

AAPC THEORY PAPER

Cheston's "Ways Paradigm" Applied to Pastoral Counseling Supervision

Desmond Buhagar

This paper will utilize a broad-based paradigm for the appropriation of a general counseling identity, and adapt its use for pastoral counseling supervision. In her article, "A New Paradigm for Teaching Counseling Theory and Practice,"¹ Sharon E. Cheston proposes a template which is ideally suited for a wide-range of applications in counseling sub-specialties. It provides a standardized way of transmitting the essential nature and constitutive elements of counseling in general, while respecting the unique contributions and aims of pastoral counseling in particular.

Cheston's "Ways Paradigm" organizes counseling theory and practice around three foundational principles, which she suggests, play an underlying role in virtually all counseling philosophies and modalities. These are: (1) *a way of being* with and for clients; (2) *a way of understanding* and interpreting clients' worldviews, and; (3) *a way of intervening* in their lives. The aim of this paradigm is to assist counselors "in sorting out the similarities and differences between the counseling theories and allows them to eclecti-

Desmond Buhagar, SJ, Lecturer in Pastoral Counselling and Marriage & Family Therapy, Regis College, University of Toronto, 100 Wellesley St. West, Room 202, Toronto, Ontario, Canada, M5S 2Z5 (Email: hagar10@fastmail.fm).

This is a condensed version of Reverend Buhagar's AAPC theory paper. For the full text, contact the author.

cally use various theories and techniques without losing the consistency and cohesiveness of working within a structure"² The integration of counseling theory and practice into an eclectic treatment approach is important because of the synergy of strengths that can be achieved when various established schools of thought are combined.³ Such an approach is also well-suited to a contemporary view of pastoral counseling which is multi-culturally sensitive, and multi-faith oriented.⁴ As we recognize from the American Association of Pastoral Counselors Code of Ethics, clinicians and supervisors have a responsibility to adapt their therapeutic approaches to a wide range of clients, faith traditions, cultural backgrounds, and ways of life.⁵ Although eclecticism is not without its pitfalls, it seeks to integrate multiple theoretical perspectives into a unified whole by attempting to avoid theoretical partisanship.⁶ This "ways paradigm" does not excuse the random use of differing theoretical and clinical approaches willy-nilly, but provides a way for clinicians to formulate and structure their own unique pastoral counseling identities through a common clinical language, in an ethically responsible and professionally accountable manner.

Research suggests that most counselors already embrace an eclectic stance in their counseling practices.⁷ As Cheston points out, "all theories and their corresponding practices assist clients in changing to meet their personal goals, however, each of these theories' proponents claims that their position is the most efficacious."⁸ My purpose is not to debate the inherent value of the many forms of counseling currently in use, rather to use Cheston's ways paradigm to illustrate my appropriation of these three essential components—way of being, way of understanding, and way of intervening and to share the benefits of this approach with readers. A central goal of this paper is to identify pastoral counseling and supervision as distinct practices within the field, and to emphasize the need to foster the clinical identity of supervisees within the context of its perduring spirit, values, and traditions. Throughout this paper, reference will be made to Denise (her name has been changed), for the purpose of illustrating my supervisory work. Let us first take a moment to see how Cheston defines way of being, way of understanding, and way of intervening as educational tools for the counseling profession.

CHESTON'S WAYS

By "way of being," Cheston refers to the counselor's presence in the room with the client, which is intimately connected to the identity of the counselor

as a person—how they express empathy and respect for clients, the values they hold, and the way they maintain appropriate boundaries. Virtually every known counseling theory makes reference to a way/mode of establishing an atmosphere of acceptance and support whereby change can occur.⁹ Whether one adopts a psychodynamic or cognitive-behavioral perspective, for example, there are distinct ways in which counselors present themselves and relate to clients in order to facilitate therapeutic change. In some cases, this stance is more passive and observing, and in others, more decisive and engaged.

By “way of understanding,” Cheston refers to the body of counseling knowledge that explains personality theory and structure, normal and abnormal human development, and the different ways that people change.¹⁰ Additionally, this includes various ways of conceptualizing the conscious and unconscious mind, human behavior, and the formation of belief systems. A way of understanding operates on the premise that one’s sense of reality is, by and large, a social and intersubjective construction, interpreted through the lenses of mind, as information is gathered and processed. It also refers to the manner in which individuals “assimilate culture, think about themselves, interact with others, introject family values, develop symptoms of psychopathology, emote, and behave...”¹¹ Naturally, one’s therapeutic preferences are greatly determined by the particular school(s) of thought that one has principally been exposed to throughout the course of clinical training.

Last, Cheston describes the “way of intervening” as “the work” of therapy. Theories of counseling generally include the ways that change is expected to occur, and include a set of techniques by which the counselor aims to enhance a client’s mental health and happiness. A way of intervening also refers to “the means by which a counselor interrupts the client’s cycle of dysfunction and allows for the processing of healthier alternatives of thinking, feeling, and behaving.”¹² Intervening may be conceptualized as the concrete application of a particular theoretical orientation within one’s preferred modality of care, which may or may not have a primary pastoral focus. In one instance, it may manifest in the bringing forth of various insights relative to a deeper reflection on a client’s early childhood experiences. In another, it may focus on modifying stultifying patterns of thinking or behaving in their lives. Whichever way of understanding one chooses, it undoubtedly comes with its own theory of how people actually change, including its own set of best practices in terms of overcoming such things as clients’ ambivalence, fears, or troubling behaviors.

THE "WAYS PARADIGM" AND PASTORAL IDENTITY

An important question for pastoral practitioners who have adopted Cheston's paradigm is whether or not all three modes of treatment need to be pastorally oriented in order for one to claim a pastoral identity. This writer suggests that *at least one* of these modes ought to contain a clear pastoral component. For many pastoral supervisors, this dimension is characterized by an openness to the sacred dimension of being, which is often manifest as a longing for transcendence in the client. This does not preclude the possibility that all three modes of the ways paradigm could be pastorally derived as well. My overriding sense is that when pastoral educators attempt to explain what is distinctive about pastoral counseling, they are almost always referring to *a way of being* with clients. This makes sense when we begin to consider how pastoral counseling interns are frequently drawn to the profession out of a genuine desire to be pastorally and spiritually present to others, guided by deep convictions of the value of religious faith, coupled with a desire to serve. For Christian counselors, a pastoral way of being is ideally modeled on the person and ministry of Christ as the compassion of God.¹³ Notwithstanding, many pastoral counseling programs are beginning to incorporate a wider range of religious traditions into their theoretical outlook and approach to clinical formation.

Pastoral supervisors, then, have a dual responsibility not only for fostering a sense of the sacred in their work, but for advocating for breadth and depth in their educational approaches.¹⁴ It is my hope that supervisors-in-training will be able to articulate their professional identity based upon a depth appropriation not only of pastoral traditions, but also of their preferred forms of secular psychotherapy currently in use. This concern for professional enrichment and integration has been a focus of my supervisory work with the intern Denise from the outset. Part of my adaptation to her personality and learning style involved an intake interview and questionnaire, the preparation and review of her *genogram*, and establishing a formalized supervision contract. All of these helped me to formulate an approach which could be tailored to her particular needs and level of training.

Current literature on the ethical practice of supervision emphasizes the need to delineate the practice of counseling from the practice of supervision as distinct domains of service within the profession, such that, "therapeutic interventions with supervisees should be made only in the service of helping them become more effective with clients: to provide therapy that

has broader goals is ethical misconduct."¹⁵ This essential insight highlights that educators may be unconscious of some of the important distinctions between direct clinical work and supervisory practice, and that they may need to reflect more deeply on the kind of interventions they do, and why. In the words of Barry Estadt:

The impact of the personal qualities of the counselor in the therapeutic relationship makes it inevitable that the counselor's personal therapeutic issues will emerge within the context of supervision. While individual therapeutic issues can be addressed in the relationship to a given work-sample, extensive focus on the counselor's therapeutic issues in supervision will side-track and contaminate the supervisory process.¹⁶

As I will discuss in a subsequent section, doing therapy with supervisees like Denise is quite different from being a collaborative supervisor, namely, inviting them to explore and take up the mantle of their own pastoral counseling identity and practice. Nonetheless, the forum of supervision itself can be a safe place where supervisees' personal issues may surface, and then be appropriately processed and integrated. A common example of this is to regularly consider and discuss supervisees' countertransference with both clients and supervisors alike. As her supervisor, I have been privileged to walk alongside Denise through her developmental process as a counselor for over two years. Because of her openness and trust, we have been able to address some sensitive, personal issues as they have impinged on her work. From this experience, I have come to realize that "collaborative supervision centers around reciprocal visibility and the notion of encouraging both space for the ideas and feelings of therapists and vigilance regarding ethical and professional issues on the part of supervisors."¹⁷ My conviction is that clinicians and supervisors should be able to name, claim, and articulate their own personal configurations of these ways, which allow for greater self-awareness and self-communication with other counseling professionals.

WAY OF BEING

My own experience as a pastoral counselor embodies a way of being present to another person by recognizing and honoring the sacred in them, even if they do not recognize it within themselves. So, my *way of being* as a pastoral clinician and supervisor involves the instrumentality of my personhood, with its various strengths and weaknesses. In this view, pastoral presence is intimately linked with one's humanity, from both an anthropological and spiritual perspective. Experiencing a sense of the sacred in the process of

pastoral counseling and supervision is for me the hallmark and distinctive feature of our craft. This sense of the sacred may be realized through persons, relations, or even through the use of space, whereby an appreciation for the abiding presence of divinity within others is experienced and apprehended.

As a Roman Catholic priest, this may be summed up in the belief that the human person participates in the light and power of the divine Spirit, and that by their power of reason, s/he is capable of understanding the order of things established by the Creator.¹⁸ From this viewpoint, we may see how human nature serves to elevate our work into the realm of a spiritual practice, whereby the sacredness of all persons is acknowledged and respected. This awareness provides orientation, not only to one's therapeutic and supervisory relationships, but also imbues them with healing potentiality. From this theological perspective, human beings are viewed as *embodied spirits*, which celebrates the fact that, "human life is sacred because from its beginning it involves the creative action of God and it remains forever in a special relationship with the Creator, who is its sole end."¹⁹ This primary existential and spiritual reality comes from God, is immutable, and allows for personal conversion and transformation to take place. In the words of Ann Belford Ulanov, "Pastoral counselors, unlike other mental health professionals, make a conscious and explicit acknowledgment of the sacred as part of the suffering and healing process of clinical work."²⁰ So, my aim when sitting with supervisees is to engage in a spiritual practice. This may also be described as facilitating *the field of the sacred*. As a supervisor, this evokes a kind of three-way listening process, similar to what happens in spiritual direction contexts. First, carefully listening to the words and intentions of the supervisee; second, listening to my own heart, and third; listening to how God may be informing our work. This kind of interior listening and theological reflexivity necessitates openness to being guided and directed by God, who animates and contains the process. While supervisees like Denise are not intended to be the recipients of direct healing interventions, their lives can be, and often are, transformed by an immersion into the sacred field and process of pastoral counseling supervision, which in itself is a distinct form of pastoral care.

A pastoral way of being is also *ecological*, in that the environment of persons, places, and events are honored as sacred as well.²¹ Another way of explaining this is that the presence of God/Spirit resides, and is operative in all creation.²² What is more, this abiding spirit is *holy*, having the capacity not only to empower us, but to facilitate and activate human healing and wholeness from within the human family. From a Christian theological and kenotic

perspective, "...it is Christ who, as the head of the Body, pours out the Spirit among his members to nourish, heal, and organize them in their mutual functions, to give them life, send them to bear witness, and associate them to his self-offering to the Father and to his intercession from the whole world."²³ So *being pastoral* involves a three-fold reverencing of the sacred in all things—first in persons, second in relations, and third, in all creation, which constitutes an Ignatian spiritual perspective.²⁴

Emerging from this, a pastoral supervisor is also called to provide a sacred holding environment, whereby supervisees may embrace the role of divinity, especially in the midst of their clients' suffering and pain. This could also be explained as an appropriation of Winnicott's holding environment adapted to pastoral care and counseling.²⁵ While the word *pastoral* is a specifically Christian designation, it is now more appropriately applied to all faith traditions, whether one envisions the sacred as a personal God or an impersonal transcendent force. What distinguishes a pastoral way of being from other forms of therapeutic care is that it is not simply defined by theories, techniques, or even the therapeutic relationship, but is imbued with a spirit of *pastoral intentionality*, by inviting and enlivening that field of the sacred into our work. Being pastoral signifies a disposition of heart which is hospitable, compassionate, humanistic, inclusive, and open to mystery. It is not Pollyannaish, but at times challenges supervisees beyond their perceived limitations, and asks them to be appropriately assertive when issues or concerns could impede their healing work with their clients.

THE CASE OF DENISE

When I began working as a supervisor with Denise, she was an intern at an outpatient substance abuse treatment program. From the outset, it became evident that she needed a firm base of support as she struggled to adapt to a challenging clinical population. As time progressed, she began to recognize her own counter-transferential struggles in working with disenfranchised clients. As she was learning to be with their feelings of defeat and humiliation, she was also learning how *not* to be overcome by such feelings, which could at times strike a common chord within her own life. Being able to share such feelings with me served to normalize the situation in a safe, non-judgmental context. Denise also recognized her need for clearer intersubjective and relational boundaries, so as to avoid taking on clients' lives and experiences as though they were her own, and then over-compensating in her interventions.

Throughout our work together, I witnessed the supervisee's dual maturation process involving both intersubjective and interpersonal self-differentiation, where she was able to accept her need for better self-boundaries with fragile and sometimes manipulative clients.

A pastoral way of being is not naïve about the existence of good and evil in the world or in the lives of people, and seeks to amplify the good while diminishing the evil, for the sake of greater spiritual and existential freedom.²⁶ This can be a beguiling task, which demands a discerning heart—a heart which is wise and loving, humble and reliant on grace and providence.

The supervisor wants to enable growth in peace and freedom. To do this, the supervisor needs a gift for discernment, the ability to discriminate... the supervisor must decide what to pursue, what to let go, in all that the supervisee presents.²⁷

One important objective for me in working with Denise was her need to have clearer relational standards in situations where she was becoming enmeshed with clients, even if she feared being disliked by them. It meant reassuring her that she was not being insensitive by sticking close to her agency's policy on drug and alcohol screening, or to be more astute about the wiles of some court-appointed clients. Denise was learning how to stand on her own clinical feet, and to resist the need to be appreciated by others. Paradoxically, her clients' issues became an opportunity for healing grace to occur for her, insofar as she was challenged to develop greater emotional and relational autonomy from them. Part of my role as supervisor was to support and challenge her best intentions, but also to promote a more resilient and mature clinical stance.

Next, it is worth emphasizing that as pastoral supervisors, we dispose ourselves to the action of grace,²⁸ operating in supervisees like Denise.

A supervisor, who, with God, graces with unconditional acceptance, stands faithfully with, affirms gifts for the sake of others, can mediate for the supervisee new power and energy in very complex, stressful work... The supervisor is active witness, instrument to the movement of Mystery within the supervisory relationship.²⁹

Being a pastoral supervisor means being open to the transformational horizon *within* interns, whereby one seasoned clinician shares responsibility for the formation of a less seasoned one. In the case of Denise, it became clear that she too was growing and healing in tandem with her clients, so it was important to me that she feels accepted in light of certain vulnerabilities in her personal history, without feeling judged or diminished by them. This

form of mentoring is intended to foster a genuine pastoral identity, and ultimately to equip the intern for an empowering and healing ministry, inspired by the Gospels.³⁰ Pastoral counseling supervision, as a way of being, recognizes that we never work in isolation, but rather, as part of a faith community. "Whereas religious counseling and some secular therapies commonly teach particular practices and/or systems of belief, pastoral counseling is identified by its representation of the community that authorizes it, through a relationship to a pastor accountable to that community."³¹ As suggested earlier, a pastoral way of being *is* sacred holding, and from a faith-based, object-relations perspective, "one may talk about the holding environment within the spiritual dimension."³² Pastoral counseling supervision, therefore, is intended to model this optimal, beneficent containment, so that as representatives of God's compassion and mercy, supervisors may extend to interns what they hope will also be practiced in their clinical care of others.

God's own self, unconditionally offered, creates space for the human to change and grow. God's own self welcomes the human heart home. This welcome, *hesed*, unconditional love, is undoubtedly the most healing factor in any simply human or professionally helping relationship. In offering this kind of open, receptive care, the supervisor can act as instrument of God who graces the supervisee, and through the supervisee's unconditional acceptance in turn, God who graces the client/patient.³³

The quality of love and care in the supervisory room can be a palpable experience of God's presence which guides and directs the formation process. This leads into my operative metaphor for my way of being as a supervisor—to be "a Held-Holder"—one held by God, and holding the lives and concerns of others. So as clinicians-in-training experience the sacred holding of their work by their supervisor, they in turn, can become sacred holders/containers of their clients' lives and concerns. To be a "held-holder" defines my pastoral identity and the role that I wish to impart as a clinician and educator. As Winnicott explained, we do not need to be "perfect" holders, but only "good-enough" ones.³⁴ So, from a pastoral perspective, the principle of sacred holding is now extended beyond merely secular object-relations theory to the realm of the Spirit. As ministering persons, we now become instruments of God's divine holding.

WAY OF UNDERSTANDING

My *way of understanding* as a pastoral counselor and supervisor finds its home in integrative family systems therapy.³⁵ Among the various forms

of integrative therapy, my approach is *systemic-constructivist*.³⁶ This means utilizing a range of family therapy modalities spanning from the transgenerationalism of Murray Bowen, through the structural insights of Salvador Minuchin, all the way to the post-modern narrative approach of Michael White. While this way of understanding supports a traditional sense of the family, it also recognizes that what we mean by family is, to some extent, culturally determined and time-bound. An integrative family systems approach as a way of understanding brings together the diverse elements that inform supervisees' or clients' often pluralistic, cultural contexts. Family systems theory awakens us to the fact that we are not simply autonomous beings living in a social bubble, but that we are more accurately carriers of our family's collective memories, who live out of various relational patterns and unconscious processes on a daily basis.³⁷

One important way pastoral clinicians come to understand others is by developing a deep capacity for empathic joining. Empathic joining may be described using the instrumentality of one's personhood in order to resonate with the experience of another, as the strings of an open harp sympathetically vibrate as an orchestra plays. An integrative family systems perspective encourages supervisees to move beyond the limitations of their worldviews and cultural conditioning, by becoming open and curious about clients' beliefs and values, and finding ways to work with them both spiritually and psychologically.³⁸ Perhaps it is this openness to, and genuine wonder about others, that most clearly defines our work.

Adopting an integrative way of understanding calls supervisors to respect and work from the theoretical starting points of supervisees, while facilitating cogency and congruency in their case conceptualizations and treatment plans. This *accompaniment process* allows them to develop intellectual and professional integrity by encouraging them to explain why they do what they do. Fostering cogency and congruence for pastoral counseling interns means being open to a wide array of theoretical models which may include psychodynamic, family systems, and/or constructivist modalities, to name a few.

Informed by the constructivist assumption that therapists never fully understand a client's reality, supervisors help therapists recognize the constraints imposed when relying on a limited range of perspectives and strategies for assessment and treatment. In terms of assessment, supervisors help therapists view their evolving clinical hypotheses as partial explanations, which highlight the intrapsychic, physical, and/or interpersonal domains for the client.³⁹

Using integrative family systems as a way of understanding allows supervisees' sufficient space for their clinical identities to gestate and mature, by providing a safe holding environment for this development to take place.⁴⁰ In this way, the supervisor operates like a *spiritual midwife*. In concrete terms, this means assisting interns with the simultaneous appropriation of their personhood *and* professional practice. Nancy Ramsey supports this integrative analogy beautifully, when she writes:

Midwifery is a valuable metaphor because in its recognition of the expertise of the midwife, it does not diminish the one in labor as gifted and also responsible...Midwife, for example, is appropriate for those occasions in which we collaborate with person who are discerning gifts and who need our support in bringing those to fruition...Midwifery does provide real help in our efforts to move from unilateral to relational power. This is a power that seeks to empower others while acknowledging one's own labor.⁴¹

In the case of Denise, this meant deepening her appreciation for object-relations theory as her preferred way of understanding and intervening with clients. From this starting point, she was encouraged to do client genograms from an attachment perspective, and to sensitize herself to any number of possible transference and countertransference issues. Pamela Cooper-White describes the inestimable value of exploring the counter-transferential feelings of supervisees, as they learn to integrate and use their personhood as an instrument of healing.⁴² Arising from this is perhaps the greatest contribution of family systems therapy into the domain of pastoral counseling, namely an awareness of the phenomenon of *isomorphism*.

For systems therapists, isomorphism refers to the 'recursive replication' (Liddle, Breunlin, Schwartz, and Constantine, 1984) that occurs between therapy and supervision. The focus is interrelational and not intrapsychic. As Liddle and Saba (1983) suggested, the two fields (therapy and supervision) constantly influence and are influenced by each other...The supervisor who is aware of this process will watch for dynamics in supervision that reflect the initial assessment that the supervisor has made about what is transpiring in therapy.⁴³

Becoming aware of isomorphisms attunes us to the kinds of parallel processes which may be taking place not only at clinician-client level, but also at the supervisor-intern level as well. In so doing, we become more aware of any number of transference pitfalls. Since no supervisor comes without presuppositions, cultural or clinical biases, part of our responsibility to supervisees is to be transparent about them. When we participate in

an intern's work, we become an implicit part not only of their own family system, but of the systems of their clients as well. This complex web of interrelationships carries potential benefits and risks in terms of how supervisors and interns interact. Just as counselors run the risk of unwittingly playing into the projected expectations of clients, so too, supervisors invariably become part of the transferential worlds of clinicians-in-training.

To sum up, we may say that a pastoral *way of being* is simply the first stage in the development of a three-fold clinical identity, and that it is equally important to develop one's *way of understanding* and *intervening*. It is also reasonable to say that from a pastoral counseling perspective, one's way of being is ultimately grounded in *pastoral presence and intentionality*, which distinguishes it from all other approaches to psychotherapy. By way of extension, it is also possible to develop a distinctively pastoral way of understanding and intervening with clients as well. While one's way of understanding and intervening may be drawn from a wide body of evidence-based modalities, this may not be necessary in the development of a more fulsome pastoral paradigm. What is important here is to remember that not all three modes of Cheston's paradigm need to be pastoral for someone to call themselves a pastoral counselor.

WAY OF INTERVENING

In this last section, I will explore how my way of being (pastoral), and my way of understanding (integrative family systems), comes to completion in my way of intervening, within the context of pastoral counseling supervision. For this third mode, this supervisor uses a *collaborative, adult educational approach*. This school of thought recognizes the importance of modeling, facilitation and coaching in one's supervisory repertoire. Here, the adult learner is viewed as someone who already comes with knowledge and skills. Our goal as pastoral counseling supervisors is to build on these competencies, and to encourage accountability to clients and the profession. This is sometimes called an *andralogical model*, which stands in contradistinction to a pedagogical one. The following description lists eight basic objectives in this philosophy and practice:

The andralogical teacher (facilitator, consultant, and change agent) prepares in advance a set of procedures for involving the learners (and other relevant parties) in a process of involving these elements: (1) preparing the learner; (2) establishing a climate conducive to learning; (3) creating a mechanism for mutual planning; (4) diagnosing the needs for learning; (5)

formulating program objectives (which is content) that will satisfy these needs; (6) designing a pattern of learning experiences; (7) conducting these learning experiences with a suitable technique and materials; and (8) evaluation of the learning outcomes and rediagnosing learning needs.⁴⁴

Taking a collaborative, adult educational approach to intervening does not simply mean transferring one's own knowledge, experience, and preferences to supervisees. Rather, it means helping them to formulate their own clinical identities within the broad context of Cheston's general framework, now adapted to pastoral counseling. As the constructivist schools suggest,⁴⁵ this means adopting a naïve stance, without memory or desire, relative to all the supervisee brings, while being wholly engaged with them in the present moment. This paradigm provides just enough structure for dialogue, reflexive inquiry and self-appropriation, without dictating the exact parameters for implementing therapy goals. It is intended to draw the clinician and supervisor into a dynamic relationship of co-responsibility, co-construction and collaboration, towards a final objective of pastoral counseling competence. This approach may also include moments of direct teaching relative to the modalities being used, and/or encouraging the student-intern to supplement supervision with additional readings in specific areas of therapeutic care.

OPERATIVE METAPHORS FOR MY "WAYS" PARADIGM

While the metaphor of midwife works to describes my way of understanding, another metaphor works well to explain my supervisory stance of intervening. Consider a skating instructor who skates backwards while in front of a novice skater. So when supervising, I sometimes work in reverse, with the aim of allowing the supervisee to hold themselves upright and to look forward, while gaining momentum in their clinical work. The instructor takes the hands of the learner in order to steady and guide them on the ice. They are sensitive to the distance between themselves and the supervisee, and adjust their presence and support based upon the learner's needs and skills, like well-choreographed dancers. Once the learner is able to find their center and direction, the instructor lets go of the process, and monitors from a respectful distance. So the metaphors of *sacred holding* (way of being), *midwife* (way of understanding), and *skating instructor* (way of intervening) express in images the way I have been supervising Denise. All images share a common spirit of collaboration.

Using the ways paradigm for supervision does not require one to be an expert on a multitude of theories and practices, nor does it mean enforcing an

unnecessary eclecticism on unsuspecting interns. Rather, it means being open to learn oneself, and a willingness of become more familiar with a variety of counseling theories now available to us. With Denise, this first meant inquiring about her three ways/modes of treatment as they began to take shape and evolve. Second, it engaged us in a process of evaluating the efficacy of her work from an assessment and treatment perspective. Third, it meant having ongoing dialogue about how we might enhance her skill-set which best fit for her professed ways paradigm. For this supervisor, coaching metaphors also address the appropriate use of power in the relationship, and the importance of knowing when to support, when to guide, and when to let go of the process. Metaphors of coaching have helped me to balance the polarities of gentleness and firmness, without becoming either too cautious about making suggestions, or authoritarian in monitoring progress. In the words of L. G. Roberto, "Coaching is a midway supervisory tool between skill-oriented supervision and personal therapy."⁴⁶ From this standpoint, coaching and adult education are complementary means of exercising encouragement, and facilitating a spirit of mutual exploration.

While intervening with interns like Denise, this supervisor found it helpful to offer a variety of possible interventions strategies which are in line with the intern's therapeutic aims, temperament, and skills. What is crucial in collaborative supervision is that we are prepared to back away from our own rationale and objectives, and leave it up to the clinician to decide how to bring various theories into practice. Of course, a supervisor may also need to be quite directive at times, especially if a client's safety is at stake, since periods of crises are not intended to be times of extended reflection, but action.⁴⁷ As a pastoral counseling supervisor, I am less interested in the way Cheston's tripartite paradigm might take shape in supervisees, and more interested in how it is actually delivered in the therapy room.

For me, pastoral counseling competence begins with a pastoral way of being. In its simplest form, this translates into the capacity to reverence the other as a unique human being, regardless of who they are, or what they bring. When practicing this stance genuinely, it has the power to convey to clients that they are also loved and upheld by God, assuring them that they will never be viewed as objects of therapy, but rather persons who are called into transcendence, healing and hope. Fostering pastoral presence for another implies that clinicians and supervisors alike commit themselves to their own transformational potentials through prayer, meditation, and other forms of spiritual practice. Pamela Cooper-White links this activity to per-

sonal self-care when she says, "Self-care involves a commitment to a regular discipline of prayer and the intentional devotion of time to ones' own spiritual growth. This is the ground, finally, from which all genuine pastoral care springs."⁴⁸

CONCLUSION

A pastoral way of supervising, then, culminates in *a sense of presence and intentionality*, which brings a unique stance to our work. It is characterized by openness, non-judgment, collaborative curiosity and goodwill. In the words of Thomas Rodgeron, "This might be referred to as an artistic or spiritual awareness on the part of the counselor, and would include an intuitive element and an awareness of the presence of God in the process of counseling."⁴⁹ Pastoral presence and intentionality implies flexibility in the way we encourage supervisees to be with, understand, and intervene with their clients. Pastoral counseling is not simply concerned with the application of sound methods and practices—as important as they are—but is at home in the domain of *mystery*. "The supervisor is active witness, instrument to the movement of Mystery within the supervisory session...the supervisor's first and major response is to be open and receptive to the freeing, healing power of Mystery."⁵⁰ Pastoral counseling and supervision are therefore vocations involving sacred alliances. Such an appreciation for a sense of the holy does not turn these into some form of esoteric mysticism, but rather defines and informs them as interdisciplinary healing arts. "Supervision is an art. Skills can be learned and refined. Supervision of supervision can be obtained, but ultimately the art of supervision is a gift that is given, not one that can be achieved."⁵¹ Cheston's ways paradigm applied to pastoral counseling supervision represents one cogent and competent way of achieving this end.

NOTES

1. Sharon E. Cheston, "A New Paradigm for Teaching Counseling Therapy and Practice," *Counselor Education & Supervision* 39, no. 4 (2000): 254–269.
2. *Ibid.*, 254.
3. Hal Arkowitz, "Integrative Theories of Therapy," in *History of Psychotherapy: A Century of Change*, Donald K. Freedheim, Herbert J. Freudenberger, Donald R. Peterson, Jane W. Kessler, Hans H. Strupp, Stanley D. Messer, and Paul L. Wachtel, eds. (Washington, DC: American Psychological Association, 1992), 261–303.
4. P. Scott Richards, Roger Keller, and Timothy B. Smith, "Religious and Spiritual Diversity in Counseling", in *Practicing Multiculturalism: Affirming Diversity in Counseling*

and *Psychology*, Timothy B. Smith, ed. (Boston, MA: Pearson Education, 2004), 276–293.

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