what was going on  
for us was catharsis  
and the way not only tears  
bring catharsis  
but deep, deep laughter  
also brings catharsis.

But it also reminded me  
Of how close the two are -  
humor and death...  
There is a way in which  
humor helps us  
touch some things  
we are afraid to touch  
in a more direct ways.

Brian’s reflection on this narrative shows once again the madness experienced in hospital ministry. As he tells this story, the tragedy is heart-wrenching and yet he laughs as he remembers. Brian remembers all too well the absurdity of that time as he and other CPE residents sat with Sharon as she told them what had just happened. They all laugh hysterically. They can’t help it. The story is just too bizarre and too sad. So the catharsis begins. Laughter eventually turns to tears. Disorientation turns into a new meaning perspective. Self-examination leads to new self-awareness. Grief, soul, and authenticity lead to a new way of living and moving and having being. But such transformation is not without cost. Brian is reminded of just how close death is to humor and humor to death.

Laughter is not far from tears. Yet Brian is able to touch the depths of feelings here – the tragic, the bizarre, the horror, the sadness, and the madness, all part of our common humanity. He is transformed.

*Psalm of Lament*

Psalm 42:1-5

As a hart longs  
 for flowing streams,  
 so longs my soul  
 for thee, O God.  
 My soul thirsts for God,  
 for the living God.  
 When shall I come and behold  
 the face of God?  
 My tears have been my food  
 day and night,  
 while men say to me continually,  
 “Where is your God?”

These things I remember,  
 as I pour out my soul:  
 how I went with the throng,  
 and led them in procession to the  
 house of God,  
 with glad shouts and songs of  
 thanksgiving,  
 a multitude keeping festival.  
 Why are you cast down, O my soul,  
 and why are you disquieted  
 within me?  
 Hope in God; for I shall again praise  
 him,  
 my help and my God.

Using an image of a hart, or a deer, longing for flowing streams, the psalmist captures the soul's longing for the presence of God. The longing is like a thirst and a desire to see the face of God even when evidence seems to suggest that God is absent and cannot be found. In the madness of his narrative, Brian knows something of this deep longing. Like the psalmist, he also pours out his soul. The pain of the tragedy is too much to keep. In the remembering, both the psalmist and Brian find hope.

Brian's reflection leads him to the awareness of the need for catharsis from all of the emotional intensity surrounding hospital ministry. He realizes catharsis is healing and that it can come from tears or from laughter. Transformative learning can come in many ways for different persons. It can come through critical reflection and rational discourse. Transformative learning can also come through experiences of grief, through the use of images and soul that touch on deep emotions, and through an increase in self-knowledge that leads to a more authentic identity. Transformative learning can also come in surprising and unexpected ways.

### Summary

The poet Rilke's admonition, "You must change your life," echoes throughout the findings of this research study. The participants in the study spoke eloquently and emotionally of learning, of change, and of transformation in the crucible of hospital ministry. The learning found in this study is situated clearly within the affective dimension of the transformative learning

The context of the acute care hospital provided ample opportunity for CPE students to experience disorienting dilemmas, as Mezirow says, or simply disorientation, as

Bruggemann would put it. In this context, bounded by the CPE curriculum and process, the participants told stories that reflected the deep, structural shift that defines transformative learning.

The findings reflected three over-arching, primary narratives. These primary narratives were broad in scope, overlapping in many ways, and reflected the focus of the interview process as a jointly constructed meaning-making process. The three primary narratives were, one, narratives of the impact of the CPE curriculum and process; two, narratives of the impact of CPE on current practices of ministry; and three, narratives of the impact of pastoral encounters with patients. The data analysis moved to focus on the narratives of patient encounters, particularly the stories that demonstrated the three key dynamics of the affective dimension of transformative learning.

The resulting process allowed the narratives to be shaped into poetic forms. These poems provided the vehicle to communicate the emotional aspects of the participants' learning. Poems are able to touch and convey the emotional core of an experience in ways that prose cannot. The grief of Brian can be heard – and felt – when he says “This world is madness.” The depth of Robert's feelings at the death of a 14-year-old teenage girl is felt when he says, “You become part of the pain.” William's grief is seen in his image of crying a “bucket of tears.” The poems allow the all the feelings of grief to become palpable, to reach beyond the narrative prose, and to describe the emotional aspects of learning. The poems also demonstrate the other two key dynamics of the affective dimension of transformative learning. Following the work of Dirx and Grabove, the use of images and symbols highlight affective learning. William uses a dream to describe just

how “bone, soul-tired” he was during on on-call shift. Ruth spoke movingly about how the unclutching of her hands symbols a letting go and being open to change and transformation. Allison used the image of an “umbrella of grace” to capture her learning process where it was only by grace that she was able to respond compassionately to others. In terms of authenticity as third key dynamic, Beth spoke of how she learned she did not have to perfect in ministry. She learned that it was acceptable to simply be who she was called to be. Sarah spoke with forceful emotion as she described and claimed her call to ministry. Her voice was genuine and demonstrated her authentic identity. William learned that is the stories of people’s lives that are important. Abigail reflected on her own identity as having a mark on her soul.

In all of these poems, the Psalms of lament gave additional understanding to the participants’ learning, albeit from a theological perspective. The psalms capture the depth of feeling and paralleled the individuals’ feelings in terms of grief, of struggling with questions of God’s presence or absence, of the meaning of the covenantal relationship. The Psalms provided the theological lens through which to view the transformative learning of the CPE students as they reflected on their experiences. The use of the Psalms is appropriate in this context since CPE is theological education.

The findings of this study highlighted the three key dynamics of the affective dimension of transformative learning. The deep, emotional impact of the hospital setting propelled these individuals into experiences in which they were challenged to change their lives. These findings describe that process.

## CHAPTER FIVE: CONCLUSIONS AND DISCUSSION

### Introduction

The purpose of this research study was to explore and describe the experiences of transformative learning in seminary students and clergy who have participated in a CPE residency program. The emotional intensity and disorientation of the CPE process coupled with the emotional intensity and disorientation of the acute care hospital setting allowed this research to focus on the affective dimension of transformative learning. Students in CPE were challenged to find and make meaning in the pastoral encounters they had with patients in crisis. In addition, they were equally challenged to develop their identity as pastoral persons through increased self-awareness and to further enhance their pastoral care skills.

By attending to the role of emotions found in the participants' experiences in CPE, this research study further advances the understanding of the importance of the affective dimension of learning within transformative learning theory. Since CPE is fundamentally theological education, the use of the Psalms emphasizes the inherent theological nature of the transformative learning process that is appropriate in the context of this study.

There were two research questions guiding this study. The first question was: How and in what ways do seminary students and clergy who have participated in a CPE residency program describe and make meaning of their experiences in the acute care hospital setting? The second question followed: How and in what ways do these individuals view these intense experiences as leading to and fostering transformative learning?

This chapter will provide a summary of the study, a discussion of four conclusions derived from the findings, a discussion of the implications of this research for theory and practice, and finally, a discussion of recommendations for further research

### Summary of the Study

The research questions posed in this study pointed toward a qualitative research approach and to narrative inquiry as a method within the qualitative research paradigm. Narrative inquiry is a process that gathers, analyzes, and interprets the narratives individuals tell about their lives and experiences (Chase, 2005; Clandinin, 2007; Clandinin & Connelly, 2000). Narrative inquiry can be understood as a way of making meaning retrospectively (Bruner, 1987; Chase, 2005; Clandinin & Connelly, 2000). Thus narrative inquiry is the appropriate methodology for studying and attending to the affective dimension of transformative learning.

Ten former CPE students who participated in the CPE residency program at Rex Healthcare were interviewed for this study. These ten individuals were selected using a criterion based sampling method (Creswell, 1998). The primary criterion for inclusion was the participation in the CPE residency program. The second criterion in the sampling method was that of access. For this study the access criterion had two components. First, access meant that the participants had to currently live within a reasonable driving distance and second, the participants had to express a willingness to be interviewed about their experiences in CPE. A review of student files determined that 18 out of a total of 53 former students met the inclusion criteria. Ten students were then randomly selected from

the list of 18 potential participants. Research interviews were conducted over a three and half month period.

The ten participants in the study reflected a wide range of diversity across several demographic categories. The participants ranged in age from the mid-20s to the early 60s. They were involved in the CPE residency in seven different program years. There were seven females and three males in the study. Eight of the participants were Caucasian; one was African-American; and one was of Asian descent. Six of the individuals were married, three were divorced, and one was single. Five different denominations were represented. Eight out of the ten participants had a seminary degree and six of the ten were ordained. In terms of current ministry positions, four of the individuals were engaged in church related work, one was a hospital chaplain, three were in some form of hospice ministry, and one was in a non-ministry position.

After obtaining informed consent from each participant, I conducted a semi-structured, open-ended interview (J. Johnson, 2002; Kvale, 1996; Seidman, 1991). The purpose of the open-ended, semi-structured interview was to allow the individuals being interviewed to select and tell the narratives which were important to them rather than respond to a series of pre-determined questions (Elliott, 2005). This process allowed for a more mutual conversation and a joint construction of meaning (Mishler, 1986). Since the individuals were not constrained by a pre-determined set of questions, they had the freedom to tell the stories which were most meaningful to them. In other words, they were free to tell the stories that had stayed with them over a period of time since their residency program (Derrickson & Ebersole, 1986; Elliott, 2005; Stuhlmiller, 2001). The interview



process allowed for a deeper remembering where one narrative sparked the memory of another narrative and then another. The narratives then moved downward in a spiral-like fashion. The narratives built upon each other (Elliott, 2005).

The length of the interviews ranged from one hour to one and one-half hours. The total number of contact hours was 17 and provided sufficient data saturation. Each interview was digitally recorded. I personally transcribed each interview as soon as possible after the session. The interviews were transcribed verbatim. A copy of the full interview transcript was sent to each participant for review and member check. Throughout the research process, the interview data was treated as confidential material.

The initial coding of the data yielded three primary, over-arching narratives. These three narratives were: narratives of the impact of the CPE curriculum and process, narratives of the impact of CPE on current practices of ministry, and narratives of the impact of pastoral encounters with patients. The second phase of coding focused on the narratives in which emotion and affect were present. This phase of coding demonstrated that the narratives that came out of hospital ministry and the CPE curriculum and process were indeed laden with emotion and affect. They were intense. The coding process identified over 70 different narratives from the interviews here. The third phase of coding moved to focus on the narratives of patient encounters, and in particular the 52 narratives in which any of the three key dynamics of the affective dimension of transformative learning were identified as well as other affective dynamics not identified in the current research literature of transformative learning. The three key dynamics of the affective

dimension of transformative learning identified from the literature were grief, soul, and authenticity (Boyd & Myers, 1988; Cranton & Carusetta, 2004; Dirkx, 2006).

Discourse analysis was used to highlight the emotional power of the narrative through a process of data reduction which results in the narrative being shaped into a poem (Gee, 1991, 1999). The discourse analysis of the research narratives focused on the three key dynamics and their presence was confirmed in the analysis. The poems highlight the affective aspects of the learning process since poetry communicates the emotional core of meaning more effectively than prose. The poem was then paired with a psalm of lament to convey the theological framework within CPE and to demonstrate how the affective language and dynamics of transformative learning are paralleled in the language of the psalms of lament.

In response to the research questions, the findings of this study demonstrated that former CPE students do tell and reflect on narratives that are, in many ways, life-changing and transformative. They relate stories of their experiences in hospital ministry that are filled with deep emotions, like the story Brian Bishop told of providing pastoral care at the time of a tragic death of a young boy in the Emergency Department. In his remembering the grief of this event, Brian said,

This world is madness.

The death just keeps happening.

It's not pretty death.

It's not people 90 dying in their sleep.

This is ugly death.

As Christine Dixon spoke of being at the bedside of a patient as the patient peacefully dies, her eyes filled with tears and her voice choked at the memory. Beth Robinson remembered how difficult it was and how much courage it took for her to carry a dead infant and place the body on a cold shelf in the morgue. Beth cried as she told this story even though she had said to herself that she was not going to cry. Her grief was too powerful to contain, her tears being evidence of her emotions.

These stories and the resulting poems support the finding that the first of the three key dynamics of the affective dimension of transformative learning, grief, is critical to transformation. The literature provides a solid theoretical basis for this claim. Boyd and Myers (1988) argue that grief is the prominent condition required for transformation. Experiences of grief and the attending grief work that follows give an individual a way to search out and find meaning. Likewise, Scott (1997) argues that the process of grieving is integral to transformation. By attending to the dynamics and process of grief, transformation is fostered within a person. This is not to suggest that grief work is easy. Experiences of loss are more often than not met with “the bitter resistance” of which Bond (2003, p. 41) speaks. Attending to the process and dynamics of grief as a person experiences loss and change is critical to the understanding of the affective dimension of transformative learning.

The findings of the study confirm the importance of grief in the transformative learning process. In the particular situated context of this study, the dynamics of grief play a central and critical role in the transformation of CPE students. The context of the hospital setting and the context of the CPE process compel the students to experience grief in the

patients and families they encounter in ministry and in themselves as well. William Carter, for example, gave voice to how the CPE process allowed him to touch his deep grief and so to cry “a bucket of tears” for all of his many past sorrows. One of ways seminary students and clergy make meaning of their experiences is to narrate their stories of grief and loss. Meaning is shaped through telling.

The participants in this study also made meaning of their experiences through narratives that gave voice to images and symbols, or soul (Dirkx, 1997). William Carter told a story of being so “bone, soul-tired” during an on-call shift that he could not even listen to a patient. He thought he was going to vomit if he heard the patient speak another word. William then related a dream where his heart had stopped beating and the doctors were going to shock him back to life:

Doctors came in rushing.  
I could see them above me,  
getting ready to take  
those electric paddles on me  
to shock me back to life.

I think it showed how

bone, soul-tired I was.

His dream was one of being resuscitated to a new life. From being so tired and exhausted, William found an image that pointed towards transformation, towards newness, towards hope. Robert Myers relived his experience of providing ministry to the mother of a 14-year-old teenage girl who had collapsed and died unexpectedly, “lying there dead,” as

he put it. He described his feelings of helplessness as all he could do and be was to stand there, knee-deep in the midst of all the pain and chaos. Robert said,

You are so embedded in that  
once you get into it,  
you become part of it.

You become part of the pain.  
You become part of the grief.

In becoming “part of the pain” and “part of the grief,” Robert was changed and transformed. Ruth Albritton used the image of unclutching her hands to symbolize the process of letting go of control and of being willing to trust God. This image helped her make meaning of her experiences in CPE. Allison Parker used the image of an “umbrella of grace” to describe her learning and transformation and how she came to understand her own brokenness as the means by which she was able to connect with the brokenness of others. She said,

Having to walk along side of people  
in terrible grief and crisis,  
involved getting in touch with the grief  
and crisis in my own life  
so that I could respond to others.

I had to do that under  
the umbrella of grace.

For Allison, the theological image of grace as an umbrella, as sheltering her from the storm, provided the meaning she needed to be in ministry to others.

The use of images and symbols to make meaning of experiences is what Dirkx (2001a) called soul. I have defined soul as the second key dynamic of the affective

dimension of transformative learning. For Dirkx, soul is not a theological construct. Rather soul is used to demonstrate that the transformative learning process is more than just a rational and technical one. Learning, for Dirkx, makes uses of symbols, images, and feelings. Soul has to do with the connection of learning with emotions. Grabove (1997) argues that transformative learning is “soul learning” (p. 92). The emotional content of soul learning is to be approached in education, not avoided. Meaning making necessarily involves an emotional component, a soul component. For Dirkx, emotions and thus soul are integral to the process of meaning making. The narratives and the resulting poems in the discourse analysis of William, Robert, Ruth, and Allison demonstrate the power of emotion, images, and symbols in the transformative learning process.

The findings of this study also demonstrate the importance of the third key dynamic of the affective dimension of transformative learning. This third key dynamic is the dynamic of authenticity. The concept and dynamic of authenticity was seen in the narratives and resulting poems told by the participants. Beth Robinson described how she learned she did not have to be perfect, that it was acceptable to simply be who she was called to be. She did not have to be more than she was. Perfection is not required in ministry. She said,

I learned I don't have  
to be perfect.

I learned sometimes  
enough is OK.

Beth's learning and awareness she did not have to be perfect allowed her to be and become her authentic self. Self-awareness and self-knowledge is critical to transformation. In the context of this study, self-awareness and self-knowledge is foundational to development an identity as a pastoral person. Sarah Stewart gave voice to the fact that her CPE process confirmed her call to ministry. The challenges in the CPE program forced Sarah to fully and forcefully affirm God's call and claim on her life. By finding her voice, Sarah found her authentic self through the process of critical reflection and self-examination. In a different vein, William Carter found a way to value his story through the valuing of the stories of others. William said,

One thing I learned from this process  
is that people's stories  
is what they have.

He described a person's story is "the most personal and essential part" of that individual's being. Thus, William's own story with all the grief and loss is the most personal and essential part of his being. To know and have awareness and knowledge of one's story is to be authentic in the sense of identity. For Abigail Stanford, authenticity was seen in her understanding of what it meant to be called and to do the work to which that call led. Abigail described this work as a sacrament,

If you're doing the work  
that your soul  
calls you to do  
it gives out an indelible  
mark on your soul.

You carry that identity  
with you  
into heaven.

It was this mark that provided a sense of authentic identity for her as a pastoral person. For Abigail, this mark on her soul was true and real whether or not she was ordained.

Ordination did not matter here. Authenticity was not dependent upon ordination.

In the transformative learning literature, the concept of authenticity is rather elusive. Cranton (2003) locates authenticity in Jungian psycho-dynamic theory where authenticity is anchored in the process of becoming self-aware and individuated. For Cranton, authenticity involves an understanding and awareness of one's emotional life and the resulting self-awareness and self-knowledge. In the affective dimension of transformative learning, self-knowledge is critical. The more a person is aware of his or her self in relation to others and the world, the more authentic the person will be in those relationships. Beth's self-knowledge was located in her awareness she did not have to be perfect in order to be in ministry. Sarah learned to give voice to her call as a person claimed by God for ministry. The awareness of the centrality of the other person's story compelled William to embrace his own story as central to his life and ministry. Abigail's sense of having a mark on her soul grounded her in her self-knowledge as a pastoral person.

The findings of this research study also demonstrated that the affective dimension of transformative learning includes more than just the three key dynamics described. The affective dimension is more complex and complicated; it involves a broader and much thicker range of emotions. For example, William Carter expressed feelings of courage,



anger, and fear all in a rambling, convoluted narrative as he described his life within his CPE process. By being able to name these feelings, William experienced a sense of freedom for himself and integration of identity. He said,

I had a lot of anger  
toward God  
and fear about life.  
Being able to name  
those things was liberating.

Brian spoke of a time when the story of a tragic death resulted in cathartic laughter for himself and his peers. It was madness just like the death of a young boy hit by a car. The line between tears and laughter is thin. Brian's experience demonstrated the complexity of the dynamics of grief and the different ways such dynamics might be expressed. He said,

What was going on  
for us was catharsis  
and the way not only tears  
bring catharsis  
but deep, deep laughter  
also brings catharsis.

The poems derived from the participants' narratives highlight the inherent emotional characteristics of transformative learning. From disorienting dilemmas, through critical reflection, the expressions of grief, the use of images and symbols, and an increased awareness of self, the participants in this study demonstrated that narratives which were important and meaningful to them were the narratives which focused on and led to transformation. It was evident in the three key dynamics of the affective dimension that experiences in a CPE residency in the acute care hospital setting do lead to and foster

transformative learning. Robert might have been describing his CPE residency rather than just one experience in the Emergency Department when he said,

If that doesn't change your theology  
and your thinking  
then I don't know what will.

Transformative learning was evidenced by the participants' willingness to embrace the feelings of grief as stories were remembered. Transformative learning was seen in the participants' use of images and symbols to describe their experiences and resulting learning. Transformative learning was demonstrated in the clear expressions of self and increased self-knowledge and authenticity. Furthermore, transformative learning was evidenced by a change in participants' theological perspective as God's providence and care, for example, was questioned in the face of tragic death. Transformative learning was also seen in the deep, structural shift that occurred in participants' understanding of self and understanding of their pastoral identity.

While the poems derived from the participants' narratives demonstrated the inherent emotional quality of the transformative learning process, they also point towards the psalms of lament. These psalms, in conjunction with the poems, provided a richer understanding of the learning process within CPE. Since CPE is theological education, the psalms provided a theological perspective on the students' experiences and process. Paralleling the primacy of disorienting experiences in transformative learning theory, Brueggemann's scheme of orientation – disorientation – new orientation provided a theological understanding of transformation (Brueggemann, 1984, 1995b). For Brueggemann, the psalms of lament capture the reality that life is not always easy or safe.

There are times when worlds are turned upside down, when chaos reigns, and God is nowhere to be found. The psalms of lament gave ancient language to express all the hurt, rage, and disappointment. The psalms of lament also provided language that moves beyond all the hurt, rage, and disappointment. The structure of the lament moves from the plea to praise, and it is the movement to praise, or a new orientation, that points towards the hope of a new life, of transformation (Brueggemann, 1984, 1995b; Westermann, 1981).

The psalms gave a different language, a different voice, to the process of transformation. It is couched in terms of the covenantal relationship where the truth is spoken and embodied. In their own, unique way, the psalms spoke to the participants' experiences. In this sense then the poems might be understood as psalms. The narratives which participants' gave voice to and the resulting poems capture the some of the affective dimension of transformative learning, but not all. The pairing of a psalm with the poem pointed toward the fundamental theological nature of the learning process in CPE. In the context of this study, transformative learning can not only been viewed through the framework of adult learning theory but that it may also been viewed through a parallel theological framework. The use of the psalms in this study provided a thicker understanding of the affective dimension of the transformative learning process.

### Conclusions

There are four major conclusions derived from this research study. Each conclusion will be discussed below in more detail. First, there is evidence that the affective dimension of transformative learning does indeed encompass the three key dynamics of grief, soul, and authenticity noted in the theoretical literature. There is also evidence to suggest there

are other affective dynamics which need to be acknowledged as impacting the transformative learning process. Second, past literature has identified seven perspectives of transformative learning. This study provides new evidence to argue for an eighth perspective of transformative learning. This new perspective would be located under the individual perspective of transformative learning and, using the language found in the literature, would be identified as the psycho-affective perspective. Third, there is evidence to support the notation that the affective dimension of transformative learning is integrated into the ten elements and processes of the transformative learning process as outlined in the literature. It is important for educators to be mindful of and attend to this affective dimension in the learning process. This recognition of the integration on the affective dimension within the transformative learning process allows for a more comprehensive understanding of the theory. Fourth, the psalms of lament provide a theological lens through which to understand the transformative learning process in CPE students. This theological lens is reasonable and appropriate in the context of this research study.

#### *The Importance of the Affective Dimension of Transformative Learning*

This research study provides substantive understandings from the data of the three key dynamics of the affective dimension of transformative learning. This finding is indeed important to the explication of a more holistic understanding of the transformative learning process. Over the years, the development of transformative learning theory as a comprehensive theory of adult learning has been tilted towards the explication of the rational dimension. Mezirow's seminal work in the theory grounded the transformative learning process within a rational and cognitive process (Mezirow, 1990, 1991; Mezirow

& Associates, 2000; Mezirow et al., 2009). While viewed as complimentary to the rational dimension of transformative learning, the affective dimension has neither been as fully developed nor received the same amount of attention and focus in the research literature. The affective dimension has not been seen as important and as critical as the rational dimension in the transformative learning process. The findings of this study suggest otherwise.

In the historic literature of transformative learning, the affective dimension and all of its attendant emotional aspects have been identified under the term, extrarational. As I suggested in Chapter One, the term, extrarational, is vague and imprecise. It connotes that any learning beyond and outside the rational is less important. The term, extrarational, is a negative definition and ultimately unhelpful in the advancement of the theory. In this study, I have used the term, affective, to capture the fullness and complexity of the emotional aspects of the learning process. Affective is a more accurate term for this process than extrarational.

The dynamics of grief, soul, and authenticity comprise the core of the affective dimension of transformative learning. These concepts are anchored in the literature and have been explored and described in theory (Boyd & Myers, 1988; Cranton, 2006a; Cranton & Carusetta, 2004; Dirkx, 2001a, 2001b; Scott, 1997). The findings of this study support the notion that these dynamics are critical in the transformative learning process. The inter-related processes of being aware of loss, of using images and symbols to make meaning, and becoming more aware of one's self are essential to a fuller understanding of transformation. This study suggests that as the CPE students, like Brian Bishop, reflected

on their frames of references and orientations to the world, the resulting questioning led to an increased self-awareness and an openness to new and alternative frames of reference. The reflective process often elicited strong emotions, like those seen in Beth Robinson and William Carter. The reflective process also produced evidence of how the increased self-awareness led to a new embodiment of that learning. This new embodiment was seen in how the students, like Ruth Albritton, described their current practices of ministry as being impacted by their learning in their CPE residencies.

The findings of this study also recognized that there are other affective dynamics at play in transformative learning. These other affective dynamics presented in the narratives and resulting poems include anger, fear, and confusion. This study found evidence of these emotions in the discourse analysis. While these other affective dynamics were not as robust and substantial as the three key affective dynamics, their presence in the research narratives notes an area for further exploration.

The findings of this research study further explicate the important role of the three key dynamics of the affective dimension in transformative learning. These three key dynamics are present in and critical to the learning process of CPE students in a CPE residency program as they describe and make meaning of their experiences of ministry to patients who are in crisis.

#### *An Eighth Perspective on Transformative Learning*

There is evidence in this research study to support the inclusion of an eighth perspective of transformative learning. This new eighth perspective is the affective dimension as suggested by the research findings. The theoretical literature on

transformative learning has identified seven different perspectives (Merriam et al., 2007; Taylor, 2005). Current theoretical development situates transformative learning into two main perspectives: the individual perspective and the socio-cultural perspective.

Within the individual perspective, three different strands are outlined. These are called the psycho-critical, psycho-dynamic, and the psycho-developmental. Within the social perspective, there are four other perspectives: socio-emancipatory, cultural-spiritual, race-centric, and planetary. These seven different perspectives indicate there is a wide range of scholarship within transformative learning theory.

The predominance of the affective elements in the learning process in this study delineates this eighth perspective and, following the language found in the transformative learning literature, this perspective would be identified as the *psycho-affective* perspective. It would be part of the individual perspective and be another strand along with the psycho-critical, psycho-developmental, and psycho-dynamic perspectives. It is important to note that while the psycho-dynamic perspective centers on a broader Jungian understanding of transformative learning, the *psycho-affective* perspective stands on its own. Its focus on the emotional aspects of the learning process is significant in the development of the theory as manifested in the dynamics of grief, soul, and authenticity. Thus the eight perspectives of transformative learning would provide a more comprehensive understanding of the learning process. The *psycho-affective* perspective is in italics. See Table 5.1.

Table 5.1 Eight Perspectives of Transformative Learning Theory

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| <u>Individual Perspective</u> | <u>Socio-Cultural Perspective</u> |
|-------------------------------|-----------------------------------|
| Psycho-critical               | Socio-emancipatory                |
| Psycho-developmental          | Cultural-spiritual                |
| Psycho-dynamic                | Race-centric                      |
| <i>Psycho-affective</i>       | Planetary                         |

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*The Affective Dimension in the Ten Elements and Processes of the  
Transformative Learning Process*

This research study has suggested that the affective dimension of transformative learning is critical to a more comprehensive understanding of the transformative learning process. Ten different elements and processes have been delineated in the research literature to describe this process (Cranton, 2006b; Mezirow, 1990; Taylor, 1997). These ten elements and processes are found in Table 2.1 on page 33 in Chapter Two. The table is repeated here and labeled as Table 5.2.



Table 5.2 Ten Elements and Processes of Transformation

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Ten Elements and Processes of Transformation

1. Experiencing a disorienting dilemma.
  2. Undergoing self examination.
  3. Conducting a critical assessment of internalized assumptions and feeling a sense of alienation from traditional social expectations.
  4. Relating discontent to similar experiences of others – recognizing that the problem is shared.
  5. Exploring options for new ways of acting.
  6. Building competence and self-confidence in new roles.
  7. Planning a course of action.
  8. Acquiring knowledge and skills for implementing a new course of action.
  9. Trying out new roles and assessing them.
  10. Reintegrating into society with the new perspective.
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The process begins in a disorienting dilemma and moves through self-examination and critical reflection on internalized assumptions to an exploration of new ways of being and acting. However, as described, these ten elements are grounded in the primacy of critical reflection and rational discourse as indicated in the theory with its rational

emphasis. There is no explicit recognition of emotion and affect in the ten elements and processes as outlined. The implication of this omission is that transformation is solely a rational process. The literature, as has been noted, often suggests otherwise.

This study strongly suggests that there is an integrative component of the affective dimension, or the psycho-affective perspective, in the transformative learning process and that this integrative component needs to be acknowledged and attended to as being essential for learning. The key dynamics of grief, soul, and authenticity are thus embedded within the ten elements and processes describing the transformative process. From the data, the key dynamics are particularly evident in the elements one through four: one, experiencing a disorienting dilemma; two, undergoing self-examination; three, conducting a critical assessment of internalized assumptions and feeling a sense of alienation from traditional social expectations; and four, relating discontent to similar experiences of others and recognizing that the problem is shared. In other words, disorientation brings with it loss and grief. The dynamic of grief leads to self-examination and becomes essential to the meaning making process even in its “bitter resistance” (Bond, 2003, p. 41). Images and symbols become critical. Meaning making fosters new self-awareness. Self-knowledge increases. Learning is then situated in the shared experiences with others. The process of transformation is thus charged with grief, soul, and authenticity.

The integrative component of the affective dimension on the ten elements and processes of transformative learning is highlighted in Table 5.3 through italics; otherwise Table 5.3 is the same as Table 5.2. In Table 5.3 the affective dimension is explicitly noted as being essential and critical to the process.

Table 5.3 Ten Elements and Processes of Transformation, Revised

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Ten Elements and Processes of Transformation, Revised

1. Experiencing a disorienting dilemma. *Recognizing and acknowledging the dynamics of the affective dimension.*
  2. Undergoing self examination. *Recognizing and acknowledging the dynamics of the affective dimension.*
  3. Conducting a critical assessment of internalized assumptions and feeling a sense of alienation from traditional social expectations. *Recognizing and acknowledging the dynamics of the affective dimension.*
  4. Relating discontent to similar experiences of others – recognizing that the problem is shared. *Recognizing and acknowledging the dynamics of the affective dimension.*
  5. Exploring options for new ways of acting.
  6. Building competence and self-confidence in new roles.
  7. Planning a course of action.
  8. Acquiring knowledge and skills for implementing a new course of action.
  9. Trying out new roles and assessing them.
  10. Reintegrating into society with the new perspective.
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*The Psalms of Lament and Transformation*

From a theological framework, this study suggests that the Psalms, and the psalms of lament in particular, provide a meaningful description of the learning process in CPE. The psalms of lament parallel the transformative learning process. Brueggemann's scheme of orientation – disorientation – new orientation matches the transformative learning process at significant points (Brueggemann, 1984, 1986, 1995b). Disorientation as described by Brueggemann corresponds to the disorienting dilemmas in transformative learning theory as described by Mezirow. The movement towards a new orientation parallels the movement towards new behavior, action, and embodiment in transformative learning theory. The psalms of lament allow for grief and sadness to be fully expressed and heard as seen in, for example, Psalms 6, 13, and 88. They make use of images and symbols to give meaning to experiences like going down to the Pit; or the Lord being seen as a shepherd or a shield, or a fortress; or expressing the desire to have wings like a dove so as to find rest; or to compare the longing of the soul for God to how a hart, or a deer, longs for flowing streams. As the psalms of lament move from plea to praise, they celebrate the newness and hope that comes with new awareness and new self-knowledge as seen in Psalms, 26, 66, and 130.

Through the use of the psalms of lament, this study confirms the importance of the affective dimension embedded within the CPE process. The experiences students face in CPE are laden with emotion. The setting of the acute care hospital ensures that experience. The psalms of lament provide a way to make meaning of the experiences and a way to understand the emotional aspects. The significance of the affective dimension, as seen

through the psalms of lament, extends and enriches the understanding of the learning process CPE students undergo.

### Implications for Theory and Practice

The findings of this study provide implications for both the theory and practice of transformative learning and the discipline of clinical pastoral education. To my knowledge, this research is likely to be among the first to intentionally and purposively address the affective dimension of transformative learning, and it is the first to use the psalms of lament as a parallel framework from understanding the transformative learning process in CPE. The findings present implications for the further advancement of transformative learning theory and likewise for understanding the affective dynamics involved in the CPE learning process. In addition, the findings of this study suggest implications for the practice of adult educators who seek to foster transformative learning in their students and for CPE supervisors who seek to teach the art of pastoral care to their CPE students.

#### *Implications for Theory*

This research study advances and extends the development of transformative learning theory through its delineation of the key dynamics of the affective dimension within the transformative learning process. In essence, this study suggests that the affective dimension has a significant role in the transformative learning process. By including of the affective dimension along side of the rational dimension, the theory of transformative learning becomes more robust and more comprehensive. It is more able to take into account the complex emotional dynamics of transformation. The theory, like a well-crafted narrative, becomes thicker and richer. While the limitations of this study prevent a

generalized conclusion, the findings firmly suggest that transformative learning, at least for CPE students in a CPE residency, involves the heart as well the mind. In other words, affective dynamics play a critical role in the process of learning and change.

Transformative learning is a complex, multi-faceted process, yet at its core it is elegantly simple. It is concerned with meaning making. Meaning making can occur in different ways and may be explained from different perspectives of the theory. How meaning making occurs in and through the affective dimensions of learning has been missing from the theory. This study suggests that the affective dimension of transformative learning is a critical part of the overall learning process. By acknowledging and recognizing the import of the affective dimension, transformative learning becomes more in-depth and inclusive. The affective dimension is brought into the mainstream of theory development through these understandings of learning and change in adult learners.

In addition, the theory of transformative learning is advanced through the use of the term, affective, beyond the current terminology of extrarational. The term, affective, is a much more accurate and descriptive term for the emotional dynamics at play in the learning process. It is able to connote a broad encompassing of the complex emotions and feelings. The term, affective, is thus given the same importance as the term, rational. The findings noted here extend the theory development by suggesting that a critical aspect of transformative learning is found in the affective dimension and that the understanding of the transformative process experienced by students is well served by acknowledging the presence and importance of affective dynamics.

Since adult learning contexts are many and varied, transformative learning theory needs to be positioned to speak to the different contexts, to the different ways that adults make meaning of their experiences, and to the different ways adults come to change their frames of reference and their orientation to the world and their understanding of themselves. The findings of this study advance the theory of transformative learning by recognizing the significance of the affective dimension in the learning process, by suggesting that the theory can be more accurate by including an eighth perspective called the psycho-affective perspective, and by acknowledging and recognizing that the affective dynamics impact the ten elements and processes of transformative learning.

Furthermore, this study provides CPE supervisors and students with a more robust and comprehensive understanding of the learning process within CPE. By situating transformative learning in the CPE process, CPE supervisors and students now have a theological lens through which to view the students' learning process. The movement from orientation to disorientation and on to a new orientation offers a framework whereby the students' can move into the depths of their feelings, the grief, sadness, despair, and have a theological context in which to place their experiences. The ancient language found in the Psalms gives the CPE students entry into the language of the community of faith, and a context in which the raw emotions are held in the container of the covenantal relationship with God.

#### *Implications for Practice*

The implications of the finding of this study for the practice of adult education are situated in the fact that this study demonstrates that emotions, images and symbols, and an

awareness of self all impact and are critical in the transformative learning process. Students in a CPE residency make meaning of their experiences through the dynamics of grief and loss, through the use of images and symbols, and through critical reflection find an increase in self-awareness and self-knowledge which, as this study has demonstrated, leads to more authenticity in relation to self and others.

The emotional valence in the learning process depends on the context of the learning and on the individual. Adult educators, CPE supervisors in particular, have a moral imperative to be mindful of and attentive to the emotional dynamics surrounding learning. If educators embrace transformative learning and seek to foster it in their particular settings, then it is incumbent upon them to recognize the importance of emotional dynamics. Certain emotions may generate more heat than light and may be presented with historical influences which may or may not be in the individual's conscious awareness. Such emotions may be driven by anxiety, and may foster increased anxiety in the educator and peers. The presentation of such emotions is not to be avoided. Rather, the findings of this study suggest such emotions need to be approached and acknowledged in some respectful manner. Emotions that show up in the learning process should be allowed to be expressed within boundaries and within a safe and trustworthy learning environment where the student may begin to move into the reflective and dynamic process of meaning making. This means that educators need to have the necessary self-awareness to understand their own emotional dynamics so that they might be able to understand their students' emotional dynamics. In other words, educators need to have an awareness and



understanding of their own transformative process and how affective dynamics impact their own learning process, both in the past and now in the present.

However, in practice, it is important to know that not all students are open to learning and change. There may be great resistance to any challenges to strongly held frameworks. To transform a long-held framework may, for some students, simply be too threatening and come at too great a cost. It is the educators' role to be aware of potential resistance to change and to find ways to align themselves with the students as an ally while still holding on to being "an empathic provocateur" (Mezirow, 1990, p. 360) of learning and change.

Disorienting dilemmas by definition are fraught with emotion. Disorientation does not just occur on a rational level. It churns at a deep level touching the whole person and how that person sees themselves and the world. To invite students into transformation is to invite them into disorientation initially, and from that initial step and all its attendant emotions to move into a new embodiment of behavior, action, and orientation, to move into a new way of being.

I would argue that to practice transformative learning is dangerous. It necessarily involves the loss surrounding change. Such loss requires that it be attended to and respected by the educator. It necessarily involves complex emotions and feelings. To ask a student to change is to ask for much and each student's individual style of learning needs to be respected. Transformative learning, like so many other things, depends on timing. This study suggests that to practice and foster transformative learning requires that educators be aware of the affective dynamics involved in the learning process. An

understanding of transformative learning theory without an understanding of the affective dimension of the learning process is incomplete.

#### Future Research and Recommendations

This study has demonstrated one particular way to explore and describe experiences of transformative learning in one particular setting. There are other methods of analysis which could be used to study the affective dimension of transformative learning such as art, drama, dance, music, or intensive journaling. The use of discourse analysis to capture the emotional core of experiences through poetry is only one method.

Since adult learning contexts are many and varied, there is opportunity to explore the affective dimension of transformative learning in these different contexts. Mezirow, Taylor, and Associates (2009) show how transformative learning is being researched in such different settings as higher education, professional education, organizational development, international studies, and community education. The research in these settings provides a richness and depth that serves to advance the theory and to extend it beyond the academy. In this sense, then, the research is not just into the theory of transformative learning; it is into the actual practice of transformative learning. Since transformative learning theory is arguably the dominant learning theory currently in adult education, future research will not only advance the theory but also explore its limitations. For example, while this particular study focused on the key affective dynamics at play in the individual perspective of transformative learning, there is opportunity for further research to investigate if and how the affective dimension impacts learning in the four socio-cultural perspectives of transformative learning. Are there affective dynamics

involved when learning is focused on aspects of the socio-emancipatory, cultural-spiritual, race-centric, and planetary? Such future research would be beneficial to the theory.

There might be further research into the CPE learning process. The methodology of this study could be used in other iterations such as with other former CPE students from a different CPE center. These students would not know the researcher and would not have the same prior relationship. Does having this prior relationship with the former students in a research study influence the narrating of experiences? Further research could be done with current CPE students, both residents and single unit students who are experiencing the ministry in the hospital setting for the first time. There could be study done on how CPE supervisors understand and experience the CPE process in terms of transformative learning theory. Further qualitative research studies in CPE would add to the theoretical literature of CPE and extend the understanding of the CPE learning process.

More research into the many different facets and perspectives of transformative learning will further the development and advancement of the theory. For the theory to continue to be robust and comprehensive, the affective dimension of the process has to be acknowledged and recognized as being critical for the students involved in the learning and for the educators who seek to foster transformation.

### Summary

This chapter presented four conclusions based on the findings of this study. The four conclusions are: first, the affective dimension of transformative encompasses the three key dynamics of grief, soul, and authenticity; second, there is a need to recognize an eighth perspective of transformative learning called the psycho-affective perspective; third, the

affective dimension overlays the transformative learning process; and fourth, the psalms of lament provide a descriptive theological lens through which to view transformative learning. Each of these conclusions was discussed and supported by the evidence of the study and the literature. Implications for theory and practice were noted as well as need for further research.

Embedded in this research are the poems constructed from the participants' interviews. The emotional dynamics contained within this study are palpable; the stories participants' told and reflected upon were overflowing with emotion. The remembering evoked fresh feelings, tears filled eyes and ran down cheeks, voices caught, eyes moved to a faraway place. There was laughter, feelings of frustration, and of being in the presence of the holy. When Brian spoke of this world being madness, he meant it. His experiences in the Emergency Department had stayed with him, and even as he reflected, he experienced the thin line between laughter and grief. Beth did not want to cry but her remembering was too powerful to contain. William's grief was so overwhelming he cried "a bucket of tears." Ruth spoke of letting go and trusting God. The image of her unclutching her hands symbolized what she felt and experienced. The only way Allison could be with others who were broken and hurting was to become aware of her own brokenness and hurts. The image of "an umbrella of grace" sustained her. William gave voice to different images, like being bone, soul-tired and being shocked and resuscitated to a new life. Beth learned she did not have to be perfect. Sarah was able to affirm God's call and claim upon her life. William learned to value his own story. Abigail confirmed that her identity as a pastoral person left a "mark on her soul," no matter what.

The affective dynamics found in the poetry of this research and echoed in the psalms of lament pointed to the power and the emotional cost of transformation. Robert knew something of this as he stood in the Emergency Department with the mother of a 14-year-old who had died. He had no answers, no way to alleviate the immense pain, no way to change the outcome. He stood alone with his own grief, found solace and community in the psalms of lament, and so began the process of transformation.

I believe Robert, along with these other nine individuals, heard, however dimly, the voice of the poet Rilke, “You must change your life.”

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APPENDICES

## APPENDIX A

### Interview Template

#### I. Introduction

I will first introduce the study to the participant by summarizing the purpose of my research as a part of my doctoral program at NC State University. I will confirm their willingness to participate in this study. I will then outline the parameters of the interview: the interview will be recorded; it will last approximately one and a half hours; and the recording can be stopped at any time at their request. I will assure the participant that there are no right or wrong answers. I am interested in the stories of their experiences in the CPE residency program. I will assure the participant of his or her privacy, confidentiality, and the disguising of any identifying personal information. I will inform the participant that I will be taking notes as we talk if they have no objections. I will express my appreciation for their participation in this study. I will be glad to answer any questions that might have about the process or the research study.

#### II. Update

I will begin by obtaining updated information on each participant: When did the person participate in the CPE residency? Who else was in their group? What were their clinical areas? What have they been doing since the residency? Are they ordained? What is their current position?

### III. Interview Process

For each participant:

- Think back to your CPE residency. Can you tell me the story of your participation in the CPE residency? Is there an experience in ministry that stands out to you now, that you remember?
  - Possible probes: What happened in this experience?
    - Who was involved in this encounter?
    - What sort of feelings did you experience?
    - What did you learn from this experience?
- How did this experience change you?
  - Possible probes: Can you be more specific about the change?
    - How would you describe this change?
    - What did it mean for you and your ministry?
- What was the most important thing you learned about yourself during CPE?
  - Possible probes: What was different for you?
    - How did this learning impact your theology?
- Are there other important encounters that come to mind?
  - Possible probes: Can you say more about these experiences?
    - What was the hardest thing about these experiences for you?
    - What feelings do you recall?

- How did your experiences in CPE affect you as a pastor? As a person?
- What was the most important learning you experienced in CPE?

These questions will not be posed in any strict order. They are designed to give the participant to reflect on his or experiences, telling stories of import, of feeling, and of transformation. I anticipate that, given the freedom inherent in this format, the narratives will build upon each other. As one story is told, it will remind the participant of another story, and then of another. I expect that over the course of the interview the emotional content of the narratives will deepen. That is a natural progression within the interview process and reflects the spiral-like structure of the remembering and the telling of the experiences of affective learning.

#### IV. Conclusion

I will let the participant know when the time comes to end the interview with enough time to debrief about the process. I will invite them to reflect on what it has been like to interviewed and tell the stories of their experiences. I will let the participant know that I will be available for a follow-up interview if he or she so desires, or to talk by phone if there are questions or concerns. I will end by again expressing my appreciation for their willingness to participate in this study.

## APPENDIX B

North Carolina State University

**INFORMED CONSENT FORM FOR RESEARCH**

Title of Study: You Must Change Your Life: A Narrative and Theological Inquiry into the Experiences of Transformative Learning in Clinical Pastoral Education Students

Principal Investigator: Logan C. Jones, MA, MDiv

Faculty Sponsor: Carol Kasworm, EdD

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You are being asked to take part in a research study. Your participation in this study is voluntary. You have the right to be a part of this study, to choose not to participate or to stop participating at any time.

The purpose of research studies is to gain a better understanding of a certain topic or issue. You are not guaranteed any personal benefits from being in a study. Research studies also may pose risks to those that participate. In this consent form you will find specific details about the research in which you are being asked to participate. If you do not understand something in this form it is your right to ask the researcher for clarification or more information. A copy of this consent form will be provided to you. If at any time you have questions about your participation, do not hesitate to contact the researcher(s) named above.

**What is the purpose of this study?**

The purpose of this study is to explore and describe the affective dimensions of transformative learning experienced by theological students participating in a Clinical Pastoral Education (CPE) residency program.

If you agree to participate in this study, you will be asked to take part in one open-ended, in-depth interview which will focus on your experiences in the CPE residency program at Rex Healthcare. A second interview will be available for follow-up if requested.

The interview(s) will take place at a mutually agreed time and place and last approximately 90 minutes. The interview(s) will be digitally recorded. The digital records will be securely stored in the home of the investigator. The interview(s) will be transcribed verbatim either by the investigator or by another transcriptionist. Any outside transcriptionist will be required to sign a confidentiality statement. Your name and other identifying characteristics will be changed to insure confidentiality. You will have an opportunity to review the transcript of your interview(s) so that you may check for accuracy and make any recommendations of changes which would make the document



more reflective and accurate of your experiences. The review of the transcript will take approximately one hour. The total time required of you is between two and four hours.

The data gathered from the interview(s) will be used in a doctoral dissertation and possibly in future publications.

### **Risks**

It is possible that the telling of your experiences in the CPE residency may bring about emotional reactions such as tears, sadness, and grief. This is expected. However, such reactions may be unsettling. At any point during the interview, you may ask that we stop or that the digital recorder be turned off. Your request will be honored without question.

### **Benefits**

In the discipline of pastoral care, it is known that the process of attending to and telling of a person's story is a crucial aspect of the care of souls. This study, as it gives you an opportunity to tell of your experiences in CPE, has the possibility of providing some indirect therapeutic, or healing, benefits.

### **Confidentiality**

The data of this study will be kept confidential. There will be no direct links that will identify you as a participant. The data will be stored securely and used only by the investigator. The data will not be made available to any other persons without your express written permission to do so

### **Compensation**

You will not receive anything for participating.

### **What if you have questions about this study?**

If you have questions at any time about the study or the procedures, you may contact the researcher, Logan C. Jones, at Pastoral Care Services, Rex Healthcare, 4420 Lake Boone Trail, Raleigh, NC; telephone: 919-784-3372; e-mail: [logan.jones@rexhealth.com](mailto:logan.jones@rexhealth.com); or at 4215 Arbutus Drive, Raleigh, NC; telephone: 919-510-0369; e-mail: [logancjones@earthlink.net](mailto:logancjones@earthlink.net).

If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated in the course of this project, you may contact Dr. David Kaber, Chair of the NCSU IRB for the Use of Human Subjects in Research Committee, Box 7514, NCSU Campus (919/515-3086) or Mr. Matthew Ronning, Assistant Vice Chancellor, Research Administration, Box 7514 NCSU Campus (919/513-2148).

**Consent to Participate**

“I have read and understand the above information. I have received a copy of this form. I agree to participate in this study with the understanding I may withdraw at any time.”

Participant: \_\_\_\_\_  
Print Name Date

\_\_\_\_\_  
Signature

Investigator: \_\_\_\_\_  
Print Name Date

\_\_\_\_\_  
Signature

## APPENDIX C

## Participant Recruitment Letter

Date

Name

Address

City, State, Zip

Dear Name,

I am writing to inquire if you would be willing to participate in a qualitative research study that I am conducting?

I am currently pursuing a doctorate in adult education (EdD) at NC State University in Raleigh, NC. I am interested in exploring and describing the experiences of transformative learning for persons in who have participated in our CPE residency program. Transformative learning theory is a theory which basically seeks to describe how persons make meaning of their experiences. My research will particularly focus on the affective dimension of the theory.

Your participation in this study would involve a 1 ½ hour interview about your experiences in the CPE residency. The interview would be recorded and then transcribed. A second interview of one hour will be asked of you if needed for clarification.

I will contact you within ten days to see if you are interested in participating and to answers any questions that you might have. If you would like to contact me in the meantime, please do so at:

Home: 4215 Arbutus Dr.  
Raleigh, NC 27612  
(919) 510-0369  
[logancjones@earthlink.net](mailto:logancjones@earthlink.net)

Work: Pastoral Care Services  
Rex Healthcare  
4420 Lake Boone Trail  
Raleigh, NC 27607  
(919) 784-3372  
[logan.jones@rexhealth.com](mailto:logan.jones@rexhealth.com)

I hope this letter finds you well. I look forward to hearing from you.

Regards,

Logan C. Jones