Beyond Mindfulness:

Reflective Practice for Buddhist Caregivers and Clinicians in Formation

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> Mindfulness, directed internally or externally, is known in Buddhist psychology as a factor of awakening, and this practice may lead our awareness beyond the duality of self- versus other-centeredness. Therapists can lose balance by practicing only other-centeredness, whereas solitary meditators can become overly focused on internal, self-oriented mindfulness. By practicing both, the distinction between internal and external becomes less significant, although the conventional difference between self and other remains. The willingness to experience fluid boundaries and to open to the flow and unfolding of relational experience characterizes clinical relational practice. (Janet Surrey & Gregory Kramer, 2013, p. 98)

> While the fruition of dharma practice is awakening, the fruition of becoming a fully developed person is the capacity to engage in I-Thou relatedness with others. (John Welwood, 2019, p. 6)

As Buddhist caregivers, we draw deeply from our spiritual practices in order to provide the most compassionate care. Our experience with mindfulness meditation can be a particular asset but, engaging in caregiving from a Buddhist perspective also requires taking a relational approach to our practice and our work. As insight dialogue teacher and psychotherapist Jan Surrey describes it, *relational mindfulness* is a "deepening awareness of the present relational experience, with acceptance." In addition, we bring genuine *connection*, what Surrey calls "the core of psychological wellbeing and the essential quality of growth fostering and healing relationships" to our caregiving encounters (2005, p. 92). Critical to a relationship-centered and intercultural model of care is an awareness and investigation of our own subjectivities and the way that they can either foster or impede connection. Engaging in reflective practice can help deepen caregiving and relational mindfulness capacities in the formation and self-supervision of Buddhist clinicians.

My background includes academic training in practical theology with a focus on clinical spiritual care and four units of clinical pastoral education at two large urban hospitals, in addition to a nine-month training program with the New York Zen Center for Contemplative Care. I am an ICBCCE-ordained Buddhist lay minister with a long study and practice of Buddhism—primarily Theravada, but with both Zen and Jodo Shinshu influences. As an academic, in addition to my primary disciplinary lens of practical and pastoral theology, I am informed by feminism, postmodernism, social construction, narrative, and relational cultural theory. I explored the potential for autoethnography as a research method in practical theology through my dissertation, and my interest in reflective practices are connected to my commitment to relationship as "spiritual crucible," as Buddhist psychotherapist John Welwood puts it. Justice, equity, and compassion are guiding principles and, along with these core values, I believe storytelling and personal narrative play an important part in forging more meaningful interpersonal connections. As a white American Buddhist, who has been formed in a highly diverse *and* inequitable society, I do not shy away from addressing issues of identity and the very real structural implications of power and oppression in my life and work even while committed to an absolute reality in which the three marks of existence (*anicca, dukkah, anatta*) are paramount. I am drawn to learner-centered, deeply relational pedagogies and I hope to demonstrate in this paper the power of reflective practice in our professional and spiritual formation.

The awareness practice that I was trained in can be understood most essentially as *cittanupassana*, an awareness of mind or awareness of awareness.[1] This moment to moment

[1] My main teacher is Sayadaw U Tejaniya (http://ashintejaniya.org).

consciousness is directed toward whatever the mind is in relationship with; if there is a method, it is cultivating an attitude: we approach the mind and its movements with curiosity. Outside the context of formal meditation practice, where awareness is focused on our thoughts and various stimuli affecting the sense doors, we add the practice of being in relationship and dialogue with other human beings. Just as in formal meditation, we bring curiosity to a relational mindfulness practice and, in order to build connection, we add the qualities of humility and mutuality.

What do curiosity, humility, and mutuality mean in the context of a clinical, research, or teacher-student relationship—any relationship where there is power asymmetry? *Being curious* means we want to truly know the other, holding our own assumptions lightly and listening from a not-knowing stance as fully as possible. *Being humble* means not thinking we are the expert, and it means suspending our judgments in the same way that we meet the mind, gently and lovingly, in meditation practice. *Approaching our relationships with mutuality* means being willing to be vulnerable when we ask others to be vulnerable with us. It means creating an emotionally safe space for suffering to be shared. All of this requires a vigilant reflective practice on the part of the caregiver, and these skills can be cultivated, much like a meditation practice, in the classroom or in our research and writing, as much as they can in the actual practice of spiritual care.

What Is Reflective Practice?

> The paradox is that reflective practice is required by the master, by the system. Yet its very nature is essentially politically and socially disruptive: it lays open to question anything taken for granted. (Gillie Bolton, 2006, p. 204)

In an *Invitation to Research in Practical Theology*, United Kingdom-based practical theologians Zoë Bennett, Elaine Graham, Stephen Pattison, and Heather Walton provide the following

distinction: “Being reflective suggests looking thoughtfully at something—usually at some length, perhaps with the benefit of hindsight, and with a critical eye. Being ‘reflexive’ suggests additionally looking thoughtfully at one’s own self—at what I am like, at how I see what is outside of myself, how I affect it, or how my seeing of it affects how I present it” (2018, p. 35). Bennett, et al., are interested in reflexivity in research and practical theology as a concept that refers to the ways in which a researcher hones awareness of their personal relationship to the subject at hand; and, they posit that for many this will also include “an ethical imperative to challenge both our self-understandings and perceptions of the world in order to become accountable to those whose lives touch ours” (2018, p. 42). With commitments to practical theology as transformation, and theological frames of reference ranging from liberal to radical among the four of them, Bennett, et al., contend practical theological research is through and through *reflexive research*.

Many will be familiar with reflection as a fundamental component of the practice of spiritual care, and theological reflection in particular as a significant part of what distinguishes the caring work that chaplains do in the hospital from that of other members of the interdisciplinary team. It is also built into the primary CPE pedagogical tool of the verbatim. But reflection alone does not necessarily allow for transformative or intercultural care. Together, reflection and reflexivity constitute reflective practice, which Gillie Bolton (2018), author of the SAGE published multi-edition text *Reflective Practice,* defines simply as “the development of insight and practice through critical attention to practical values, theories, principles, assumptions, and the relationship between theory and practice which inform everyday actions” (p. xxiii). It is the place where we bridge the theory and practice gap, and as Bolton

describes it, reflective practice is embodied in the hermeneutic circle of action, reflection, and integration particularly characteristic of clinical pastoral education.

Anglican Priest Frances Ward (2005) writes:

> To study the self as and through a living human document is to focus upon one's own behavior, patterns of non-verbal forms of communication and attitudes so that personal and professional growth can occur in response to the challenge of the difference of others. The word 'reflexivity' is often understood as a turn to the dialogical self so that awareness may develop of one's cultural embeddedness in social and political dynamics, to focus on communication and action by externalizing the "self." (pp. 130-131)

The Japanese poet-philosopher and founder of Sōtō Zen, Dōgen (1200-1253) famously wrote, "to study the self is to forget the self," and it should not be hard for Buddhist caregivers and clinicians to accept the importance of critically reflecting on both one's internal landscape and the external context, at least in theory. In practice it may be more difficult to square this work with the kind of non-conceptual awareness we hope to cultivate through meditation. But, as caregivers in human relationships, we will in no way be able to "transcend" difference by ignoring it. We cannot even approximate bracketing out our subjectivities (although I am not convinced we ever can) without first becoming aware of how they are operating both consciously and unconsciously in all that we do. And this is the critical work of reflective practice.

Psychotherapist Kim Etherington writes that reflexivity is "…the inner story we tell ourselves as we listen to our clients' stories" (2004, p. 29) and, despite the popular conception of mindfulness practice being in the service of quieting the inner chatter and storyline, reflexivity shares a core function with mindfulness in its present moment awareness of the internal landscape. To most fully be reflective practice, however, it relies on additional, deeper-level reflection in writing and dialogue with others. Etherington distinguishes reflexivity from "self-

awareness," arguing that it acknowledges "a constantly changing sense of ourselves within the context of our changing world" (2004, p. 30). The Buddhist concepts of no-self (Pali: *anattā*) and impermanence (Pali: *anicca*), which are foundational to mindfulness, figure well into this understanding of reflexivity and underscore the close relationship of the two concepts.

Human and organization development theorists Valerie Malhotra Bentz and Jeremy Shapiro (1998) introduce the concept of *mindful inquiry,* which they consider to be a synthesis of phenomenology, hermeneutics, critical theory, and Buddhism. It assumes that research "should contribute to the development of awareness and self-reflection in the inquirer" and possibly to one's spirituality as well (p. 7). Central to this practice are an "awareness of self and reality and their interaction," an investigation of one's own subjectivities, an understanding of social context, an ethic of care, and an overall approach to *research as a way of life* (pp. 6-7, my emphasis). Bentz and Shapiro write, "in mindfulness, the researcher is in a state of care and acceptance" (p. 54). They contend that researchers of the lived experience "need to figure out [their] relation to the postmodern situation in order to develop a coherent, grounded approach toward research," and suggest "that the only way to do so is through centering your research in yourself through…*mindful inquiry"* (1998, p. 4). Again, they argue for integrity in our research, a kind of awareness in the inquiry process that "is not a purely intellectual or cognitive process but part of a person's total way of living her life" (p. 5). For those of us who practice meditation as a way of being—a discipline that does not need the special conditions of formal meditation and rather can be practiced moment to moment—this description of mindful inquiry should be particularly welcome as a model for engaging our practice.

Mindful inquiry is reflective practice that doubles down on the transformative aspect of attending to power dynamics and systems of oppression by having as a central tenet the aspiration to reduce suffering (Pali: *dukkha*). Similarly, through a process of centering the self while questioning one's assumptions and welcoming multiple perspectives, mindful inquiry hopes to loosen the fixed sense of self and identity that is considered a major contributor to suffering in contemplative traditions and particularly in Buddhist practice.

Pastoral theologian Carrie Doehring (2015) explains the particular burden of the critical work of reflexivity on those in caregiving professions:

> As caregivers we are not only cocreators of portions of care seekers' stories; we also influence and shape aspects of their religious world, such as their core values, ultimate beliefs, and spiritual practices. Our formative role in care seekers' meaning-making and spiritual lives make us responsible for our 'stuff'—aspects of our stories/religious worlds that become engaged with their story-making as well as other horizons of meaning that frame our understanding. (pp. xviii-xix)

Like Ward, Doehring believes that reflexivity is fundamentally dialogical, and she goes on to say:

> Unlike self reflection, which is often experienced as a solitary introspective process, self-reflexivity requires conversations that help us tease out the complex interrelationships between knowledge and power…Reflexivity engages us communally in using third-order language and postmodern approaches to knowledge to grapple with questions about why we understand ourselves, the world, and God the way we do and who might win or lose from such understanding. Self-reflexivity evolves through the formation process of theological education, clinical training, and reflective communities oriented to social justice, which help identify and reflect on how our self and theological knowledge reflects our social location, advantages, and disadvantages. (pp. 21-22)

Our subjective truths, what are often referred to as biases and assumptions, are shaped not only by formative relationships, but also by our relative position in hierarchical systems of power—racial, political, class, education, gender, and so on (Doehring, 2015, p. 22). And we cannot be in

relationship without listening/seeing through these particular lenses. We bring "our stuff" into the room and it shows up in the questions we ask and, thus, how we shape the discourse, says narrative therapist and pastoral theologian, Christie Cozad Neuger (2015).

In being reflective and reflexive practitioners, we are tasked with bringing into consciousness that which has previously been unconscious. Bolton (2018) suggests the only way we can become aware of our assumptions and address them is by 1) taking authority and responsibility for our actions, feelings, etc., "our stuff;" 2) speaking to power and contesting lack of diversity and power imbalances; and 3) asking questions and being comfortable with not-knowing and uncertainty (p. 13). Pushing us a little further as caregivers, Neuger (2015) says the ethical imperative, which is embodied in reflective practice

> is to figure out how to invite the deconstruction of oppressive or problematic discourses and the re-authoring of preferred identity and agency, while being transparent about the power dynamics of the therapy relationship and not reproducing oppressive discourses, either therapeutic or cultural, in the process. (p. 22)

Susan Dunlap (1999) in an essay on discourse theory and pastoral theology, commenting on reflexivity, writes:

> A recognition that each of us is constructed by social context invites us to play a role in shaping these contexts or choosing the ones with which to affiliate. As caregivers, we can influence these choices…When we…recognize the enmeshment of even the most private emotion in larger structures, even power structures, we locate care receivers in a political, cultural, and social matrix. (p. 139)

One of the great insights[2] I gained while engaged in an autoethnographic and narrative dissertation project, which resonates with what Dunlap says here, is that, by providing this

[2] When I use the word "insight," it is greatly informed by my experience as a meditative practitioner. Insight here is not something that comes from a theoretical understanding but rather from an experiential place, a place of being wholly present to reality as it is occurring; it is the kind of knowing that you feel in your bones and that lies outside the discursive plane entirely.

recognition—of how a psychospiritual wound is the result of far more than an individual action or experience, and that it depends on cultural expectations, norms, and other narratives for its existence—we can perhaps help work toward releasing the grip of the difficult emotion. It can also empower the care receiver by allowing a new narrative to unfold around an identity or significant experience. Reflexivity is the tool that allows the work of reflection and introspection to expand outwards into a more structural understanding of the issue at hand. Reflective practice among spiritual caregivers has the power to ultimately deepen our understanding of the ways in which we have limited our empathic abilities, allowed for a significant gap between our professed and actual values, divorced theory from practice, and been complicit in oppressive systems of power. For Buddhist caregivers, it also gives us a practice that can help us to realize not-self (*anatta*) or Dōgen's forgetting the self in our training and clinical work.

How Can We Engage in Reflective Practice?

Moving from the idea of reflective practice to actual reflective practice involves using storytelling and open-ended questions to help build relationship. Here I provide some examples of practices that can be used, particularly in the context of chaplaincy education or self-supervision to support the development of reflective and relational capacities in the caregiver.

Definitional ceremony and outsider witness practice

One of the key concepts in narrative therapy, particularly as articulated by Michael White and David Epston (1990)—which reflects what could be called a consultative, co-research, or a not knowing stance—is alternately referred to as reflecting teams (Andersen, 1987; Andersen &

Katz, 1991) or outsider witness groups (White, 1995, 2000). Both credit the anthropological work of Barbara Myerhoff (1982) and specifically the term "definitional ceremony," which she used to describe practices of the elderly Jewish residents of Venice, CA, who were the subject of her study. As a collaborative ritual honoring previously silenced stories, definitional ceremony can provide a forum for co-research in the context of spiritual care and counseling (Helsel, 2014).

Central to the definitional ceremony metaphor are the following elements. First, participants share significant stories from their lives, "stories that, in one way or another, are relevant to matters of personal and relational identity" (White, 2000, p. 5). Second, the storytellers have an audience, and these "outsider witnesses" listen carefully with the intention of retelling the stories when the storyteller is done. As White (2000) describes it:

> These retellings encapsulate aspects of the original telling. But more than this – the retellings of the outsider-witness group routinely exceed the boundaries of the original telling in significant ways, in ways that contribute to the rich description of the personal and relational identities of the persons whose lives are at the centre of the ceremony. In part, these retellings achieve this through the linking of the stories of the lives of these persons with the stories of the lives of others, around shared themes, values, purposes and commitments. (p. 5)

After the outsider witnesses share what they have heard, the original storytellers have another opportunity to speak again. Perhaps the most important feature of the outsider-witness practice described here in the metaphor of the definitional ceremony is the idea that when someone is in the audience, whether they are the original storyteller or not, they are in a purely listening role. It is only after the pure listening occurs that dialogue begins.

Pastoral theologian Phillip Browning Helsel (2014) describes the series of questions that outsider-witnesses respond to as follows:

1) *Attention*—what most caught your attention?
2) *Image*—what metaphors dawned upon you as you heard this story?
3) *Resonance*—what in your own life reverberated with these images?
4) *Transport*—where were you taken by hearing this story that you wouldn't be if you had been doing something else right now? (p. 72)

Given this kind of shared reflection, definitional ceremonies are equally important for the researcher or therapist as they are for the client or co-researcher. This is a deeply relational practice.

As Neuger describes it, "Using outsider witnesses in the consultation process de-centers the consultant by broadening the voices in the room, although the consultant carefully monitors the process to make sure that the outsider witnesses stick to the process of acknowledgment and retelling rather than evaluation or advice-giving" (2015, p. 22). The pure listening stance, one where our role is to reflect, and to do so from a place of emotional resonance, corrects to some degree for the power imbalance and for the subjectivities that caregivers have, allowing for deeper therapeutic potential.

Story theology

Story theology (Burbank, 1987) is a storytelling and listening exercise that draws from these narrative practices and is used in clinical pastoral education. It helps to develop chaplain students' ability to reflect on the ways in which they bring themselves into the caregiving encounter and on how they understand and interpret narratives and co-construct meaning. In story theology, the listeners focus on the feelings evoked by and any personal associations with the story, in addition to identifying the theological themes and meaning present in the narrative.

Because story listeners reflect back the story to the storyteller, story theology aligns well with the concept of definitional ceremony and reflective team/outsider witness practices.

CPE Supervisor and Quaker, Beth Burbank, who introduced this narrative pedagogy to the CPE curriculum, said she came to it after becoming dissatisfied with observation and critique of worship services as a primary teaching tool in chaplaincy training in the 1980s. She writes, "I began to look for a way of reflecting theologically with students that, as a method, could be inclusive of all traditions" (1987, p. 149). She wanted both a more religiously and culturally plural, and an experience-based learning model. Given CPE's living human document (Boisen, 1936/2005) theoretical orientation, and in having used life stories and vignettes for bonding in a CPE peer group already, Burbank realized that a seminar based on personal narratives would be consistent with the existing pedagogy while supporting deeper theological reflection in her students. She designed the seminar so that students would share both an "experience near" and an "experience far" story, one from their personal lives, and another from their clinical encounters—a patient's story.

As a CPE student (2012-2014), I learned a variation of story theology which my supervisor Pamela Lazor had developed based on the various forms of it she had encountered. As it was taught to me, story theology requires a storyteller and at least one story listener. The storyteller should choose any story from their life that can be shared orally within 5 minutes or less. While the story is being told, the listeners attend completely to the narrative, without interrupting, asking for clarification, or otherwise impacting the way the story is told. When the storyteller has finished sharing their story, the listeners respond to the following questions.

1) What does the story bring up for you / how do you connect to the story personally?

2) How do you understand the story from your own worldview / theology?
3) What does the story tell you about the storyteller?

The questions are given in advance of the storytelling, and the listeners are asked to just keep them in mind as they listen. After the story has been told, each question is responded to by each listener before moving onto the next question. It is important that the story listeners, when responding to the questions, speak in first person and draw from their practical knowledge—engaging in reflective practice—as opposed to a theoretical or analytic understanding of the story.

The first question aligns with the attention and resonance questions that Helsel describes in outsider witness practice. The second aligns with image/metaphor. The third is more particular to story theology. Perhaps in some contrast to the outsider witness practice of narrative therapy, built into the language of this last question is a requirement for the listeners to be interpretive (it is impossible for us to hear a story without some level of interpretation). The first two questions are particularly reflexive, and the third requires the listeners to make explicit their understanding of the storyteller based on the brief narrative they've just heard. This kind of self-disclosure and directly communicated assessment are not characteristic of most spiritual caregiving encounters. Since there are multiple listeners offering their interpretations in a shared space, there is a far more explicit collective meaning-making process occurring than would typically happen in a clinical or congregational context. The exercise helps to illustrate how the act of interpretation and assessment is happening all the time, though, and how it can serve as either a point of connection or disconnection for the storyteller and story listeners – how we are or aren't able to connect to and/or empathize with the life experiences of others. In collaborative fashion, in order

to help uncover that part of the process, the storyteller should be given the opportunity to reflect back to the group how they feel about the interpretations once the listeners have responded to all the questions.

Burbank says that a main objective of story theology is "to develop an increased awareness of oneself as an experiential theologian and to help others become aware of themselves as experiential theologians." She writes that

> Story Theology points out the ways that Spirit is constantly being revealed in the continuing fiber and experience of our lives. We explore stories for their revelatory significance and discover universal truths out of the Holiness of every day life events. The telling of certain stories is a powerful action that can lead to forgiveness and healing. Understanding one's interpretation of a 'future story' (Lester, 1995) may lead from despair to hope. (personal communication, June 25, 2015)

Sharing narratives does not require any particular theological or caregiving expertise but rather taps into the existing wisdom that we have as people who use stories to create meaning. It is a valuable tool for learning about how to reflect on the caregiving experience, particularly in terms of how we are assessing what we hear, and how we are building relationship through the experience of sharing and listening to stories. This is theological reflection that anyone can do; though it depends on qualities such as vulnerability, curiosity, and a willingness to listen deeply, it does not require any particular expertise.[3]

At the 2015 Society for Pastoral Theology annual meeting, I learned from Episcopal priest, chaplain, and pastoral theologian Storm Swain that, as opposed to real-life experiences, she had encountered story theology in a more metaphorical format in her CPE training (personal

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[3] I have used a story theology exercise in a residential introductory pastoral care course while teaching spiritual assessment, and I have also used this exercise in consultation with a small religious organization in crisis to help them develop deep listening and healing relational skills. Feedback from both the seminary students and those we were consulting with was extremely positive, with the latter group implementing a version of story theology in their weekly meetings.

communication, June 19, 2015). This approach would be closer to the kind of narrative traditions we sometimes find in medicine (e.g., Charon & Montello, 2002), or which pastoral theologian Carrie Doehring employs in *The Practice of Pastoral Care* (2015), where literature or film, as opposed to clinical or one's own personal experience, is used to explore theological or existential themes. I am more interested in the potential of personal narrative for spiritual care formation and research because of what it allows for relationally.

Out of all of the pedagogical tools used in CPE, and out of all of the peer-group based work I did during my chaplaincy training, story theology was by far the most meaningful. Although there were other tools, including supervision, verbatims—a kind of storytelling in and of itself—and visual autobiographical exercises (collage-based mid-unit evaluations) which were also powerful aspects of my learning, it was story theology that I could see inhabiting a distinct place in my own pedagogy and methodology as a practical and pastoral theologian.

Ethical mindfulness

Another concrete example of how reflective practice and storytelling can be used as a form of experiential learning is exemplified in the work of Australian sociologist Marilys Guillemin—who studies healthcare and research ethics—and colleagues. In their essay, "The Narrative Approach as a Learning Strategy in the Formation of Novice Researchers," Guillemin and Heggen (2012) discuss the formation of researchers specifically through the development of "ethical capabilities grounded in the situatedness of research, rather than on universal rules and codes of ethics" and by way of involving students in "learning the ethics of qualitative research practice through acquisition of practical wisdom, or phronesis" (p. 702). They argue that first-

person telling of real-life experience—personal narratives which are open to interpretation and demonstrate especially the teller's questions, doubt, and uncertainty in the situation—allows for rich exploration of ethical themes, and invites emotional and empathic engagement from the listeners (pp. 703-4). The authors suggest that written stories allow for more in-depth reflection, though they recognize that oral storytelling has its benefits as well (p. 704).

In this approach, readers engage with the story using a series of reflective questions that focus on the ethical components of the story, as well as the narrative choices made by the storyteller and the meaning and significance of those choices; questions such as:

1) Who is telling the story?
2) Why is the narrator telling the story in this particular way?
3) What has been left out of the narrative?
4) Whose voice is not being heard?
5) What other stories does this story resist? (p. 704)

These questions require students to understand how our particular social location (gender, sexuality, race, class, etc.) inform our telling and hearing of stories. They also allow for exploration of larger social and cultural issues, particularly in relation to power dynamics which, as has already been established, is essential reflective work for people in caregiving professions.

Guillemin, McDougall, and Gillam (2009), use a similar narrative approach in continuing professional development for healthcare workers. Here, professionals use their clinical experience, particularly troubling moments, things that have stuck with them in some way or another, as the inspiration for their narratives. In both cases, reflective questions can also be asked of the storyteller. These questions might include:

1) Why have I chosen to tell this particular story?
2) How has the process of writing this story prompted me to think differently of the event or experience? (p. 203)

These questions add another layer of reflection, prompting the storytellers to consider their narrative choices, and the kind of impact the telling of the story has on one's learning and continued reflection. They are what the authors call interpretive triggers, and they are designed to encourage reflexivity and to develop *ethical mindfulness*, a state of being that brings awareness to the ethically important moments in everyday life and practice.

Guillemin, et. al, write:

> The underlying premise of our approach is that valuable insights into ethical values, personal motivations, and worldviews and assumptions about meaning and significance are revealed in the way that people frame stories of their own experiences. Once revealed, these form the basis for reflection and questioning, out of which practical ethical awareness, learning, and skills arise. (p. 205)

Again, at heart, is an interest in developing practical wisdom through storytelling, listening, and reflection. Reflective spiritual care practitioners will be honing their intercultural caregiving skills whenever they engage in reflective practice, whether in more asymmetrical teaching or clinical relationships or more symmetrical relationships between colleagues.

Relational inclusion

Relational inclusion is a reflective practice that draws on appreciative inquiry. I learned about this particular practice by listening to an episode of the Healing Justice podcast (White & Werning, 2018). In this practice, which was conceived by Cedar Landsman and Lucién Demaris of Relational Uprising, "a training and coaching institute with a mission to build resilient, interdependent, and relational culture within communities working for social change," the focus is on empathizing across difference and being able to hold more complexity for the purpose of

connection. Before engaging in the practice, individuals start with a storytelling exercise to build resonance—that is, energetic connection between people formed through mutual understanding and sharing of experience. Then, an activity they call "What's wise about it?" (personal communication, March 14, 2019) can be used to develop relational inclusion.

In this exercise, participants are asked to think about someone they have a relationship with or are in some way directly connected to and "to inquire appreciatively into what we may be inclined to judge, reject, exclude, dismiss, or devalue about another's experience." Then, participants respond in writing to the following prompt:

1) What is a behavior others [this person] do[es] that is hard for you to include? What is intolerable for you about it? What value does it threaten?

Participants are encouraged to consider how these behaviors probably conflict with their core values, with what they think is "the right way to live/be;" and that their thoughts around it may be accompanied by a strong judgment such as "that's wrong, toxic, unhealthy, bad or crazy." These questions are followed with:

2) What might be wise about it for them? In what context might you find yourself in the same situation?

3) What support might they be getting/looking for?

Then, the participants are asked to reflect on "what new information, perspective, feelings or possibilities the inquiry has offered." Because people often have very strong beliefs, values, and feelings attached to these points of disconnection, it can be hard to inquire appreciatively into the questions, but if enough resonance is developed then it will be easier to do.

These writing prompts offer the potential to cultivate deep compassion in relation to someone with whom we have experienced difficult feelings and conflicting values. This kind of

practice can then obviously translate to our caregiving work and allow us to receive other people's experience and beliefs in more empathic ways.

What Are the Qualities Needed to Make Mindfulness Relational?

Being willing to be vulnerable (Mutuality)

If we are to incorporate reflective practice into our training, and to share personal narratives, along with it comes a kind of self-exposure that is not common in therapeutic or ministerial relationships. We may be more comfortable with this—and/or it may be easier to realize—in the classroom or with our CPE peers than in a clinical context but, if we have commitments to relationality, collaboration, and dialogue, then some element of self-revelation in our caregiving will be necessary to create the conditions under which those qualities can flourish.

Mutuality is an important value for psychotherapist Judith Jordan and it figures prominently in the collective work coming from the Stone Center at Wellesley College referred to as "relational cultural theory" (Miller, 1987; Miller & Stiver, 1997; Jordan, 2010, 2013), of which insight dialogue teacher Jan Surrey is also an important contributor. Jordan writes of the importance in a therapist feeling with or into (*Einfühlung* or empathy*)* a client's suffering without being overwhelmed by it, essentially conveying the message that "we can be in this together," as the dyad begins to "appreciate the meaning systems that have grown around the pain and how it has shaped the person's life and understanding" (Jordan, 1989, p. 3). She also discusses an approach of *mutual intersubjectivity*, and says that it is "a 'holding' of the other's subjectivity as central to the interaction with that individual," and that it is an approach in which empathy is

most likely to occur (Jordan, 1986, p. 2).[4] This way of being in relationship is a radical spiritual act and it is marked by interest, vulnerability, emotional safety and the ability to express one's needs, and an openness to change or a growth-orientation (1986, p. 2). From this perspective, mutuality and empathy are inextricably linked.

In order to create this mutuality, Jordan describes the importance of self-disclosure as a clinician, particularly in regard to one's own suffering, and argues that

> If one has a rule to *never respond in a personal way,* the decisions are arbitrary, clearer (although I get less and less sure about how one does this). When we choose to be more real and revealing in therapy, we must make more difficult judgments about what will be in the service of the client and the relationship. This intentionality is at the core. Each relationship will shape different decisions. It is the particularity of the relationship that must be honored. (1989, p. 10)

It is rarely a black and white issue, when to share a personal experience within the context of a professional relationship, especially where there is a responsibility to offer healing of some kind. Context matters. Determining what helps and won't hurt is a delicate process. It is ethics in practice.

Revealing aspects of ourself can then also be considered to be a part of our ethical responsibility to the relationship. Michael White (1995) says of self-disclosure in the context of narrative therapy and reflecting teams,[5] "sharing of experience is purposeful, and undertaken in

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[4] Bennett, et al., (2018) describe intersubjectivity as "the understandings that occur through intuitive connections and purposeful conversations with others" (p. 40).

[5] A reflecting team (Andersen, 1987; Andersen & Katz, 1991) is "a team, usually composed of therapists, who observe a therapy session and, during a break in the session, have a conversation reflecting on the therapy that the family or client observes. The family is then invited to reflect on the reflecting team's conversation" (Combs & Freedman, 2012, p. 1048). Reflecting team work is often referenced alongside "outsider-witness groups" (White, 1995, 2000) and Barbara Myerhoff's (1982) metaphor of "definitional ceremony," which White (2000) describes simply as "one that contributes to the structuring of therapy as a context for the telling and the retelling of the stories of people's lives" (p. 5). An outsider witness is "a third party who is invited to listen to and acknowledge the preferred stories and identity claims of the person consulting the therapist" (Carey & Russell, 2003, p. 1). Interested pastoral theologians may also want to refer to Helsel (2014).

cognisance of, and in a way that it is honouring of, the therapeutic contract" (section 4: Deconstruction, example 3, para. 8). And pastoral theologian Pamela Cooper-White (2004) writes:

> In the positivist model, training and education are used to maintain the helper's status as expert and objective knower of the other. In the relational model, in contrast, training and education (at least in the ideal) shape that subjectivity in ways that will enhance the helper's capacity to share ideas, observations, and possibilities that can stimulate a mutual curiosity about what is happening in the subjectivity of the helpee and what it might mean to him or her. There is still a difference between the helper and the helpee, and it is primarily an ethical one: the helper has been entrusted with *the responsibility to care* for the other, Because of this, the professional helping relationship, unlike other, more reciprocal peer relationships and friendships, is focused as *a matter of contractual trust* to benefit the one seeking help. Both may in fact derive benefit, but the stated purpose of the relationship, and the reason it exists, is to help the helpee. (p. 59, my emphasis)

While there is an effort to create equality through mutuality, there is also a responsibility on the part of the clinician to privilege the needs, the interpretations, and the stories of the client/patient/co-researcher. This is a relational model of care.

Being humble (Co-research)

Reflecting a central interpretivist tenet of narrative therapy, that it is not the therapist who is the expert on the content of people's lives, Gene Combs and Jill Freedman (2012) write:

> We recognize that a therapy relationship is a two-way relationship, and we acknowledge the effects each therapy relationship has on our life and work, which are often quite profound. Rather than speaking as representatives of expert knowledge, we situate ourselves so that people know something of what shapes our ideas and biases. (p. 1053)

In order to embody mutuality, we must engage in reflective practice, and the kind of self-disclosure that lets others know, this is where I'm coming from, this is who I am, this is *my* particular truth. This self revelation, coupled with the not-knowing stance, requires humility.

Students can also be teachers. Patients can also be healers. We open ourselves to others' subjective truths as caregivers, and we acknowledge the reality of mutual influence as we center relationship in the caregiving encounter.

In physician Sayantani DasGupta's (2008) discussion of *narrative humility*[6]—a stance she likens to mindfulness—she considers the words of oral historian Alessandro Portelli (2001) as a model for the clinical relationship: "An interview is an exchange between two subjects: literally a mutual sighting. One party cannot really see the other unless the other can see him or her in turn. The two interacting subjects cannot act together unless some kind of mutuality can be established. Thus the [clinician] has an objective stake in equality" (p. 981). Self-disclosure becomes an essential part of relating to a client, patient, or research collaborator and a tool for cultivating mutuality. Miller and Stiver (1999) write that "Mutual empathy is the great unsung human gift. We are all born with the possibility of engaging in it. Out of it flows mutual empowerment. It is something very different from one-way empathy; it is a joining together based on the authentic thoughts and feelings of all the participants in a relationship" (p. 29). When we approach a research or caregiving relationship with intellectual and epistemological humility, it is, as psychotherapist and social constructionist Harlene Anderson would say, a learning *with* as opposed to a learning *about* (2014, p. 70). It is a co-construction.

Being curious (Embodying a not-knowing stance)

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[6] DasGupta writes: "Narrative humility acknowledges that our patients' stories are not objects that we can comprehend or master, but rather dynamic entities that we can approach and engage with, while simultaneously remaining open to their ambiguity and contradiction, and engaging in constant self-evaluation and self-critique about issues such as our own role in the story, our expectations of the story, our responsibilities to the story, and our identifications with the story—how the story attracts or repels us because it reminds us of any number of personal stories" (2008, p. 981).

> To me, working together with people who seek help means giving careful attention to what comes up from moment to moment. I would put the highest priority on listening and looking openly together, and if the occasion arises, asking questions in a simple way, without knowing or searching for immediate answers or solutions—letting feelings, emotions, questions, or comments arise and unfold in that quiet listening space of not knowing. Isn't the problem of our moment-to-moment living our central spiritual question? (Toni Packer, 1995, p. 78)

In this relational model, one where both mutuality and the caregiving responsibility, or therapeutic contract, are foregrounded, there is a genuine willingness on the part of the helper to enter into the experience of another and employ what Harlene Anderson (1997) refers to as a not-knowing stance. This well known position in Buddhist thought and practice, one that is also referred to as "beginner's mind," (Suzuki, 1970/2005) comes up many times in pastoral care literature as well. The approach corrects, to some degree, for the power imbalance inherent in a research or clinical relationship, and also reflects a more therapeutic perspective.

Charles Gerkin, in his classic text *The Living Human Document: Re-visioning Pastoral Counseling in a Hermeneutical Mode* (1984), writes that pastoral counselors are first and foremost "listeners of stories," and he argues that they must listen first as strangers. He also writes that pastoral counselors are bearers of stories, which could be seen as the beginning of pastoral theology's sensitivity to how much one's social location influences the pastoral encounter—and thus the need for reflexivity—and the way that an experience is received and interpreted by both caregiver and receiver. To listen as a stranger borrows from the phenomenological concept of bracketing or epoché, in that it asks us to put aside our

assumptions in order to truly hear what another person is saying.[7] It also recalls the Zen Buddhist story of a master continuing to fill a student's cup as it overflows, in order to demonstrate the need to engage one's practice with a beginner's mind; to engage another with, as practical and pastoral theologian Kathleen J. Greider (2015) says, "reverent curiosity," and with a deep appreciation for the not knowing inherent to both life itself and the beauty of difference in human experience.

Pastoral theologian Mary Clark Moschella refers to narrative pastoral care conversations as being collaborative—one often hears the term "co-research" (Epston, 1999) to describe narrative approaches.[8] She writes, "the caregiver (pastor, chaplain, counselor) is not an expert who diagnoses the patient and offers a cure but an attentive listener who asks genuine questions from a position of not knowing the answers," (2016, p. 252). Moschella describes a kind of deep listening akin to outsider witness and story theology that allows the story to unfold, uninterrupted, in all its fullness. She describes the importance for the listener to employ patience, compassion, and curiosity, which "requires a certain degree of letting go and trusting, an absorbed attentiveness to the story being told," (p. 253) the same kind of present moment awareness cultivated in mindfulness and in reflective practice, and which communications scholar and sociologist Carolyn Ellis (2017) describes in her approach to compassionate research. In relationship with the storyteller, the listener must help to create a safe space for the

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[7] From a postmodern perspective, *epoché* is not really possible. The best we can do is become aware of our assumptions, lenses, and other subjectivities and how they inform the stories we are hearing, the experiences we are having now, the relationships we engage in. How they are only *a* truth among many, not *the* truth. But, in my mind, this only strengthens the argument for listening from a not-knowing stance, so as to experience as fully as possible the perspective of another.

[8] David Epston writes of his own ethnographic approach, "Rather than thinking of myself as possessing some 'expert knowledge' that I might apply to those consulting me, I made seeking out *fellow-feeling* as my primary concern" (1999, p. 141, my emphasis).

storytelling to occur. This is one of the reasons that being attentive to power dynamics and how our past experiences and various lenses influence the way that we are receiving and interpreting, and to a large degree evoking another's experience is so important, because only in this way can we listen carefully and reverentially and truly create a condition of trustworthiness.

At the heart of a relational and narrative approach is the humility that comes with a kind of *not knowing* that is neither the expertise of knowing nor the ignorance of knowing nothing. It is a kind of wisdom that approaches learning with profound curiosity and with a deep respect for the way that knowledge and true understanding unfold. It is inductive, it is interpretive, it is many layered, it is spiral-like. According to Zen, not knowing is most intimate.[9] American Zen teacher Norman Fischer writes, "intimacy is a [preferred] synonym for awakening or enlightenment … It sounds like we are getting closer, deeper, more loving with our experience rather than somehow beyond it" (2006, para. 6). We are not seeking objectivity in this kind of inquiry, but rather the kind of truth you feel in your bones.

Engaging in a research or caregiving relationship from this stance allows for things to emerge that you were not necessarily looking for, and it allows for conversations that you might not expect. Undoubtedly, it also allows for the encounter to bring more meaning to those who participate in it, as greater intimacy, more openness, and less strict agendas and timelines allow

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[9] Dizang asked Fayan, "Where are you going?" Fayan said, "Around on pilgrimage." Dizang said, "What is the purpose of pilgrimage?" Fayan said, "I don't know." Dizang said, "Not knowing is most intimate." Norman Fischer (2006) comments, "In our story, Dizang is asking Fayan not just about pilgrimage but about spiritual practice, about life itself, for life is, after all, nothing but a pilgrimage. What's the purpose? Why are we born, why do we die, why is life so difficult, why are we always longing for something else? What do we really know of our mysterious and fleeting experience? And Fayan's response is pretty honest. He doesn't just come out with some pious Buddhist answer, though we can be sure he knows many such answers. 'I don't know,' he says, honestly and humbly, perhaps expecting Dizang, his teacher, to shed some light on the question. But Dizang says, I don't know is just right. I don't know is most intimate. Fayan is awakened by Dizang's response; he suddenly recognizes, as one often does in spiritual practice, that he had what he needed all along, only he didn't know it. The way is right beneath your feet, and in every blade of grass" (para. 5).

for what is needed to emerge. As spiritual caregivers, we know this is how it works. We know that the fact that we have time to listen to patients is one of the greatest gifts we provide and what makes us a particularly unique member of the interdisciplinary healthcare team. Why? Precisely because it allows for this organic unfolding to occur.

The Reflective Practitioner/Mindful Inquirer

> Reflexivity, although enabling the conduct of ethical relational research, also requires researchers to come from behind the protective barriers of objectivity and invite others to join with us in our learning about being a researcher as well as remaining human in our research relationships. (Kim Etherington, 2007, p. 600)

Part of what motivated me to begin using personal narrative, and autoethnography in particular, in both my research and teaching stemmed from the belief that familiarizing oneself with investigating and writing about one's own life experience develops the kind of skills that will result in more attentive and compassionate ministers, chaplains, and researchers. Stories are also and important relational resource because they are what build resonance and connection. Drawing from personal experience, autoethnographers explore issues of identity, epiphanic and/or significant moments, and various other phenomenon, using the self to comment and critique on the cultural. Autoethnography has a strong therapeutic element, for the researcher in particular, and also the participants. Bringing reflective practice, by way of autoethnographic and narrative methods, into our practice, pedagogy, and research we may be able to contribute that much more of what is unique to us as caregivers of the soul (*psyche*).

Narrative and autoethnographic methods can be used to develop theological and ethical reflection skills that can make ministers, chaplains, and therapists more effective in the field.

Perhaps one of the most important ways it does this is through the extremely iterative process of ethical reflection that is required in relation to both one's self-exposure, and the disclosure of other's stories and vulnerabilities. This ability to engage in situational ethics is exactly what's required of caregivers in clinical and congregational settings in order to be in the world in ways that help more than they hurt, and to be responsible practitioners and stewards of the soul. In the classroom, in supervision, and in research and writing, narrative methods can support deeper relational work between individuals and within themselves and offer a practical wisdom that is hard to come by in most of academe. I see reflective and narrative practices like those described in this paper as essential for developing caregiving capacities and I hope they will be widely adopted in chaplaincy education.

Pastoral theological educators are tasked with providing students opportunities to develop their capacities to care and to demonstrate these capacities in the classroom in relationship to one another. Case studies and role plays have long been used, but there are other less simulated ways to engage students in reflective practices, and a narrative approach is one of them. Story theology is an important example used in CPE; making personal narrative and reflective dialogue central to the curriculum and to the classroom experience allows students to get in touch with their inner lives in a way that more traditionally didactic approaches do not allow for, and this, in turn, develops empathic abilities. These reflective capacities also help to form professionals who have the knowhow to respond to difficult situations in the field, not with a script, but with the nuance needed to deal with particular lives, particular experiences, particular crises, and particular communities.

References

Andersen, T. (1987). The reflecting team: Dialogue and meta-dialogue in clinical work. *Family Process*, *26*(4), 415–428.

Andersen, T., & Katz, A. M. (1991). *The reflecting team: Dialogues and dialogues about the dialogues*. New York, NY: Norton.

Anderson, H. (1997). *Conversation, language, and possibilities: A postmodern approach to therapy*. New York, NY: BasicBooks.

Anderson, H. (2014). Collaborative-dialogue based research as everyday practice: Questioning our myths. In G. Simon & A. Chard (Eds.), *Systemic inquiry: Innovations in reflexive practice research* (pp. 60–73). Farnhill, United Kingdom: Everything is Connected Press.

Bennett, Z., Graham, E., Pattison, S., & Walton, H. (2018). *Invitation to research in practical theology*. New York, NY: Routledge.

Bentz, V. M., & Shapiro, J. J. (1998). *Mindful inquiry in social research*. Thousand Oaks, CA: SAGE.

Boisen, A. T. (2005). The living human document. In R. C. Dykstra (Ed.), *Images of pastoral care: Classic readings* (pp. 20–29). St. Louis, MO: Chalice Press. (Original work published 1936)

Bolton, G. (2018). *Reflective practice: Writing and professional development* (5th ed.). Thousand Oaks, CA: SAGE.

Burbank, B. (1987). Reflecting upon stories as a way of doing theology in CPE. *Journal of Supervision and Training in Ministry*, *9*, 147–156.

Carey, M., & Russell, S. (2003). Outsider-witness practices: Some answers to commonly asked questions. *International Journal of Narrative Therapy & Community Work*, *2003*(1), 3.

Charon, R., & Montello, M. (2002). *Stories matter: The role of narrative in medical ethics* (1st ed.). New York, NY: Routledge.

Combs, G., & Freedman, J. (2012). Narrative, poststructuralism, and social justice: Current practices in narrative therapy. *The Counseling Psychologist*, *40*(7), 1033–1060. https://doi.org/10.1177/0011000012460662

Cooper-White, P. (2004). *Shared wisdom: Use of the self in pastoral care and counseling*. Minneapolis, MN: Fortress Press.

DasGupta, S. (2008). Narrative humility. *The Lancet*, *371*(9617), 980–981. https://doi.org/10.1016/S0140-6736(08)60440-7

Doehring, C. (2015). *The practice of pastoral care* (Rev ed.). Louisville, KY: Westminster John Knox Press.

Dunlap, S. J. (1999). Discourse theory and pastoral theology. In B. L. Gill-Austern & B. J. Miller-McLemore (Eds.), *Feminist and womanist pastoral theology* (pp. 133–147). Nashville, TN: Abingdon Press.

Ellis, C. (2017). Compassionate research: Interviewing and storytelling from a relational ethics of care. In I. Goodson, M. Andrews, & A. Antikainen (Eds.), *The Routledge international handbook on narrative and life history* (pp. 431–445). New York, NY: Routledge.

Epston, D. (1999). Co-research: The making of an alternative knowledge. *Narrative Therapy and Community Work: A Conference Collection*, *1*, 137–156. Adelaide, Australia: Dulwich Centre Publications.

Etherington, K. (2004). *Becoming a reflexive researcher: Using our selves in research*. Philadelphia, PA: Jessica Kingsley.

Etherington, K. (2007). Ethical research in reflexive relationships. *Qualitative Inquiry*, *13*(5), 599–616. https://doi.org/10.1177/1077800407301175

Fischer, N. (2006, May 21). Not knowing is most intimate. Retrieved October 1, 2018, from http://everydayzen.org/teachings/2006/not-knowing-most-intimate1

Gerkin, C. V. (1984). *The living human document: Re-visioning pastoral counseling in a hermeneutical mode*. Nashville, TN: Abingdon Press.

Greider, K. J. (2015). Religious location and counseling: Engaging diversity and difference in views of religion. In E. A. Maynard & J. L. Snodgrass (Eds.), *Understanding pastoral counseling* (pp. 235–256). New York, NY: Springer.

Guillemin, M., & Heggen, K. (2012). The narrative approach as a learning strategy in the formation of novice researchers. *Qualitative Health Research*, *22*(5), 700–707. https://doi.org/10.1177/1049732311431443

Guillemin, M., McDougall, R., & Gillam, L. (2009). Developing "ethical mindfulness" in continuing professional development in healthcare: Use of a personal narrative approach. *Cambridge Quarterly of Healthcare Ethics*, *18*(02), 197–208. https://doi.org/10.1017/S096318010909032X

Helsel, P. B. (2014). Definitional ceremonies as counter-rituals to case conferences in pastoral care. *Practical Matters*, *7*, 63–75.

Jordan, J. V. (1986). *The meaning of mutuality*. Wellesley, MA: Wellesley Centers for Women.

Jordan, J. V. (1989). *Relational development: Therapeutic implications of empathy and shame*. Presented at the Wellesley, MA. Wellesley, MA: Wellesley Centers for Women.

Jordan, J. V. (2010). *Relational-cultural therapy*. Washington, DC: American Psychological Association.

Jordan, J. V. (2013). *The power of connection: Recent developments in relational-cultural theory*. Hoboken, NJ: Taylor and Francis.

Miller, J. B. (1987). *Toward a new psychology of women* (2nd ed.). Boston, MA: Beacon Press.

Miller, J. B., & Stiver, I. P. (1997). *The healing connection: How women form relationships in therapy and in life*. Boston, MA: Beacon Press.

Moschella, M. C. (2016). *Caring for joy: Narrative, theology, and practice*. Boston, MA: Brill.

Myerhoff, B. (1982). Life history among the elderly: Performance, visibility and remembering. In J. Ruby (Ed.), *A crack in the mirror: Reflexive perspectives in anthropology* (pp. 99–117). Philadelphia: University of Pennsylvania Press.

Neuger, C. C. (2015). Narrative therapy and supervision. *Reflective Practice: Formation and Supervision in Ministry*, *35*, 16–32.

Packer, T. (2007). *The light of discovery*. Boston, MA: Shambhala.

Portelli, A. (2001). *The death of Luigi Trastulli, and other stories: Form and meaning in oral history*. Albany: State University of New York Press.

Surrey, J. L. (2005). Relational psychotherapy, relational mindfulness. In C. K. Germer, R. D. Siegel, & P. R. Fulton (Eds.), *Mindfulness and psychotherapy* (pp. 91–110). New York, NY: The Guilford Press.

Surrey, J. L., & Kramer, G. (2013). Relational mindfulness. In C. K. Germer, R. D. Siegel, & P. R. Fulton (Eds.), *Mindfulness and psychotherapy* (pp. 91–110). The Guilford Press.

Suzuki, S. (2005). *Zen mind, beginner's mind*. Boston, MA.: Weatherhill. (Original work published 1970)

Ward, F. (2005). *Lifelong learning: Theological education and supervision*. London, United Kingdom: SCM Press.

Welwood, J. (2011, Spring). *Human nature, Buddha nature* (T. Fossella, Interviewer) [Tricycle]. Retrieved from http://www.johnwelwood.com

White, J. L., & Werning, K. (2018, June 21). *Practice: Relational inclusion with Cedar Landsman of Relational Uprising*. In *Healing Justice*. Retrieved from http://healingjustice.org

White, M. (2000). Reflecting-team work as definitional ceremony revisited. In *Reflections on narrative practices: Interviews and essays*. Adelaide, South Australia: Dulwich Centre Publications.

White, M., & Epston, D. (1990). *Narrative means to therapeutic ends*. New York, NY: W. W. Norton.