Supervision as Soul Care: A Spirituality of Integrity

Felicity Kelcourse

Summary

A spirituality of integrity for caregivers and their supervisors requires attention to the well-being of body, mind, and also soul. The spiritual, religious, and theological contexts in which these relationships exist create a unique context for formation and supervision in which distinctions and conjunctions between psychic life and the life the spirit can be effectively and usefully identified.

Supervisors caring for caregivers attend to the minds and bodies of those they supervise. It is the supervisor’s task to monitor and support both the work of supervisees and their general well-being. Pastors, chaplains, and counselors giving care to others are encouraged to do their best work by caring for themselves as well. Supervisors in turn will need to practice what they preach—finding balance in their own lives that allows them to support others effectively. A spirituality of integrity for caregivers and their supervisors requires attention to the well-being of body, mind, and also soul.

The Benefits of Soul Awareness

We speak of mind and body as though they can be separated, although actual separation is implausible. A body not animated by a functioning mind is incoherent or inert. Minds cannot exist without bodies as Damasio, a neurologist, points out in Descartes’ Error.1 But the fiction of separation serves us metaphorically when we speak of a “mindless act” or someone living “in their head.”

Felicity Kelcourse, PhD, LMHC, Director of the Doctor of Ministry Program, Associate Professor of Pastoral Care and Counseling, Christian Theological Seminary, 1000 W. 42nd St., Indianapolis, IN 46208 (Email: fkelcourse@cts.edu).

Reflective Practice: Formation and Supervision in Ministry

ISSN 2325-2855
© Copyright 2013 Reflective Practice: Formation and Supervision in Ministry
All rights reserved.
Pastors, chaplains, and counselors daily encounter grief that is mutely held in the body or pain that is expressed in words without being felt. Clinical Pastoral Education supervisors are invited to become “congruent,” matching word with affect and embodiment with thought. Pastoral counselors are advised to be more circumspect in their spontaneous expression of thoughts or feelings with clients, at least until a solid alliance has been formed. Counseling supervisors can allow themselves a bit more freedom of expression, provided they articulate their observations in terms that the supervisee can receive. In every interpersonal interaction, there will be a gap between what is felt and thought internally, what is communicated through embodied presence and in words, and what interlocutors hear and receive though their own filters of perception. Soul awareness, though infrequently shared, has the potential to bridge this gap.

The soul dimension of supervision is perhaps most apparent to supervisors who have spiritual, religious, or theological training. Once again we speak of a part that cannot be separated from our other parts, at least not in this life—the part known as soul. As Herbert Anderson, among others, has pointed out, there is a reluctance to speak of soul as distinct from body for fear of encouraging a soul/body dualism that supports the denigration of embodiment. But if we think of soul as embodied spirit and self/psyche as embodied mind, then it becomes clear that we are considering metaphorical “parts” of persons that in fact constitute an inseparable unity, at least in this life. And since this life is the only existence we can speak about with any certainty, we can readily bracket metaphysical speculations about the immortality of the soul for the purposes of supervision in the here and now.

In this essay I’d like to consider the pragmatic “cash value” that attention to soul, as descriptively distinct from mind and body, may have for supervision—particularly in a pastoral counseling contexts. Since supervision takes place in the present, particularity of lived experience, it makes sense to begin with case examples.

**Case 1: A Soul’s Eye View**

A student poised to graduate from a pastoral counseling program, medically identified as “gravida 2 para 0” (twice pregnant, awaiting her first live birth) is anxious about leaving her settled case load of clients who have seen her once or twice a week for up to two years. Her clients know she will be graduating and leaving the clinic where she has trained. What they don’t know yet is that she will also be taking a maternity leave before relocating her practice. The intern is eager to give her clients a date a few
months after the anticipated birth when she will once again be available to see them. Her supervisor urges caution. By being too definite about her return to practice, the graduating intern risks disappointing her clients if the date of her return changes for reasons that are unforeseen. She also needs to consider whether some or all of her clients would be best served by a referral to a new therapist.

The role of embodiment here is clear. The intern is pregnant, awaiting the birth of her first child in hope and trepidation. The thoughts she expresses have to do with fears that she may reopen the wounds of abandonment and sibling jealousy her clients carry when they learn that she will be unavailable after graduation. In her desire to care for her clients, she risks compromising ethical boundaries by keeping in touch with them during her maternity leave. The responsible course would be to refer—with the understanding that she is free to send an announcement to some, if not all, former clients when her practice reopens.

The mind weighs options and ethical considerations. The body feels the pain of loss, losing the supportive training environment, and potentially the clients she has come to care for, while simultaneously anticipating the hoped-for presence of the new person growing inside her. Her anticipated joy is complicated by a prior loss. Does she dare to hope that this time all will go well? Will she potentially lose her clinic peers, mentors, and clients only to be left alone?

What perspective might “the soul’s eye view” bring to bear?5 I think of the soul’s perspective as comparable to Jung’s understanding of the Self 6 and Fowler’s description of persons in the Universalizing stage of faith.7 The soul does not concern itself unduly with what the ego/self wants and needs: companionship, gratification, affirmation. The soul takes a passionately dispassionate stance, asking “What is best for all concerned?” Can the intern offer all the uncertainties and anxieties she carries for herself, her child, and her clients up to God, knowing that she is free to remain connected to her clients through intercessory prayer even though she may never see them again in this life?

If the supervisor, older and wiser through life experience and training, can offer her faith that “all will be well, all manner of things will be well”8 through her embodied non-anxious presence, the supervisee will be better able to discern which anxieties are hers to address and which she can only offer up in prayer. If the supervisee is not a theist the alternative would be meditation and the practice of mindfulness, both in her own self-care and care for her clients. From a theological standpoint, the supervisor may reflect that the Logos permeates all creation (John 1): “Called or not called, God is present.”9 If neither supervisor nor supervisee feel supported by af-
firmations of God’s presence and care, then attention to God images that are less than beneficent may be warranted.\textsuperscript{10}

**Case 2: A Hole in the Heart?**

A supervisee who previously experienced the suicide of a fellow student feels anxious when faced with the possibility of suicidal intention or ideation on the part of his clients. The thought in his mind is that it would be terrible to be liable for a patient that committed suicide. The grief in his body is for the young life that was lost and the sense of culpability he carries both for himself and for the community that failed to provide preventive care. His anxieties are activated when a client, who avers that she is not suicidal, talks about wanting to shoot a hole in her chest. The supervisee usually does well with metaphorical communications, but in this instance wonders if the client might ever act on this idea. His own fear of suicide prevents him from seeing other meanings as possible. He and she are both young heterosexuals who might conceivably feel some physical attraction for one another. Does the client want to put a hole where her heart is so that she doesn’t have to be aware of feelings for her therapist? Is her therapist also avoiding non-literal meanings of his client’s image because he would not be comfortable with the embodiment of a sexualized transference?

If the therapist is willing to become aware of a sexually charged dimension in the intersubjective field he can use his thinking to cope with embarrassment or anxieties around the potential for acting out this awareness may elicit. He can consider whether the client’s feelings of attraction come from an Oedipal or pre-Oedipal place in her experience while exploring the experiential context for his own counter-transference response, both in supervision and in his personal therapy. He can remind himself that his intent is to offer his client a reparative experience of compassionate attention (not to include boundary violations) while managing his own discomforts and uncertainties so that they don’t interfere with the client’s growth into wholeness. The supervisor might calmly observe that “totalist” transference/counter-transference responses in the intersubjective field, including all aspects of thought or embodied awareness, are essential to the work of healing.\textsuperscript{11} The supervisor also affirms the ethical boundaries that would prevent the therapist from breaking the frame through email contact or other communications outside the therapeutic hour.

The ego’s need for a separate identity is not shared by the soul. While the integrity of mind and body would suffer for both therapist and client if ethical boundaries surrounding physical contact were breached, the thera-
pist is free to open his spirit to the client’s longing to be held and use the transitional space that Winnicott describes to create a new thing—a connection that is not physical but is none the less experienced as intersubjectively transformative by both parties. This is the kind of unifying experience possible in the shared ritual of communion, when each participant in worship affirms their oneness in Christ as they receive the elements. Bodies can meet tactiley, minds can meet intellectually, and souls can meet through their oneness in the Ground of Being, Tillich’s term for God.

The soul’s perspective can be identified conceptually, as in the above case examples, but is most powerfully known experientially. William James identifies four characteristics of what he names “mystical experience.” The mystical dimension of religious experience is noetic, imparting a sense of insight and conviction which may be at odds with the ego’s conscious perspective and transient through the temporal brevity of felt revelation from a source other than one’s conscious mind. The ineffable character of soul awareness makes it difficult to convey in words, despite the subjective sense of clarity it imparts. James says that the recipient is passive with respect to a mystical experience or soul revelation. I would say receptive, in the sense that the recipient is willing to entertain an insight that might be jarring because it can’t be readily traced to a conscious source. The kind of vivid, life changing revelation that establishes the vocation of a saint might seem foreign to the daily rounds of pastoral care, counseling, and supervision. But smaller insights that arise unbidden in the course of our work can be recognized as “soul knowing” in retrospect by their efficacy and fruitfulness, if we heed them.

I alluded earlier to “gaps” we may experience as we attempt to support one another’s work through the efforts of our psyches (the feelings, thoughts, and words of our embodied minds) and through an openness to soul knowing, the presence of embodied spirit within us and the Holy Spirit interceding between us. After offering some further thoughts about supervision with attention to psyche and supervision with attention to soul, I conclude with suggestions for a spirituality of integrity in supervision.

Supervision and Self: The Interpersonal Dimension of Experiential Learning

No one becomes a person in the absence of relationships. Each of us is responsible not only for ourselves, but for and with the “living human web” that sustains us in being. Without relational support of our emerging personhood
at birth we would literally cease to exist, as Spitz’ research on hospitalism demonstrated. Lack of relational support in childhood and adulthood is crazy-making. Clinical training requires the kind of intersubjective support that encourages persons to grow and change. Each of us carry, from childhood on, wounded places that continue to suffer from not being seen, known, heard, or respected in the ways we needed to feel whole. The transformative hope of clinical training is that these wounds will be recognized, explored, and understood by both supervisor and supervisee, soothed by reparative experiences, and healed to a manageable degree over time. The fruits of the supervisee’s “self of the caregiver” work become increasingly evident in their work with care recipients and clients.

An effective supervisor makes good use of his or her wounds, provided of course that one is at the point of being a wounded healer, rather than a wounded wounder. Part of the training required in becoming a trustworthy caregiver and supervisor entails facing one’s wounds and embracing them to the point of forgiving past transgressions (one’s own) and transgressors, extracting the alchemical gold from every leaden moment of betrayal, sorrow, and loss. To the extent that I can model the process of gleaning wisdom from my own experience of difficult relationships, my own confrontations with inner demons, my own struggles with grief and depression, I can encourage my supervisees to face suffering in transformative ways, both in their own lives and in the lives of their clients.
Supervision and Psyche: The Personal and Cultural Unconscious

The figure above shows an individual in context. The horizontal line represents a demarcation between conscious and unconscious awareness that is actually permeable rather than rigid, as are all the boundary lines in this diagram. The individual’s conscious ego knowing and personal unconscious awareness held in body-based memories, complexes, dream images, etc. is contained within a larger circle of collective conscious knowing and unconscious collective awareness. For example, America is consciously portrayed as a land of equal opportunity for all. To maintain this conscious identity, white Americans tend to repress the bitter legacy of slavery, conquest of Native Americans, and punitive discrimination against successive groups of immigrants that is also part of our collective heritage as Americans. In his successful bid for the presidency, Barak Obama was able to appeal to the national ego-ideal of equal opportunity in a way that began to address majority shame and minority pain surrounding our national history of racism.²⁰

Beyond collective consciousness is the non-human cosmos that sustains us and below the collective unconscious is a deeper dimension of shared inner awareness that transcends individual cultures.²¹ At the center is the soul, sharing equal knowledge of conscious and unconscious, personal and collective awareness. Psyche (the province of neurology, psychology, and psychotherapy) is embodied mind and soul (the province of theology, spirituality, religion, and faith) is embodied spirit.²²

This diagram is included to illustrate my approach to the integration of spirituality, pastoral care, and psychotherapy. To apply this image to clinical supervision, imagine three such embedded spheres that overlap like links on a chain. The center spheres would represent the supervisee and his/her relational contexts, flanked on either side by the supervisor’s circles of knowing/ungnwing and the client’s circles of experience, both conscious and unconscious. The areas of overlap would represent intersubjective or shared areas of experience. Unless the supervisor has direct contact with the client, as in live supervision, the client can only be known as mediated to the supervisor by the supervisee. All three, supervisor, supervisee, and careseeker(s) can potentially be linked by means of the soul, which connects the center of all persons to one another when we think of supervision as soul care.²³
The kinds of intuitions Quakers call “leadings” require prayerful attention and testing against community wisdom and scripture on the part of supervisor or supervisee, and are understood as potentially offering wisdom that transcends the abilities of the discursive intellect. With or without such leadings, both members of the supervisory dyad can maintain a client-centered respect for the suffering and potential for healing of persons in their care, even when aspects of that suffering appear self-inflicted, trivial, or unintelligible. The basis of therapeutic receptivity in pastoral care and counseling is humility. Both care givers and care receivers are children of God. Beyond basic protection of life, we can’t presume to know the mind of God with respect to another’s welfare. What we can offer is a pastoral presence that lends human form to the Holy Spirit’s sheltering wings.

**Supervision and Soul:**
*Meeting that of God in Another*

Beyond the psychological dimensions of existence I’ve just described, what is the quality of awareness, always present, more or less consciously evident, that I call “soul?” In Christian tradition this relates to the idea of *imago Dei* or “God in us.” This is an aspect of every person’s being that, when consciously engaged, has the capacity to increase trust and openness. Soul perception invites receptivity to positive dimensions of non-ordinary experience, a sense of connection within self and with others that is often hopeful, enlivening, comforting, and beneficent. These qualities distinguish non-ordinary experience emanating from the soul “part” of us from non-ordinary experiences characterized by fear, rage, and paranoia as in schizophrenia or dissociation. It is also possible that elements of the truth we discover through listening to the soul as inward teacher may be painfully at odds with the ego’s need to be right. But even these painful truths bear fruit by reconnecting us to community as truths that set us free (John 8:32).

Many psychotherapists recognize soul perception as an aspect of awareness, while using other names for it. For example, Richard Schwartz’ Internal Family Systems model identifies a part of persons characterized by calm and curiosity in the face of traumatic memories. When Schwartz talks about helping traumatized persons access this non-anxious, non-fearful, curious part of themselves, I believe he is talking about asking persons to look with their soul at aspects of their experience that require healing.²⁴ Jung’s
concept of “Self,”\textsuperscript{25} as distinct from the ego, and Winnicott’s true self\textsuperscript{26} contain elements of what I am calling soul awareness, as mentioned above. Bion talks about K—the known—moving towards O—ultimate reality.\textsuperscript{27} Perhaps all of these terms are, in some respects, alternate names for soul—our “umbilical cord” to God.\textsuperscript{28}

There are no guarantees that soul awareness will be consciously apprehended by any of the participants in therapy or supervision. Still, knowing that this positive dimension of interpersonal awareness is available supports hope in the therapeutic enterprise. Healing potentially begins the moment a pastoral or therapy appointment is made.\textsuperscript{29} While clinical training and theoretical knowledge are essential, they are not the only tools the pastoral counselor has available. Intercessory prayer is a resource both pastoral caregivers and supervisors can rely on, with or without the conscious knowledge of the client or supervisee.\textsuperscript{30} Verbal prayer can be shared, when this is welcome by both parties, and the supervisor should not hesitate to ask for prayer from peers and mentors, though generally not from supervisees lest this request make them hesitant to burden the supervisor with their own concerns.

Freud, the self-identified “Godless Jew” offers the following description of what I would call soul connections in Group Psychology and the Analysis of the Ego:

\begin{quote}
Each individual is bound by libidinal ties on the one hand to the leader (Christ…) and on the other hand to the other members of the group.\textsuperscript{31}
\end{quote}

Freud frames this experience of group unity in relation to Christian belief. I would go a step further to say that all persons are created by God and retain a soul awareness that potentially connects them to God and one another. Saints and other spiritual leaders may develop this shared awareness to a high degree.\textsuperscript{32} Others may deny soul awareness or find it inaccessible to consciousness. Just because we may not have a psychological theory that adequately describes the existence and function of soul awareness, it still exists for some of us some of the time as an observable phenomenon.\textsuperscript{33}

So what? What then is the pragmatic “cash value” of soul awareness for supervision, as William James might say?\textsuperscript{34} Simply that the supervisor who seeks to be open to the soul dimension of awareness is not limited to theory, discursive logic, rationality, scientific objectivity, or any of the other modes of consciousness that have come to be so highly valued since the Enlightenment. These varieties of left-brain knowing are certainly to be preferred over superstition, stubborn prejudice, culturally sanctioned blind-
ness, or other attitudes that tend to promote lack of understanding between persons. But the right-brain awareness that we are all part of God’s creation, and so part of one another, must lead us to approach one another respectfully, tenderly, even tentatively at times—knowing that there are unfathomable dimensions of mystery in every relationship, including our own awareness of ourselves. I agree with a supervisor who said, “If you dislike your client (or supervisee) it simply means that you haven’t understood them yet.” It’s our task as pastors, chaplains, counselors, and supervisors to help persons make sense of their lives in more effective ways. If we believe that God is at work in others, as God is in us, luring us towards the deeper fonts of wisdom that connect us all, then the burden of working with depressed, suicidal, avoidant, dependent, or just plain difficult human beings becomes more bearable. Ultimately the work of healing belongs not to us, but to God. Knowing whose we are and whom we serve supports the work of both pastoral caregivers and their supervisors.

Towards a Spirituality of Integrity in Supervision

Pastoral, spiritually informed supervision requires the care of persons who in turn care for others; body, mind, and soul. Supervisors of any persuasion know that lack of physical well-being or mental/emotional preparation will affect the efficacy of those they supervise. Bringing the dimension of soul into the supervisory conversation requires a higher level of accountability from all concerned. Questions of vocation, meaning and purpose in life come to the fore. Rabbi Hillel posed three questions for the discernment of vocation: “If I am not for myself, who is for me? If I am only for myself, what am I? If not now, when?” These questions represent a call to action that begins with deep introspection. It’s not enough to show up for work and go through the motions. Attention to the soul dimension of persons requires a spirituality of integrity.

What do these words, spirituality and integrity, have in common? Those who currently oppose spirituality and religion, as in “I’m spiritual but not religious,” might be surprised to learn that the first two Dictionary definitions of spirituality identify it as something belonging to the church or identical with the clergy. The third definition states that “sensitivity or attachment to religious values.” The fourth definition is circular “the quality or state of being spiritual.” Synonyms for integrity include incorruptibility, soundness, and completeness. Returning to body, mind, and spirit as meta-
phors for human wholeness, it seems clear that there can be no completeness, no integrity, without the incorruptible soul. The soul’s perspective is inherently spiritual in that it is not limited to the ego’s views; religious in the sense that it ties us back to God.

The supervisor whose understanding of persons is grounded in soul knowing sees beyond appearance and circumstances, as significant as these may be in understanding the life of an individual. Relying on the soul as inner teacher to hear beyond and beneath actions and words, the supervisor seeks to live in the truth of a deeper knowing that offers freedom in place of anxiety and fear.

Because the self of the caregiver is the means by which God’s grace is transmitted in pastoral care and counseling settings, every supervisor must attend to the caregiver’s growth in grace. Similarly, he or she needs to grow in grace and wisdom also, rather than rest on laurels earned, stagnate, or become a burned-out offering. God’s care for all includes care for the supervisor. The work of responding to the suffering of the world one person at a time would prove unbearable were it not for reliance on healthy communities of faith, reliance on the hope of redemption promised in Christ—reliance on the fact that “the secret is simply this, Christ in me, yes, Christ in me, bringing with him the hope of all the glorious things to come” (Colossians 1:27b).

In short, faith in God’s care for all, including the supervisor, makes possible balanced attention to self, supervisees, and the person’s under the supervisee’s care. The spiritual, religious, and theological contexts in which these relationships exists—coupled with a healthy respect for the value of discursive knowledge and emerging theories of care—create a unique context for training and supervision in which distinctions and conjunctions between psychic life and the life the spirit and can be effectively and usefully identified.

My primary aim as a supervisor, informed by my own Quaker faith, is to develop a “safe space” or positive working alliance with supervisees—lowering anxiety as needed to be supportive, raising anxiety when additional motivation is required, holding caregivers accountable for the development of professional standards—while recognizing that personal transformation can be an emotionally demanding and “messy” process at times. My philosophy of change is based on the belief that persons generally know at some deep (unconscious or preconscious) level what kinds of change are needed for greater wholeness. I think of this deep knowing as
“the soul’s eye view,” only briefly glimpsed at times but precious when it appears for the guidance that it offers. When supervision is both supportive and appropriately challenging, the necessary inner wisdom of persons in transformation—whether careseekers or supervisees—can emerge and flower. The specialized ministry of pastoral care and counseling is undertaken privately and quietly in hopes that the healing of individuals may one day heal our world.

NOTES


3. William James states: “Grant an idea or belief to be true...what concrete difference will its being true make in anyone’s actual life? How will the truth be realized? What experiences will be different from those which would obtain if the belief were false? What, in short, is the truth’s cash-value in experiential terms?” from William James, “Preface, *Pragmatism 1907*,” in *Pragmatism and Other Writings* (New York: Penguin Classics, 2000), unnumbered page.

4. Both examples are taken from counseling supervision for masters level interns training in a seminary context.


9. “Called or not called, god is there (*Vocatus atque non vocatus, Deus aderit*),” Jung found this statement in the writings of Desiderius Erasmus and had it inscribed over the doorway to his house.


15. Other names for this interpersonal spiritual energy can be gleaned from non-Christian religious traditions, particularly in their more mystical manifestations as in Sufism, Hassidism, etc.


25. Jung’s concept of the Self is often capitalized in English to distinguish it from the small s “self” that is comparable to Freud’s “ego.” Jung’s writes about the Self as the archetype of wholeness and the God-image within the human soul, or *imago Dei*. As cited above, see Jung, “The Self,” 23–35, and “Christ, a Symbol of the Self,” 36–71, in *Aion*.


29. Margaret Kornfeld, personal communication.

30. This is more than a pious affirmation. See Larry Dossey, *Healing Words: The Power of Prayer and the Practice of Medicine* (San Francisco: HarperSanFrancisco, 1993).


33. A phenomenological openness to lived experience invites us to be appropriately curious about aspects of consciousness that have become foreign to Western culture, such as the dreams and visions in the Bible that are cited as instances of God’s communication with humankind. See Louis M. Savary, Patricia H. Berne, and Strephon Kaplan Williams, *Dreams and Spiritual Growth: A Judeo-Christian Way of Dreamwork* (Mahwah, NJ: Paulist Press, 1984), 236, for a list of relevant biblical texts.


35. Gail Palmer, Emotionally Focused Couples Therapy (EFT) supervisor, personal communication, 2/7/2009. EFT is considered a marriage and family theory, but it resonates well with the client centered approach of Carl Rogers, who was a seminary student at Union Theological Seminary in New York before he became a therapist.
Supervision and formation of individuals and groups in these times must navigate complex, multi-variant identities. In one sense, cultural competence is an impossible ideal. Cross-cultural experiences are more than binary relationships in which people of different cultures, religions, gender identities, sexualities, social classes or races come into alliance. Because every human encounter is a cross-cultural one, we need to embody and train emerging religious leaders in humility, flexibility, curiosity, respect and empathy to meet the challenges of our increasingly globalized communities. What are the expanding forms of cultural complexity in power, privilege, particularity, humility, shame, fear, and regret (to name just a few) that affect care, supervision, and the formation of future religious leaders? How do these forms challenge collaboration, which is further enhanced and complicated by a growing awareness of, and respect for, all forms of diversity?

The deadline for submission is December 31, 2013 for an article to be published in Volume 34. It is beneficial, however, to indicate your intention to write to the Editor (handerson@plts.edu) sometime prior to the deadline. Ordinarily, articles are 5,000 words in length with endnotes (Chicago-style citations) and submitted electronically.