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Spiritual Care as Creative Interruption: Exploring a Generative Metaphor for Intercultural Healthcare Chaplaincy

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Abstract

Public healthcare institutions are increasingly culturally diverse, creating ethical challenges that arise from the complexities of competing values and beliefs. The ethical responsibility of chaplains to provide spiritual care in diverse healthcare contexts necessitates a re-visioning of deeply held beliefs and practices that prioritize togetherness and mutual understanding over engaging difference. *Creative interruption* as a theological metaphor for spiritual care can serve as a generative framework for engaging the cultural and religious other in the context of healthcare chaplaincy and education, building on the recent work of pastoral theologians concerned with intercultural care (Doehring, 2010, 2012, 2015; Lartey, 2003, 2006). A critical correlation method brings key concepts from the philosopher Emmanuel Levinas and theologian Gordon Kaufman into dialogue with intercultural and interreligious clinical vignettes. Insights from Levinas provide a philosophical foundation for conceiving of care as interruptive and necessarily dislocating for the chaplain and spiritual care educator. Engaging the field of applied Levinasian theory, the phenomena of *alterity; the face of the other*; and *the saying and the said* are explored in the context of spiritual care vignettes. The humanizing role of chaplaincy includes a consideration of *making the invisible visible* and privileging *the wisdom of love* over the medical system's love of wisdom. Gordon Kaufman's theology of God as *creativity* rather than Creator further contributes to a conception of care as a creative and interruptive coming-to-being. Creative interruption as a metaphor for spiritual care engages a Kaufmanian understanding of creativity as the often serendipitous emergence of the new and novel through the ongoing creative and interruptive evolution of the world. Creative interruption as a guiding metaphor invites a consideration of the interruptive movement and mystery of creativity as generative and necessary for spiritual care and spiritual care education. Creative interruption as a generative metaphor can inform spiritual care as a dynamic and emergent process by which the divine is made known through engagement with otherness.

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Introduction

Healthcare chaplaincy exists at the intersection of diverse worlds of meaning. Hospitals remain one of the most culturally and religiously diverse public institutions accessed by all social classes and cultural groups in the United States. As a chaplain to patients, families, and interdisciplinary colleagues from diverse religious and cultural worlds, I represent Western institutionalized health care with its norms and views of disease, illness, health, and well-being. As a religious leader representing the healthcare system, I am also accountable to the cultural beliefs and values of my religious tradition. As a clinical *and* religious leader, I must discover ways of conceiving of spiritual care that empower the discovery of meaning within my internally diverse professional and ecclesial worlds as these worlds intersect with the cultural and religious realities of the patients and interdisciplinary colleagues I encounter. Each care seeker has her own richly complex beliefs, values, and practices that may be radically different from my own and may diverge from the Western allopathic view of health in important ways.

This dissertation argues that *creative interruption* can serve as a generative metaphor able to provide the possibility for engaging tensions within and between the healthcare clinician's own worlds of meaning and that of his client/patient/care seeker/colleague. Through vignettes I will demonstrate that *interruption* is a necessary and creative quality of competent care in the pluralistic context of health care. As a central dimension of what it means to care for another, cultural and religious interruption

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is a potentially generative theological event that affirms the diversity of creation in all of its incredible variation.

Like other publically accessed institutions, health care in the United States is growing more diverse each year. With access to information and the mobility of persons and ideologies across geographical boundaries, religious leaders and educators are faced with cultural and religious pluralism that demands revised ethical paradigms[1] for engaging difference. Cultural and religious difference within families, communities, helping institutions, and civic culture necessitates a theological response and revisioning of deeply held beliefs, values, and practices to make room for ethical engagement with otherness. Religiously motivated violence continues to undermine the health and well-being of communities worldwide. Post-colonial critiques of the role of religion and theological discourse in reinforcing totalizing ideologies (see Asad, 2003a, 2003b; Masuzawa, 2005; Said, 1978; Sale, 1990; Sen, 2006; Tinker, 1992) have illuminated the ways that such discourse is in need of ongoing revision to account for the ethical failure of systems of religious belief and practice that inadequately account for pluralism (see Ibañez, 2010). Religion has too often been a resource for interpersonal and political violence.

As Christian theologians such as John Cobb (1994, 2004), Paul Knitter (Hick & Knitter, 1987), David Ray Griffin (2005), John Hick (Hick & Knitter, 1987), Marjorie Suchocki (2003), and Gordon Kaufman (1996) seek to articulate theologies that account

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[1] For the purposes of this analysis I will rely on David Couzens Hoy's definition of ethics in *Critical Resistance: from Post-Structuralism to Post-Critique* where he defines ethics as, "obligations that present themselves as necessary to be fulfilled but are neither forced on one nor enforceable" (2004, p. 15).

for religious pluralism from a meta-theological perspective, pastoral theologians

concerned with the healing, guiding, sustaining, reconciling, empowering and liberating

dimensions of spiritual care and counseling are discovering methods and guiding

theological metaphors for addressing pluralism in the context of praxis. With a regard for

the insights of post-colonial theory, *intercultural spiritual care* as an emerging paradigm

in the field of pastoral theology (Ramsay, 2004) seeks to address the problematic

consequences of Eurocentric approaches to pastoral theology and care. Intercultural

theologians and practitioners are acknowledging the ways that clinicians can

unconsciously and subtly impose their values and beliefs on those seeking care

(Doehring, 2014). For intercultural theologians, the consideration of alterity[2] is emerging

as a central feature of theological conversation that accounts for difference (Cooper-

White, 2011; Dueck & Parsons, 2007; E. Graham, 2000; Lartey, 2006). From the

perspective of spiritual care praxis, a method of spiritual care that accounts for radical

otherness rather than relying on unified visions of health and wholeness is proving to be a

central consideration for intercultural and interreligious care. As clinicians and pastoral

theologians develop methods that challenge totalizing visions of care, we are engaging in

self-reflection in a new way—through exploring what pastoral theologian Pamela

Cooper-White has named "the 'Other' within" (2011) and Carrie Doehring has explored

as the "jarring moments" of encountering cultural difference (2010, 2014). An

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[2] The term *alterity* derives from the Latin word *alter*, which means "other." Contemporary philosophy has largely concerned itself with the question of the other human being (*Autrui*, in French). It has not so much concerned itself with who the other is, but rather, our access to the other's alterity. Continental philosophy focuses on the ontological dimension of the question rather than its epistemological implications (Bernasconi, 2006). Practical theologian, Elaine Graham, has asserted that "an adequate model of practical knowledge will exhibit a bias toward alterity (2000, p. 111).

understanding of such moments of interruption and their implication for practice and theory has yet to be robustly explored in the field. Lifting up such moments as imperative to ethical care challenges the bias among practitioners toward a sense of togetherness as a goal for spiritual care. An articulation of interruption as both a concern for ethical praxis and a central theological event has potential to contribute to the emerging intercultural and interreligious paradigm of theology and spiritual care.

By engaging the intersection of theory and practice, my theological project will explore *creative interruption* as a potentially generative theological metaphor for engaging alterity and diversity in an intercultural approach to spiritual care. A consideration of spiritual care as *creative interruption* has potential to challenge an understanding of care that emphasizes the collapsing of difference in the care encounter. Appeals to sameness in spiritual care fail to account for the caregiver's ethical responsibility to be available to the potentially transcendent moments of interruption that occur through engaging the alterity of the cultural or religious other.

The Use of Metaphor in Pastoral Theology and Care

My exploration of creative interruption as a metaphor for spiritual care arose from a seminary course I teach annually at a local seminary. The course introduces graduate students to the field of chaplaincy. In the course, students who are assigned to a clinical rotation at a local hospital explore classic and contemporary theological metaphors for spiritual care in order to develop their own religiously and culturally-informed conceptions of spiritual care.

Robert Dykstra (2005), a pastoral theologian, has written on the use of metaphor in pastoral care and theology. For Dykstra, metaphors are a way to engage a complex discipline that is challenging to represent as definitive and possessing of a clear structure (2005, p. 5). Dykstra writes of the ways in which pastoral theologians and spiritual care practitioners have sought to theologically represent and construct conceptions of care through metaphors that include Anton Boisen's "living human document" (1960), Seward Hiltner's "solicitous shepherd" (1958), Bonnie Miller-McLemore's "living human web" (1996), Robert Dykstra's (2005) "intimate stranger." The historical development of the field of pastoral theology is reflected in the use of metaphors. Dykstra writes, "The image of the solicitous shepherd, which comes into ascendancy in the 1960s, gives way to the wounded healer in the 1970s, which in turn is displaced by the wise fool of the 1980s while a host of alternative images arrive on the scene from the 1990s to the present" (2005, p. 11). The appearance of each new metaphor in the field represents a key development in the theological and practical representation of care in response to a changing social, cultural, and political landscape.

Archie Smith (2002), a pastoral theologian concerned with the intersection of pastoral care and social justice, addresses the ways that metaphor can enable "a way of seeing." Smith writes,

> In doing pastoral theology, I use metaphor as a way of seeing. Through metaphor we are able to make sense of mystery, the divine reality, and give meaning to our everyday experiences, thought, and action. I use metaphor to create images that represent the divine reality, the relationship between God and people, the ethos of a group, the spirit of a society, as well as its emotions, character, interactions, and environment. I often use metaphor to plant or find seeds of hope. Metaphor can describe and re-describe experience, offer choice, redefine and help transform understandings of our way of being in the world. Metaphor, then, is a way of

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understanding or experiencing something that may not be familiar by referring to something that is familiar. (2002, p. 6)

Smith addresses the ways in which metaphor can draw attention to theoretical and theological gaps in understanding. "Metaphors are language devices that arise from lived experience. They can call attention to gaps in awareness, the deep structures of experience, and the multiple layers of relationship" (2002, p. 15).

Metaphors speak to the daily practice of spiritual care through providing language that can both affirm and challenge assumptions about the nature of care. Metaphors can invite care seekers to re-examine our values and beliefs about the world through engaging in theological construction. Emma Percy (2014), an Anglican scholar who has developed "mothering" as a theological and practical metaphor writes of the importance of metaphor for those engaged in the work of ministry,

> It is my contention that we need to use more imaginative language and to find metaphors for ministry that can provide clergy with models of working that relate better to their day-to-day experience. To use a metaphor is not to say that one thing is another but that it is like another in a way that can open us and enrich our understanding. (2014, p. 1)

Theological metaphors for care serve to engage an ongoing discussion in the field and metaphors can serve as a methodological resource for theological construction. Drawing from metaphor enables a new way of thinking through introducing a necessary theoretical tension. As philosopher David Hills notes,

> Much of the power and interest of many a good metaphor derives from how massively and conspicuously different its two subject matters are, to the point where metaphor is sometimes defined by those with no pretensions to originality as "a comparison of two *un*like things. (2012, para. 2)

Constructing care as theologically *creative* and *interruptive* makes possible a robust exploration of care that considers what spiritual care is and what it is not. *Creative*

interruption as a theological metaphor extends the practice of spiritual care beyond static theological conceptions of togetherness and sameness and invites a consideration of the dislocating, often destabilizing, and yet generative nature of cultural and religious diversity in the care encounter as a theological event. Though seemingly counter-intuitive, my thesis claims that spiritual care extends beyond the offering of comfort and empathic support to another in need. Spiritual care, when engaged with an ethical regard for difference, is both interruptive and creative of new and unforeseen possibilities for both the caregiver and the care seeker.

Defining Culture

An exploration of creative interruption as a generative metaphor for the practice of intercultural and interreligious spiritual care will require a working definition of culture—a theoretical task not without ideological and theological implications. Cultural theorist Jere Surber has illuminated a core problem with defining culture in theoretical discourse. Surber aptly points out that historically there has been a tendency to rely on definitions that contrast human culture with nature. Definitions of culture that over-rely on such dichotomous presuppositions are inevitably riddled with "ambiguities, imprecisions, and uncertainties" (Surber, 1998, p. 4). Rather than contrasting culture with nature and the material world, Surber argues that culture is best understood in light of its particular theoretical context, discipline or discourse. Such a definition of culture takes into account how the term functions within a particular context (1998, pp. 5-6).

Pastoral theologian Melinda McGarrah Sharp, a scholar speaking from within my own scholarly discipline of pastoral theology reiterates Surber's concern for

contextuality. I will borrow from McGarrah Sharp's definition of culture as I move

forward in outlining my project:

> Acknowledging the intercultural context of interpersonal relationships includes resisting a static notion of culture. Intercultural caregiving practices are enhanced when we envision culture(s) as constantly changing, internally diverse, and internally contested. Pastoral theologians have only just begun to think about how culture affects history, meaningful interplay between theory and personal narrative, ritual, empathy, self-awareness, life-giving and life-depriving practices of care and communal life, public witness, and interconnections of care and justice. (2013, p. 23)

For the purposes of my argument, culture will thus be considered in the context of care

and caregiving. Spiritual care as a context for deliberation will drive my understandings

of culture and the interruptive moments presented by differences between the care seeker

and the chaplain. In exploring healthcare chaplaincy as both interruptive and creative, I

will engage the interpersonal and relational dimensions of cultural and religious

difference as a dynamic and inter-relational phenomenon. *Interculturality* as a guiding

ethos in my articulation of intercultural and interreligious care refers to the

phenomenological encounter between the chaplain and the care seeker to whom the

chaplain is ethically responsible.

Exploring Creative Interruption as a Generative Metaphor for Care

In order to set a foundation for an exploration of intercultural and interreligious

interruption as a generative and creative theological event, Chapter 1 will introduce core

insights articulated by the philosopher and phenomenologist Emmanuel Levinas—a

French philosopher and Talmudic commentator who wrote extensively on the

relationship between the status of the other in its relatedness to the I (1969). Levinas

argues against systems of knowledge that seek to make the other an image of ourselves

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through incorporating the essential difference of the other into totalizing theoretical or theological systems. For Levinas, the other can never be truly captured or diagnostically appropriated through conceptualization (1969). An ethical relation to the other requires an essential respect for the other's irreducible strangeness. Without a respect for the essential difference encountered in the *face* of the other, spiritual care providers are at risk of committing an act of violence through transforming otherness into a self-serving ideological sameness. For Levinas, ethical relationality with an other becomes possible through openness to one's own ethical desire to authentically engage the physical and existential vulnerability of the care seeker who exists beyond our comprehension and ability to construct systems of meaning to contain her. The other beckons us toward our own infinite and unknowable nature and toward the infinite presence that Levinas gives the name God as the "transcendent being that results in no community of concept or totality" (1969, p. 80). Levinas's ethical respect for the other's irreducible strangeness challenges spiritual care—a professional discipline that has upheld an ideal of togetherness and common understanding.

Challenging the value placed on togetherness, Levinas develops ethical responsibility as a central concern—a concern that both precedes and informs any consideration of justice or common understanding—through the myth of Gyges as found in Plato's *Republic*. Through this myth, Levinas describes how the ego subsumes others within its agenda. The power of invisibility, as symbolized by Gyges' ring, allows Gyges to act in the world without the consequences he would normally face. He uses the ring to gain power and prestige through remaining invisible to others.

For Levinas, the myth of Gyges is analogous to the myth of the ego and its tendency to thematize the other in order to maintain its own interiority. Like Gyges, the chaplain and spiritual care educator is faced with the choice to be visible by saying to the other "here I am" or to dwell in an invisibility that thematizes and manages the other as a disease state, a number in a medical chart or an educational or psychodynamic theorization. After exploring key Levinasian insights, I will put Levinas's ethical respect for the other's irreducible strangeness into practice through vignettes that will illustrate the importance of visibility and ethical responsibility. By paying attention to de-centering moments as creative and transcendent events within spiritual care encounters, the importance of key Leviansian insights to the field of spiritual care and education will become apparent. The insights of Levinas address the relationality and visibility at the foundation of any consideration of ethical care. Healthcare clinicians would do well to move from a reliance on reason and its relational invisibility toward what is for Levinas a Talmudically based *wisdom of love* as a command to love thy neighbor. Care originating from the wisdom of love prioritizes the ethical relation over reason and thematization— *and precedes each*.

Levinas articulates that, while the law and justice are born out of this love for neighbor, those acting according to justice and the law are at risk of committing an act of violence against the other when such laws and just principles are left uninterrogated or unattendant to the ethical relation as revealed in the face of the other. In developing my thesis— that creative interruption is a generative theological metaphor for engaging alterity in an intercultural approach to spiritual care—I will challenge understandings of

the chaplain's role in the hospital that value moral claims and theological conceptions of truth above ethical and relational responsibility.

Chapter 2 argues that spiritual care is best understood as the ethical responsibility to engage alterity and difference without seeking to resolve it. Theorists from the field of communications ethics—a discipline considering intercultural communication ethics through a Levinasian lens—are deconstructing a bias toward unity and common understanding. The concept of interruption explored by the communication theorist Amit Pinchevski (2005) offers a particularly helpful way of considering here-and-now moments of interruption encountered in dialogue with the other as well as the transformative and creative potential such moments hold. Pinchevski argues that communication has been traditionally understood as transmission, influence, elimination of difference and/or a system of control. Lisbeth Lipari, also writing in the field of ethical communication theory, uses a Levinasian approach to articulate a sense of "listening for" alterity in the other that can serve to both instruct an intercultural method (Lipari, 2004, 2009) and contribute to a theological affirmation of diversity. The work of Pinchevski and Lipari will inform my exploration of an intercultural theology. Pinchevski's theory of interruption and Lipari's "listening for" alterity will contribute to a construction and theological articulation of de-centering moments as creative and potentially transcendent events within spiritual care encounters.

Theologians considering the implications of the work of Emmanuel Levinas for pastoral theology and care will also be brought into the conversation in this chapter. Such theorists include Roger Burggraeve (1999, 2006, 2007, 2008), professor of moral

theology in Leuven, Belgium and Emmanuel Lartey (2000, 2002, 2003, 2006), a

Ghanian-born pastoral theologian. A Jesuit moral theologian, Burggraeve considers the

practical moral implications of Levinas's work in light of considerations of evil, racism

and violence in the contemporary European context. Burggraeve's work on an ethic of

love has significantly influenced pastoral theology (understood through the lens of

practical theology) in the European context, while Lartey has spoken largely to a North

American audience.

Chapter 3 turns to a theological consideration of *creativity* to establish the de-

centering moment of experiencing the other's irreducible strangeness as a moment of

creative interruption with theological import. Theologian Gordon Kaufman's

reconstruction of God as creativity rather than Creator will serve to inform spiritual care

as both the practice and theological expression of *creative interruption*. Kaufman's

writing on the concept of God as *serendipitous creativity* will provide a theological

context for considering the creative and transcendent potential within interruptive

moments of engaging alterity in a spiritual care encounter. Kaufman's theology of God

offers the opportunity to consider a way of thinking about God that places mystery and

alterity before what can be known of God through conceptual thinking and experiencing

God in the world (Kaufman, 1996, 2000, 2004, 2005a, 2005b). A theological construction

of God that accounts for creativity and interruption has the potential to inform and

illuminate the particular moments of spiritual care as necessary for chaplaincy and

chaplaincy education as both a professional discipline and a theological endeavor.

For Kaufman, human diversity is not something to be overcome or to be evaluated according to monolithic religious discourses set against one another. Rather, diversity and increasing complexity are reflective of the nature of reality as an expression of the divine. It follows that God as creativity is not a fixed and unchanging being but the dynamic, mysterious and changing ground of all life. "God (creativity) has brought into being human persons and communities—in all their vast diversity—and God continues to sustain this great pluralism of human life" (Kaufman, 2004, p. 105). God as serendipitous creativity sustains and moves through the natural world and in human cultures by way of various trajectories[3] that prove to be either life-giving or life-diminishing but are always infused with mystery and the possibility of the emergence of the new and the novel (see Kaufman, 2003, 2004, 2005a, 2005b, 2006, 2007). In this chapter I will explore the mystery of creative emergence in the context of chaplaincy as both a theological and practical discipline.

Chapter 4 develops methods for spiritual care and education that embody and express a regard for creative interruption as a guiding metaphor for care. Through a discussion of the role of the chaplain as ethics consultant to the hospital system, I will consider the potential contributions of health care chaplaincy to medical ethics. More generally, this chapter will demonstrate an integration of theory and practice through drawing from creative interruption as a method that can illuminate the best of spiritual care while also advancing the field of healthcare chaplaincy as a discipline. In this

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[3] For Kaufman, Jesus as both a symbol and a historical figure can be understood as a central expression of one such humanizing historical trajectory and manifestation of serendipitous creativity (Kaufman, 2006).

chapter I will demonstrate that chaplains can contribute to healthcare ethics through modeling practices that challenge totalizing tendencies of ethics consultation practices that are over-reliant on principlism,[4] a universal principles-based model for ethical analysis, as a guide for ethical decision-making.

In Chapter 5 I will articulate the ways my exploration of care contributes to the fields of spiritual care, spiritual care education, and pastoral theology. This final chapter includes a discussion of the limitations of creative interruption as a metaphor for care and offers suggestions for future expansion and application of this metaphor to the fields of spiritual care and chaplaincy education.

Methodology

The thesis of this dissertation—that creative interruption is a generative theological metaphor for engaging intercultural spiritual care—arises out of the theological and practical context of healthcare chaplaincy. Accordingly, the methodological approach I utilize is explicitly theological and pragmatic. Through the use of a pragmatic[5] approach as opposed to a more systematic theological construction, my dissertation seeks to overcome the illusion of a split between theory and practice. In doing so I draw upon my experiences as a clinical pastoral educator (ACPE) and chaplain to construct composite vignettes that are based on real life experience, yet disguise the identities of persons and locations in order to protect the confidentiality of the persons

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[4] For a discussion of principlism in medical ethics consultation, see Beauchamp & Childress (2009).

[5] *Pragmatism* is a philosophical movement that includes those who claim that an ideology or proposition is true if it works satisfactorily, and that the meaning of a proposition is to be found in the practical consequences of accepting it.

presented. My vignettes serve to orient the integration of theory and practice in the context of my own clinical work in order to explore a theology of creative interruption that addresses Kaufman's concern for assessing theological concepts according to "the way the symbol God enables us to live in the world" (Kaufman, 2004, p. 119).

For Kaufman and for my own theological project, religious truth claims are constructive and historically bound rather than a reflection of an onto-theological reality. Kaufman argues for a move away from a conception of theology as best constructed by a small group of highly educated mostly White, male intellectuals. Theology, rather, is ideally constructed and revised through dialogue among a diversity of voices and perspectives. Since theology is best understood as a constructed and historically mediated truth for particular people within a trajectory of history, truth itself is essentially pluralistic and dialogic rather than static and fixed.

My dissertation work is best described as a pragmatic exploration of an intercultural and interreligious pastoral theology and method of practice. Through the development of my thesis, I will build an understanding of interculturality as a way of being in the world that emerges from an affirmation of diversity as a generative and creative feature of creation. For Kaufman, the task of theology is to construct an understanding of God that *makes possible* an *adequate orientation in life and in the world*. In this way, theological construction is like building a house using the conceptual materials available in a particular time and place in history (Kaufman, 2000). My writing will explore the ways theological claims emerge from interculturality and from pluralism as a central concern for both theological construction and praxis.

My approach to conversation partners outside of religion and theology can best be described as a revised correlative method.[6] A revised correlative approach, as developed by David Tracy and Don Browning (Browning, 1991; Tracy, 1996), supports and helps to integrate my constructive task. Tracy's revised critical correlation method seeks to mediate between cultural concerns and theological truth claims. For Tracy, theology must necessarily locate itself at the place where human culture and Christian truth-claims meet (Graham, Walton, & Ward, 2005, p. 159). Extending the correlational theological method of Paul Tillich, Tracy argues for a process of mutual interrogation as a reciprocity between social science and theological sources (see Ramsay, 2004, p. 33).

Writing nearly 30 years after Tracy first introduced a revised critical correlation method, pastoral theologian Joretta Marshall considers the challenges faced by practical disciplines seeking to engage theology in a mutually reciprocal and interrogative manner. In a chapter included in a collection of essays on the shifting paradigms within the field of pastoral theology, Marshall defines method in a fourfold manner that will be helpful as I develop my argument. Marshall defines method as:

1. The techniques one employs in the practice of care and counseling;
2. The tools utilized in the teaching or training of pastoral theologians and caregivers (both for pastoral-generalists and for the care specialist);
3. The articulation of the relationship between particular fields and disciplines; and
4. The process of constructing a pastoral or practical theology and the various elements for consideration in such a construction. (2004, p. 135)

Marshall chooses to focus primarily on the third and fourth definitions in considering the current state of the discipline(s) and its potential future. In doing so she reflects on the

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[6] Joretta Marshall defines a revised correlative approach as a method that allows for the integration of various disciplines and concerns, but always with an attention to the centrality of theology (2004, p. 139). See also Elaine Graham, Heather Walton and Frances Ward's discussion of the revised correlative approach as a form of theological reflection (2005, pp. 158-168).

tension between constructing creative theological frameworks and the application of theology to the practice of ministry (2004, p. 136). In developing creative interruption as a generative metaphor for engaging difference in the context of health care chaplaincy, it will be essential to engage this methodological tension. Just as Marshall ultimately favors revised correlational and constructive methods over practical theological approaches, my work will seek to engage diverse theoretical partners in a rigorous attention to the ways in which theology informs practice, and, at the same time arises, from within it.

As pastoral theology continues to move toward a greater integration of theory and practice, issues of religious pluralism will present a related challenge and opportunity. To find strategies to navigate pluralism and particularity within the Christian tradition while preserving room for universal theological and theoretical claims is a task of pastoral theologians. Marshall issues a caution that we must be careful not to "collapse disciplines and realms of understanding into one metatheory or metanarrative" (2004, p. 148). Attention to the ways in which the theories I engage are mutually disruptive and interruptive is central in ensuring that my thesis is methodologically consistent with the claims I make about difference as creative and generative. Just as differences between cultural others are at risk of being conflated into an artificial sameness, differences between the disciplines I engage are at risk of being absorbed into an artificial metanarrative that can deny the rich complexity of interruptive and diverse perspectives on the human experience. In my exploration of pluralism and difference, I seek to remain attentive to such risks.

The profession of clinical spiritual care is in need of an intercultural conception of care rooted in theologically generative conceptions of diversity, pluralism, and alterity. My central task is to develop and explore a metaphor for care that takes seriously the ethical responsibility of the chaplain and educator to encounter cultural and religious difference as a potentially transformative and necessary theological event.

Chapter 1: Emmanuel Levinas and Ethical Responsibility to the Other

In our day to day work, healthcare chaplains encounter complex cultural and religious diversity as such diversity intersects health and healing for patients, families and professional caregivers. Encounters with broadly different views of health, healing, illness, autonomy, dying, death, and mourning can challenge the chaplain's own sense of selfhood and moral responsibility to provide care that is both culturally sensitive and expressive of her own values, beliefs and inner sense of integrity. This chapter explores such decentering moments in the daily work of the chaplain, drawing from the insights of Emmanuel Levinas to prioritize the ethical relation with the cultural and religious other as the foundation for competent care.

Since the late 18th century, significant attention has been paid to *the other* in philosophical discourse. A consideration of the cultural and religious other and the other's relation to the subject has challenged Western epistemological traditions that are biased toward the point of view of a universalized rational subject. As the Cartesian self came to no longer reside at the center of the universe, the Enlightenment reliance on an autonomous, self-transparent subject shifted, much like Copernicus's discovery de-centered the earth from its privileged place within a scientifically conceived universe. This de-centering of the subject in philosophical discourse is paralleled by a shift in Christian theology away from an onto-theologically constructed universal Christian

subject toward an expansive regard for a pluralist theological view that is more able to account for religious and cultural difference.[7]

The fields of pastoral theology and professional spiritual care have been profoundly shaped by a Christian theological anthropology with deep roots in Enlightenment conceptions of the subject. The writings of Emmanuel Levinas, a Talmudic scholar and 20th century philosopher, are one resource for spiritual care clinicians, educators, and theologians who are critically examining our lineage and Enlightenment inheritance. The Christian Enlightenment legacy has too often supported the domination and subordination of cultural and religious others through placing some persons at the center of the moral universe, while others are taken as less than human when compared against the ideal. Emmanuel Levinas articulates a dialogic view of the subject in relation to the other. A Levinasian view of the subject has potential to represent the best of the field of spiritual care and advance both its theory and practice in important ways. Professional spiritual care theory and method grounded in a Levinasian care ethic makes room for the cultural and religious other who is still at risk of being incorporated into universalized beliefs and values inherited from our Enlightenment forbearers. Levinasian ethics calls the field of healthcare chaplaincy toward greater humility by inviting the cultural and religious other to *radically interrupt* our theological, theoretical, and professional values and methods in order to bring about the true work of *mercy* (Levinas, 1984, p. 146). To welcome such theoretical and interpersonal interruptions it will be necessary to engage in clinical and theological reflection that values difference

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[7] For a discussion of pluralism and Christian theology, see John Cobb's lecture on Christian approaches to pluralism (Cobb, 2004).

and understands multiplicity not as an obstacle to be overcome but as necessarily dislocating and potentially transformative.

Emmanuel Levinas argues against systems of knowledge that seek to make the other an image of the self. For Levinas, the other can never be captured or appropriated by any theoretical or theological system. Thus, an ethical relation to the other requires an essential respect for the other's alterity. Without a respect for the essential difference encountered in the face of the other, chaplains and our interdisciplinary colleagues in health care are at risk of committing an act of violence upon the other through transforming otherness into a self-serving and unified theoretical and/or theological sameness.

An emerging intercultural paradigm within the field of pastoral theology and care places a high value on cultural diversity and seeks to articulate the ways that culture influences belief and behavior (Doehring, 2010; Lartey, 2000, 2003, 2006; Lee, 2009). Intercultural theologians and ethicists are constructing responses to the intercultural and interreligious realities in people's daily lives and religious understandings (see Deifelt, 2007). Scholars and practitioners in the field of pastoral theology and care have turned to Levinas in considering theological methods of approaching difference in the context of care. A Levinasian care ethic has yet to be robustly explored within the field of healthcare chaplaincy and education. As a spiritual care educator and chaplain I believe there is much potential in considering the insights of this important 20th century philosopher as they speak to my profession.

Chapter 2 of my dissertation reviews the literature in the field of applied

Levinasian theory as it has been engaged by pastoral theologians, communication

theorists, and healthcare ethicists. Before turning to a review of the literature, I will first

seek to clarify core insights of Emmanuel Levinas as engaged through vignettes. My

exploration of a Levinasian dialogic ethics will include an attention to *alterity* and *the*

face of the other; *the saying and the said* in the spiritual care encounter; the humanizing

role of chaplaincy through *making the invisible visible*; and *the wisdom of love* vs. *the*

love of wisdom. Exploring each of these theoretical dimensions through vignettes will

serve to clarify the ways that spiritual care holds potential to take seriously the ethical

demand of the religious and cultural other.

Chaplaincy has been shaped and challenged by religious pluralism throughout its

development as a professional discipline. My work as a clinical pastoral educator (ACPE)

and chaplain in hospice and trauma hospital settings will inform my consideration of

Levinas through vignettes that are drawn from my clinical encounters with the cultural

and religious others who have taught me how to be a chaplain and educator.

Alterity and the Face of the Other in Health Care

Mr. M. As I approach Mr. M's small trailer in a rural mountain town I wonder

what I will discover inside. I know that Mr. M is a man in his mid-50s who lives with his

girlfriend. I was told that Mr. M is a Vietnam veteran, that he has lived in this small town

for most of his life and that he is now dying of lung cancer. As a 25 year old newly

ordained chaplain, I wonder what I will be able to offer in the last few weeks or months

of Mr. M's life. I meet Mr. M who is sitting on his bed in the living room. He is wearing

jogging pants and has a bare chest covered by a series of patches to manage his pain. Mr. M speaks slowly and every breath is labored. He is usually watching news of the first Gulf War on television when I arrive for my weekly visits. In our conversations, Mr. M shares his anger about the Gulf War and tells many stories of regret and remorse related to his time in Vietnam. He wonders if his lung cancer is related to chemicals he was exposed to during the war. Mr. M shares about his guilt over people he killed in Vietnam. He feels remorse for living through a terrible attack that his best buddy did not survive. Mr. M asks me to pray for his forgiveness. I help construct a prayer that he finds meaningful. He thanks me for listening and says he figures that "I need to tell someone these stories before I die." Bedbound, Mr. M spends his days painting beautiful and highly detailed tiny ceramic objects that he gives away as gifts. A small ceramic angel given to me by Mr. M still sits in my jewelry box.

As a young chaplain assigned to Mr. M's hospice care team, the gaps in our life experience can scarcely be overstated. Mr. M entered the military after finishing high school and after his military service moved back to the same small town to work as a manual laborer. My young adult life had been spent mostly as a student, moving from my state college to a West Coast liberal seminary program. Raised as a Mennonite pacifist and ordained as a United Church of Christ minister, my only reference point for Mr. M's military trauma was films I had seen about the Vietnam War. Yet Mr. M appreciated my companionship and was willing to share his most tender stories with me, a young and inexperienced stranger.

For Levinas, such moments of ethical responsibility in response to the vulnerability of the other are not reliant on commonality or a sense of togetherness but are extended from one person to another through an epiphany of *the face*. As more than the other's physical countenance—through spoken of by Levinas in *Totality and Infinity* as the nakedness of the body (Waldenfels, 2008, p. 71)—the face is the expression of a trace of the infinite that exists beyond any possibility of conceptualization or thematization. The face at once reveals the irreducible alterity of the other while at the same time revealing her unique particularity and strangeness. "The way in which the other presents himself, exceeding *the idea of the other in me*, we here name face. . . The face of the Other at each moment destroys and overflows the plastic image it leaves me" (Levinas, 1969, p. 51).

In addressing the face in Levinas's writings, Roger Burggraeve notes that the concept of face is meant to contrast and not conflate with one's *countenance* which refers to a person's "describability, physiognomy, personality or character, familial and social status, intellectual and religious origin and background and so forth" (Burggraeve, 2007, p. 38). The face, rather, is "precisely that which exceeds the countenance" (p. 38).

The face speaks beyond the economic, social, religious, and cultural categories that make up the "totalizing" systems of exchange and reveals its vulnerability to me as the commands "thou shall not kill" and "love thy neighbor." As I approached Mr. M's modest home, I initially knew him to be a working-class, terminally ill Vietnam vet with a loosely defined religious faith. Mr. M would soon disrupt these categories as his suffering and vulnerability (as one close to death) were expressed to me, defying the

theological conceptions and end-of-life psychological assessment tools I brought to our

conversations. If asked in an interdisciplinary team meeting to convey my care plan with

Mr. M, I would say he was engaging in life review and seeking forgiveness and

reconciliation as he prepared to die. Perhaps Mr. M was processing the trauma of war and

passing his legacy on to a younger person willing to listen carefully to the story of his

life. Mr. M shared that he wanted his life to mean something beyond his death. I was

helping Mr. M reconnect to his spiritual and religious resources in order to better cope

with his psychological, existential and physical losses. Yet Mr. M could not be

adequately interpreted by any of the assessments or interventions I constructed to contain

him. He was at once artist and murderer, victim and hero, colluder and prophet. Mr. M's

stories of war and his fragility were outside of the possibility of a common understanding

or theoretical interpretation and thus interrupted my previously un-interrogated

conceptions of "Vietnam vet," "rural, working class man," and "artist." According to

Levinas

> The relation with the Other does not nullify separation. It does not arise within a
> totality nor does it establish a totality, integrating me and the other. Nor does the
> face to face conjuncture presuppose the existence of universal truths into which
> subjectivity could be absorbed, and which it would be enough to contemplate for
> me and the other to enter into a relation of communion. (1969, p. 251)

For Levinas, a community of others constitutes a multiplicity that cannot be

reduced to a unity or sameness (1969, p. 251). Ethical relationality becomes possible to

the extent that difference is engaged with the capacity to respond to vulnerability as

mystery and an *epiphany* of the infinite. Articulated through poetic language of

disruption, dislocation and *interruption*, the face breaks into the ontologically and

culturally conceived world by defying rigid categories of understanding and presenting

the face's alterity as an irreducible mystery that cannot be contained conceptually. The

God that Mr. M and I prayed to was a God of multiplicity, able to hold both of our

realities as expressions of a larger infinite mystery. Levinas names such a God the

"transcendent being that results in no community of concept or totality" (p. 80). Mr. M's

vulnerability called me to respond as one responsible to the well-being of a cultural other.

In her essay, "Levinas and Judaism" (2008), Jewish scholar Hilary Putnam writes

that although the Infinite is unthematizable for Levinas, this does not mean that the

Infinite is without content of meaning (p. 53). The content of the Infinite is not one of

being but one of responsibility. Unlike Martin Buber, who conceived of the other as an I-

thou encounter with God, the Infinite exists without ontological content (Putnam, 2008,

p. 53). Levinas understood himself to be extending the work of Martin Buber through

bringing about the metaphysical and ethical dimensions of the intersubjective aspects of

Buber, while seeking to surpass Buber's thought by moving beyond dogmatic

conceptions of the divine (Burggraeve, 2007, p. 35). Addressing the content of the

Infinite in an interview with Philippe Nemo, Levinas states,

> You are thinking: what becomes of the Infinity that the title *Totality and Infinity*
> announced? To my mind the Infinite comes in the signifyingness of the face. The
> face *signifies* the Infinite. It never appears a theme, but in this ethical
> signifyingness itself; that is the fact that the more I am just the more I am
> responsible; one is never quits with regard to the Other. (as cited in Putnam, 2008,
> p. 53)

I sat in Mr. M's living room in the midst of many silences that were resonant with

the transcendent. The urgency of Mr. M's dying process left no space for discussions of

God's ontological character or an attempt to reach a resolution of our differing values and

beliefs. Mr. M had an important personal and social story to tell before he died, and one

that demanded an ethical response of forgiveness and my best attempt at compassion

offered without judgment.

An ethical relation to the other requires an essential respect for the stranger's

irreducible strangeness. Without respect for the essential difference encountered in the

face of the other, care providers are at risk of committing an act of violence through

transforming otherness into a self-serving thematic sameness. In *Time and the Other*, a

series of four lectures, Levinas writes:

> The relationship with the other is not an idyllic and harmonious relationship of
> communion, or a sympathy through which we put ourselves in the other's place;
> we recognize the other as resembling us, but exterior to us; the relationship with
> the other is a relationship with a Mystery. The other's entire being is constituted
> by its exteriority, or rather, its alterity, for exteriority is a property of space and
> leads the subject back to itself through light. (Levinas, 1984, p. 76)

The face of the other is revealed through *the trace* as a surplus that exists through

the expression of language. Just as we never see God but at best encounter God's

presence in the world, so we can only access the *trace* of an other through the ethical

relation. Putnam points out that Levinas strongly contrasts the trace with an

Enlightenment view of the "radiant image of human essence" (2008, p. 45). The trace

cannot be followed as an essential path toward approaching God but an otherness beyond

assimilation as illeity[8] (see Wyschogrod, 2008, pp. 197-202).

Language presupposes plurality and separation between me and the other.

Through language, difference is preserved and the transcendence of the other revealed

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[8] In Levinas's writing, illeity can be understood as the force of the other's expression that is "the
unbridgeable distance between myself and the other" and at the same time expressive of the "He-ness" of
the other as a transcendent and moral height. The term illeity reflects the religious dimension of Levinas's
thought (Bergo, 2014, para. 38).

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through, "a struggle between thinkers, with all the risks of freedom" (Levinas, 1969, p. 73). It follows that communication is a relation with other-ness. Through language there is a "coinciding of the revealer and the revealed in the face" (1969, p. 67). This social relationship between the I and the other exists beyond conceptual understandings, reflects the infinite, and calls the healthcare clinician toward responsibility in relation to the other's vulnerability.

My professional training as a chaplain draws from clinical methods that include an empirically based spiritual care assessment-intervention-outcome model of spiritually integrated care that I now teach to chaplaincy students as a certified supervisor for Clinical Pastoral Education (CPE). Along with these clinical methods of care, I teach chaplains to clarify the theological and spiritual beliefs and practices they possess as resources for understanding their own meaning-making worlds in order to engage the worlds of their care seekers. The risk for chaplains and our colleagues in health care is the tendency to absorb the other into our schemas and onto-theological visions of reality (see Dueck & Parsons, 2007). It was perhaps easier to honor Mr. M's story because it presented as so radically different from my own. It was not possible for me to equate my own regrets, life choices, and conceptions of God with the stories he shared. There was no adequate scale to turn to for such a task. Yet I was moved by his fragility and his dying to extend compassion to Mr. M through careful listening and an honoring of the story of his life as he shared it with me in seeking forgiveness and a witness to his suffering.

Though skills and training are essential for competent care, Levinas cautions healthcare professionals to preserve and revere the alterity in the face of each of the others who seek and receive care. Without such *renunciation*, authentic care is not possible:

> To renounce the psychagogy, demagogy, pedagogy rhetoric involves is to face the Other, in a veritable conversation. Then this being is nowise an object, is outside all emprise. This disengagement from all objectivity means, positively, this being's presentation in the face, his expression, his language. *The other qua other is the Other*. To "let him be" the relationship of discourse is required; pure "disclosure," where he is proposed as a theme, does not respect him enough for that. *We call justice this face to face approach, in conversation*. If truth arises in the absolute experience in which being gleams with its own light, then truth is produced only in veritable conversation or in justice. (1969, p. 71)

The other is not an object to be illuminated by me but a light unto herself. Levinas challenges pastoral theologians and clinicians to reconcile with the nature of reason and thought as plural and best engaged through relationality and dialogue.[9] The seeming paradox is the transcendence that becomes possible through the interruptive "traumatization of astonishment" (1969, p. 73) that makes multiplicity, visible. Like the diversity of the natural world, each manifestation of the trace of the divine as expressed in the face of the other stands on its own, defying the categories that would seek to contain it. For Levinas, "The face is the site of the word of God, a word not thematized" (2001, p. 215).

Thus an efficacious practice of intercultural and interreligious spiritual care will necessarily rest upon a foundation of multiplicity rather than sameness. In doing so we will hold our psychological and theological worlds of meaning lightly, allowing the

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[9] For a helpful discussion of reason and multiplicity see John Wild's introduction to *Totality and Infinity* (in Levinas, 1969, pp. 16–17).

transcendent other to interrupt and interpolate us, defying the schemas we hold dear and

interrupting our closely held beliefs and our sense of the self as an autonomous and

essential structure.

The Saying and the Said in the Spiritual Care Encounter

      Ms. J. As the on-call hospital ethics consultant, I respond to an ethics consultation for Ms. J, a 75 year-old woman who is in the intensive care unit with acute renal failure. Ms. J has been told by Dr. D she will need emergency dialysis. Ms. J's capacity to make decisions is unclear as she is in and out of lucidity. Ms. J consents verbally to the procedure and the team is preparing her for dialysis. The nurse shares with me that during a clear moment alone with her in the hospital room, Ms. J told her, "I am an old woman and never wanted this!" Later in the day when the team assesses Ms. J again for decisional capacity, Ms. J is no longer lucid and is unable to make a decision about dialysis. As her condition worsens, Ms. J becomes agitated and is intubated and restrained. The nurse has requested the ethics consultation and feels that dialysis is not what Ms. J would want. Ms. J emigrated from Russia as a young woman and has one younger brother in the United States. He has just arrived from out of town and insists that Ms. J receive all the care possible to extend her life. Ms. J's brother shares with great emotion that "she is the only family I have" and that he wants, "all the best treatment the hospital can provide for my sister." I spend time with Ms. J, Ms. J's brother, Dr. D and the clinicians who comprise her care team. After listening to the perspective of each, I offer to facilitate a time to discuss the case as a group inclusive of Ms. J's brother.

      An important consideration for clinicians working in hospital settings is "Who are the care seekers to whom I am responsible and how will I best attend to each?" Traditionally, healthcare ethics has prioritized the individual autonomy of the patient as the primary consideration in any ethical decision-making process. Although within the

field of bioethics the principles of autonomy and informed consent have been deconstructed to a large extent (e.g. Manson & Onora, 2007), autonomy and informed consent continue to appear prominently among foundational, universal principles clinicians are encouraged to rely on when faced with difficult ethical decisions. It is not within the scope of this chapter to represent bioethical clinical approaches to this case. Instead, I wish to draw attention to Levinasian conceptions of the *saying* and the *said* in light of Ms. J's story. Through an elucidation of the saying and the said in dialogue, a potential pathway exists for ethical responsibility in relation to the *others* in this case. Although the demand of each other in such moments must be considered in the light of justice, the foundation of ethics, for Levinas, resides nonetheless in the epiphany of each face as expressed in the saying as an interruption of *the said*.

Jovanovic and Wood have aptly noted that although Levinas relies on dualistic conceptions (i.e. same/other, saying/said, totality/infinity, existence/existents), such dualisms are not meant to be taken as oppositions (Jovanovic & Wood, 2004). The saying (*le Dire*) can be understood as the lived moment, the said (*le Dit*) is our returning to it. The saying is the site of signification, while the said is the signified. Through the saying, the world comes into being through language as an expression of relation rather than a transmission of ideas (Pinchevski, 2005, p. 82).

The saying is the signifier of language and the said is its representation. Saying is relational and ethical, as the "birthplace of ontology is in the said" (Levinas, 1974, p. 42). The said is the theoretical, thematized and static quality of language that can be written and spoken through propositions (Levinas, 1974, p. 161). The saying cannot be written

but rather is the intentionality present in the act of languaging. In his introduction to *Time and the Other*, Richard A. Cohen (1984) explains the diachronic quality of the saying:

> Saying enters the Said otherwise than the vibration or play of the Said: it is traced in the Said, as a subversion, both as the possibility of unsaying or resaying the Said—the pure future—and as the disruption, the *hurt*, to which the egoist subject passively submits, in patience, in suffering, already striking the egoist subject in a vulnerability it can never ground or recuperate—the immemorial past. The structure of such a relation—both ethical and significant: the proximity of the Other, non-in-difference, the for-the-other, the Saying of the Said is what Levinas calls *dia-chrony* or *emphasis*. (1984, p. 22)

Levinasian scholar Simon Critchley represents this difference between the saying and the said as a contrast between the saying as the *ethical* and the said as the *ontological*. The saying is "my exposure—both corporeal and sensible—to the other person, my inability to resist the other's approach" and a "verbal and possibly also non-verbal ethical performance" that cannot be captured or thematized (Critchley, 2008, p. 18). In contrast, the said is an "assertion or proposition of which the truth or falsity can be ascertained" (p. 18). The saying is the prophetic breaking through the dissimilation of the said (Wyschogrod, 2008, pp. 197-202).

How might a consideration of the saying and the said inform my interpretation of the encounter between Ms. J, her brother, and the healthcare team? The Western allopathic medical model of care, which prioritizes scientifically verifiable treatment and interventions for disease states, can be understood as the world of the said in the hospital setting. By taking away Ms. J's clothes and replacing them with a hospital gown and assigning Ms. J a number for her electronic medical record and tracking of her test results, the hospital institutionalized Ms. J's care in order to manage her case along with the many other patients seeking medical care. As an institution that values informed

consent as a way of managing patient preferences, Ms. J's opinion about her care was sought by the team in order to verify her wishes. Without carefully considering her quality of life, Dr. D took an allopathic approach to Ms. J's renal failure, viewing it as a disease to be treated through dialysis and advocated that the team move forward with this treatment to extend Ms. J's life.

Ms. J's pronouncement to the nurse that she is old and never wanted this to happen can be understood as the saying breaking through the world of the said. In caring for this woman, vulnerable and alone in a hospital room, Ms. J's nurse was visibly impacted by these words that disrupted the team's care plan and compelled her to ethical action through seeking a consultation from the chaplain as a member of the ethics committee.

Rather than establish a goal of togetherness and agreement, my role in the consultation process can be understood as one of remaining open to the saying (or translated more accurately from the French as *the to-say*) as it manifests within the world of the said. The nurse's distress, Ms. J's vulnerability, the brother's despair at Ms. J's decline and the physician's burden of responsibility as the lead clinician were instances of the saying in my encounter with Ms. J's case. A Levinasian informed intercultural model of care will not seek to resolve these differences in perspective, but will seek instead to honor the ethical responsibility to each as is possible. This is not to say that there is no room for hard scientific evidence, ethical deliberation, and policy setting in health care. As Roger Burggraeve (2006, 2007) has articulated, Levinas did not conceive of the said as existing in opposition to the saying but as a necessary consideration once

the "third" appears in the dialogic relationship. Yet, ethical decisions are best made in

light of the clinician's ethical responsibility to the uniqueness of each person involved in

such cases, for each is vulnerable and suffers a burden that it is the clinician's

responsibility to honor in light of competing ethical demands. In a transcribed interview

Levinas clarified his understanding of justice as such:

> I must judge, where before I was to assume responsibilities. Here is the birth of the theoretical; here the concern for justice is born, which is the basis of the theoretical. But it is always starting out from the face, from the responsibility for the other that justice appears, which calls for judgment and comparison, a comparison of what is in principle incomparable, for every being is unique; every other is unique. In the necessity of being concerned with justice the idea of equity appears, the basis of objectivity. At a certain moment, there is a necessity for a "weighing," a comparison, a thinking, and in this sense philosophy would be the appearance of wisdom from the depths of that initial charity; it would be—and I am not playing word games—the wisdom of that charity, the wisdom of love. (1984, p. 166)

A conception of bioethics able to hold that "love must always watch over justice"

(1984, p. 169) makes an ethical decision-making process based on a consensus model of

common understanding implausible. Common understanding in light of ethical decision-

making fails to honor the unique expression of the saying of each person brought together

by Ms. J's suffering. As a chaplain and ethics consultant I was ethically responsible to

listen carefully to the concerns of the others who presented themselves in their

vulnerability and frustration. My responsibility to each lay in my capacity to honor the

multiplicity of perspectives that had come into being and interrupted the hospital's

business as usual. The web of relationality could only be authentically brought to bear on

Ms. J's situation through responding to each with "here I am."

After having shared the despair of his grieving with the team without receiving judgment in return, Ms. J's brother was open to listening to the nurse who, through her own expression of saying, compelled him to greater ethical responsibility for his sister's wishes and her quality of life. In creating space for the saying in the ethical deliberation, the brother came to a decision (in Ms. J's stead) to withhold invasive treatments and let the disease take its course with the support of good symptom management. In Ms. J's encounter with the hospital, I would argue, love was able to watch over justice, if imperfectly so.

In a fascinating essay entitled "Death and Time" first delivered as lectures in 1976, Levinas makes the argument that death is best understood as the death of a *particular* person. The death of the individual is a view of death engaged by the "laws of the family"; in contrast, the "laws of the state" conceive of the death of a person as one death among many deaths of "any other person" (Levinas, 1997, p. 346). Through addressing burial practices, Levinas engages the tension in Hegelian German idealism which conceives of the "person in the universal" as contrasted with the person as an "individual other" (p. 346). This contrast between the "laws of the city" and the "laws of the family" are one instance in which Levinas looks to a concrete context for exploring the implications of universalizing a conception of what it means to be human. The universal, ideal deceased is face-less and disengaged from one's impulse to grieve and honor the deceased person through burial rites. The family of one who is deceased, however, responds to the loss of one of their own through removing "the dishonor of anonymous decomposition by way of the honor of funeral rites. In this way, they

transform the deceased into a living memory" (p. 348). As chaplains, our role is to honor the particularity of each other rather than relying on universalized theological conceptions of "each other as any other." To care requires a responsibility toward rituals and practices that honor the dying and deceased as unique and individual persons worthy of being remembered.

Through learning of the precious and unique value of Ms. J's life to her brother, an immigrant from a different cultural context, I sought to honor the dying and death of Ms. J as a unique loss rather than one death among the many managed by the hospital institution. For her brother, the withdrawal of ventilator support was not a decision to be made according to the "laws of the city" as a rational response to a declining disease state and a wise use of the hospital's (and the public's) resources. Ms. J's death was a precious expression of the saying, imprinting a trace of our infinite responsibility to honor her while balancing a broader responsibility for justice in light of the other *others* who were present.

Making the Invisible Visible: The Humanizing Role of Chaplaincy in Health Care

Throughout *Totality and Infinity* (1969), Levinas explores the tension between Western philosophy as a *totality* or "unicity" in which "individuals are reduced to being bearers of forces that command them unbeknown to themselves" (p. 21) and *infinity*. In contrast to totality, *infinity* is the "non-encompassable and primordial" transcendence of Western philosophical onto-theological categories that make individuals into "plastic forms" in a historical "epic" (pp. 22-23). Totality absorbs the other into the *same* of political life, while infinity exceeds the totalizing forces of history and honors the

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essential alterity of the other. Although depersonalizing structures such as institutionalized health care are necessary for a society to thrive, the totality of the same is best kept in check through a reverence for the infinite that regards each person as unique and exterior to the totality. As became tragically evident in the 20th century, politics left unchecked will absorb individuals into a totality that ultimately makes possible war and cultural violence. Ethics as a regard for the infinite resides in the relational space that exists before the other is absorbed into categories of the same. The ethical relation breaks through a kind of shroud that makes individuals invisible and anonymous to one another.

In *Totality and Infinity*, Levinas articulates an alternative to the totalizing influence of the same through the myth of Gyges, found in Plato's *Republic*.[10] The myth of Gyges tells of a shepherd who discovers a powerful ring on an entombed skeleton in a cavern opened up in the ground after an earthquake. After wearing the ring for some time, Gyges discovers that it will make him invisible to others if he turns the ring inward, and visible if he turns it outward. After discovering this trick, he goes to the kingdom and uses the ring to seduce the queen, kill the king and take over the kingdom (Stahler, 2008, pp. 65-67). The power of invisibility allows Gyges to act in the world without the consequences he would face otherwise, and he uses the ring to gain power and prestige.

For Levinas, the myth of Gyges is analogous to the myth of the ego's interiority. Gyges was faced with the choice of either using the ring for his own advancement or remaining visible to others. Seen as a metaphor for ethical choice, the ring of Gyges

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[10] For a more thorough consideration of the myth of Gyges in Totality and Infinity, see *Levinas and the Wisdom of Love: The Question of Invisibility* by Corey Beals, a Quaker scholar of philosophy and theology (Beals, 2007).

represents the dilemma between retreating toward the interiority of one's own invisibility

and the possibility of turning the mythical ring outward and in doing so saying "here I

am" as a response to the other's ethical demand.

> The separated being can close itself up in its egoism, that is, in the very
> accomplishment of its isolation. . . . And this possibility of forgetting the
> transcendence of the Other—of banishing with impunity all hospitality (that is, all
> language) from one's home, banishing the transcendental relation that alone
> permits the I to shut itself up in itself—evinces the absolute truth, the radicalism,
> of separation. . . . Gyges' ring symbolizes separation. Gyges plays a double game,
> a presence to the others and an absence, speaking to "others" and evading speech;
> Gyges is the very condition of man, the possibility of injustice and radical egoism,
> the possibility of accepting the rules of the game, but cheating. (Levinas, 1969, p.
> 173)

The turning of the mythical ring outward and responding with "here I am" can

serve as an analogy for chaplaincy as a potentially humanizing influence within the

healthcare settings where chaplains seek to serve the spiritual care needs of patients,

families and the healthcare community. What does it mean in this context to respond with

"here I am?" One way to explore this question is through reflection on a CPE learning

group where chaplaincy students are encouraged to listen deeply to one another's unique

stories through case study presentations and narrative sharing. The following composite

vignette is from a CPE group engaged in consultation and feedback in an open group

format in order to practice responding to their colleagues in an honest and caring way in

order to develop their capacity for offering care.

Sr. B and Dr. C. Sister B has recently emigrated from and East African country

to the United States to join a community of Roman Catholic sisters who serve at various

healthcare institutions across the city. Sr. B is sharing a story from her childhood years

spent in a rural village. As Sr. B shares her story, it occurs to me that—even though as

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the group's supervisor I have known Sr. B for many months—I do not know the name

she was given as a child. I share with Sr. B that I do not know her given name but only

the Christian name she adopted when she joined the community as a teenager. She tells

me and the group her indigenous name and the shorter nickname her family uses when

they are together. Sr. B's expression shifts as she speaks her name. She tells her learning

group that no one at the hospital knows her "family" name. I call Sr. B by her family

name and invite her to speak her first language in the group if it will help her to express

herself more authentically. Sr. B begins to weave expressions and sentences from her

original language into her sharing in the group. Her peers and I "welcome" Sr. B to the

group as if for the first time.

Dr. C is also in the CPE learning group. He entered the CPE program to explore

spirituality in his medical practice. Dr. C is of European American descent. He is a

devoted Buddhist practitioner and wants to find ways to use his meditation practice in his

work with patients. Dr. C shares discouragement and confusion in his presentation of a

case study of a patient who came in after an alcoholic binge (believing that God is angry

with him for a past sin and that he deserves to die). Dr. C feels a sense of incompetence

because he is not sure how to answer his patient's theological questions about God. In

spite of her nervousness in giving Dr. C feedback, Sr. B asks Dr. C why he decided to

become a physician and if God was present in his decision. Dr. C is visibly moved and

shares that in his medical career he has not been invited to talk about his spirituality, and

he has no idea how to respond to her question. Sr. B offers her support and respect to Dr.

C for his desire to explore his spirituality in light of his medical practice.

Sr. B and Dr. C can be understood as having been invisible to the institutions where they provide care until colleagues were able to stand before them and respond with "here I am." In inviting her to speak her "real" name, I set aside Sr. B's familiar name and turned toward her as a stranger with an unacknowledged name. Sr. B was skilled at fitting into North American Christian culture and her name was an easily taken-for-granted quality of her presence as my colleague. As Sr. B painted the picture of her childhood, suddenly she stood before me as the stranger that she is, from a place unknown to me and unavailable to my conception of the world as I knew it to be. As Sr. B's face appeared to me, it became evident that, as the faculty for the students and a leader in the hospital, I had colluded in a colonial dynamic that allowed her to remain hidden while I remained hidden and unaccountable to her. For the learning group to be "hospitable" and a "home open to the Other" (Levinas, 1969, p. 172), required me to leave the interiority of my own comfortable reality to recognize the stranger and invite her into my own home. The reality of tremendous suffering and violence in her local community came to life in Sr. B's sharing in a way that made possible an authentic connection with her village. The act of hospitality and Sr. B's response can be understood as a moment of transcendence that perhaps made possible Dr. C's willingness to become more visible to the group as well. Overcoming her sense of having a lower status than Dr. C, Sr. B came forward with hospitality for Dr. C's story through a willingness to be visible to him rather than retreating into the interiority of her own (and the hospital's) cultural practices of social hierarchy. Like chaplains must often be willing to do, Sr. B

also had to overcome her discomfort with Dr. C's non-Catholic expression of his spirituality to respond with "here I am."

Such moments in the learning group necessarily and rightly disrupt a sense of togetherness and unity, allowing a more transcendent reality to become possible. When chaplaincy education is able to honor intercultural moments of care, CPE invites students to learn the art of hospitality through practicing "here I am" as a response to the other that transcends the themes and exchanges that shroud us from one another through a thematizing "defacement" (Levinas, 1984, p. 144). To walk through the suffering, celebration and chaos of the hospital community, present and willing to welcome the stranger at any moment, is to embody care rather than a method of care that demands the other make herself into the image of all others, for "we cannot speak of every human being especially of all human beings as every human being" (Levinas, 1984, p. 146).

The Wisdom of Love and the Love of Wisdom

When health concerns lead to significant suffering, most people in industrialized countries will rely on a hospital for their care. Patients and families seeking help may feel overwhelmed by the maze of physician visits, tests, surgeries, medications, and conflicting guidance they encounter when faced with serious illness. Institutional and economic pressures placed on healthcare clinicians to move patients through the hospital efficiently can translate into a dehumanizing experience for the patient and family seeking help at a highly vulnerable time in their lives. To a great extent, the individuality and the particularity of a patient's experience of illness is subsumed by the reimbursement-based orientation of hospital systems that manage the large number of

patients as disease states and diagnoses, sometimes losing sight of the unique human beings with particular stories, complex histories, and unique social contexts. Although hospitals are generally considered to be institutions that exist to serve the public good, they are highly politicized organizations influenced by corporate interest and profit motives (see Creswell & Abelson, 2012).

Along with the economic forces that thematize patients and practitioners according to modes of exchange, the Western medical model of care serves to further categorize care seekers and clinicians in order to manage illness and treatment. Reliant on a scientific, reproducible, and objective biomedical model of health and illness, medical care in the United States traditionally approaches persons and their health according to that which can be replicated, and thus treatable, prioritizing evidence based pharmaceutical and surgical interventions over more holistic patient-centered prevention and lifestyle considerations such as diet, stress management, social support and spiritual practices.

Hospital chaplains engage our professional work at the boundary between the healthcare system and the religious communities we represent. Without formalized medical training, chaplains learn to navigate the biomedical system as members of the healthcare team, even as we maintain an outsider's perspective on the hospital system through connectivity with our religious traditions. Board certified chaplains are ordained clergy or recognized spiritual teachers and leaders with a graduate level education in addition to at least one year of clinical education and training.

Although chaplains, at our best, bring a humanizing influence to the medical team, we too are at risk of totalizing the other through thematizing the patient's or family's cultural and religious experience into belief systems that may corroborate our own values and beliefs rather than allowing the face of the other to stand on its own. For chaplains to be effective mediators of the in-between spaces of the hospital, we must also maintain an outsider stance toward our own religious traditions through our availability to the disruption and dislocation that care seekers who represent a broad diversity of religious and secular belief systems will inevitably bring to our own worlds of meaning.

A well-known statement by Levinas upon which both Corey Beals (2007) and Roger Burggraeve (2007) base their major works appears in *Otherwise Than Being*, wherein Levinas writes that "philosophy is the wisdom of love in the service of love" (1974, p. 162). This statement captures a distinction between *the wisdom of love* and *the love of wisdom*—a dualism that Levinas explores throughout his writings on an ethics of the other. In reflecting on the role of chaplaincy in the context of health care, it is helpful to consider this distinction and the guidance it can provide for a profession existing at the margins of institutional health care and religious faith and practice.

In establishing ethics as "first philosophy," Levinas reflects on the literal meaning of philosophy as love of wisdom in the original Greek. For Levinas, the ancient Greek tradition of love of wisdom begins with the question of how to overcome oppositions and pluralities in order to come to unity and autonomy through an obedience to reason that supersedes the irrationality of passion (Burggraeve, 2007, p. 186). In the Greek conception of justice, the obedience of the will to reason is understood as the solution to

violence. Levinas contrasts the Greek love of wisdom with the wisdom of love, an ethos

he locates in the Jewish Talmudic tradition that commands us to love our neighbor. Just

as ethics precedes ontology, the wisdom of love necessarily precedes the love of wisdom

as a transcendent relation with the other. The wisdom of love, in contrast to the love of

wisdom, prioritizes the ethical relation over unity and autonomy and precedes it.

Although the law and justice are born out of this love for neighbor, they are at risk of

committing an act of violence against the other when left unchecked. It is important to

note as Burggraeve (2007) does in his writing on the subject, that Levinas does not appeal

to the authority of the Jewish tradition to verify the truth that love precedes wisdom:

"What the text says is not true because it is in the Bible or Talmud, but it is in the Bible

or Talmud because it is true" (Burggraeve, 2007, p. 189).

In elaborating on *Levinas and Judaism*, Putnam (2008), a Jewish scholar, argues

that Levinas modifies this traditional Jewish conception of the trace of God in important

ways:

> The 'important human thoughts in the Old Testament' as interpreted by Levinas,
> include the following: (1) that every human being should experience him/herself
> as *commanded* to be available to the neediness, the suffering, the vulnerability of
> the other person. This is to be as binding upon one's very soul and the
> commandments to love God and to love your neighbour as yourself are in the eyes
> of someone who lives up to the normative Jewish ideas of piety; indeed, like
> Hillel, Levinas thinks 'the rest is mere commentary.' (2008, p. 48)

Putnam is careful to note that in affirming the Jewish commandment to love

rather than to act according to "reason," Levinas does not reject liberalism movements

within Judaism (such as the Reform movement) or Western conceptions of justice and

human rights (Putnam, 2008, p. 49). Instead Levinas affirms the development of Jewish

thought and practice through affirming the *trace* of God's presence as the "tradition which testifies to the commandment and the interpretive community which continues to work out what it means" (Putnam, 2008, p. 48). Levinas is arguing against the totalizing forces of the 20th century that followed the "angel of reason" toward its inevitable end in the death camps and war fields. Putnam and Burggraeve (a Roman Catholic scholar) are quick to note that in contrasting the love of wisdom (the Greek) and the wisdom of love (the Jewish), Levinas is not seeking to reinforce a dualism but rather to make the point that justice is best conceived of as wisdom *preceded* by love.

Burggraeve understands this modified view of a Jewish conception of the trace as Levinas's intent to enrich Greek wisdom as found throughout Western thinking and in Kantian philosophy in particular, in important ways. Levinas gives priority not to autonomy and unity (as expressed as obedience to reason) but to the wisdom of the face, giving the engagement with otherness new meaning. For Levinas, Greek thinking, when left to itself, is animated with a "desire for unity and autonomy" (Burggraeve, 2007, p. 187). Rightly understood, Greek wisdom is no longer the autonomy of the same but the responsibility demanded of the subject in the face of the other as the basis for all conceptions of justice (2007, p. 187).

Writing of the importance of "resisting the angel of reason," Levinas states, "Despite the experience of Hitler and the failure of assimilation, the great vocation in life resounds like the call of a universal and homogenous society" (as cited in Putnam, 2008, p. 48). Levinas does not advocate for one particular expression of Judaism over another, nor does he suggest that Judaism presents the best conception of truth. Instead, Levinas

sends a call out to humanity to resist the totalizing and potentially tyrannizing forces of modern society.

In the context of health care as a medical institution founded upon the love of wisdom, chaplains have the unique opportunity to witness to justice as wisdom preceded and informed by love. To borrow from the writing of Burggraeve:

> Levinas's philosophical argument as a whole presents itself as one great phenomenological foundation and elaboration of a single proposition—namely, that the biblical command "Thou shalt not kill" is both the first word and the last word in metaphysics and in ethics, on the level of responsibility and on that of justice, as ground of peace and of human rights. (2007, p. 191)

This commandment must also guide the work of *care* in the context of healthcare chaplaincy or else we are at risk of committing an act of *evil* which Levinas names as "absorbing the other into itself" and thus setting the epistemological foundation for physical, emotional, psychological and spiritual acts of violence against the other. To live into this commandment spiritual care clinicians will necessarily need to hold our own religious traditions lightly in order to allow for multiplicity to break through our religious convictions, knowing we are called "to love rather than to equalize by knowledge" (Levinas, 1969, p. 129).

Chapter 2: Interruption as Generative and Necessary for Ethical Care

Having explored the writings of Emmanuel Levinas in the context of professional chaplaincy, it is now important to review academic fields that engage Levinasian ethical responsibility in light of the study of human communication and caring relationships. The two fields I have chosen to examine draw from key Levinasian insights in order to better understand human communication and what it means to be an ethical professional caregiver. In approaching the fields of pastoral theology and communications ethics, a dialogic method will place my thesis—that creative interruption can serve as a generative metaphor for professional spiritual care—within a larger conversation about the ethics of human inter-relationality. I have chosen these two fields of inquiry rather than other possible fields that are engaging Levinasian theory because pastoral theology and communication studies best reflect shifting understandings of human communication and the practice of spiritual care. In articulating creative interruption as a generative metaphor for care I will seek to locate my work as it intersects with scholarship in these emerging fields of applied Levinasian theory. A consideration of the dynamics of power will help orient the conversation about what it means to embody ethical responsibility in relationship with the cultural and religious other.

An emerging intercultural[11] paradigm within pastoral theology places a high value on engaging pluralism and seeks to articulate the ways that culture influences belief and

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[11] For the purposes of this paper I will rely on Nancy Ramsay's definition of the intercultural paradigm in pastoral theology. For Ramsay, the intercultural paradigm of theology and care, "arises from a

behavior (Doehring, 2010, 2014, 2015; Lartey, 2000, 2003, 2006; McGarrah Sharp, 2013). For intercultural theologians, a consideration of alterity is emerging as a central feature of theological conversation that accounts for difference (Cooper-White, 2011; Doehring, 2014; Dueck & Parsons, 2007; Graham, 2000; Lartey, 2006). In the field of pastoral theology, three themes stand out as organizing principles for engaging cultural and religious difference. For the purposes of this discussion I will highlight *narrative, constructive theological* and *justice-oriented* approaches to difference within the field of pastoral theology.

Narrative Approaches to Intercultural Spiritual Care

In her articulation of a phenomenological approach to the religious world-making of spiritual caregivers and care seekers, Carrie Doehring draws from the work of Emmanuel Levinas. Doehring conceives of intercultural care as a kind of hospitality that generously engages the threshold of the other's religious meaning-making and narrative *home*. In putting forth the "basic ingredients for caregiving relationships," Doehring writes, "According to Levinas we choose life when we become open to the mystery of the other" (2014, p. 47). Doehring focuses on this dynamic space of narrative engagement with the mystery of the other as an intersubjective space, rich with possibility and risk for misunderstanding (2014, pp. 9–15). In defining intercultural care Doehring writes:

> I use the term intercultural to describe pastoral and spiritual care as a cocreative process of intermingling stories and lives. This generative process changes care seekers and caregivers, as well as their relationships, families, communities, cultures, and even, as I believe, God. . . . The preposition "inter" in the term intercultural conveys the intermingling effects of change that move back and forth

particular awareness of the global dimensions of the asymmetries of political and economic power associated with racial and cultural difference… Intercultural care completes a continuum that moves through mono-cultural, cross-cultural, and multicultural approaches." (2004, p. 12)

across relational webs, when caregivers respect care seekers and care seekers in turn trust caregivers. . . . making possible intersubjective spaces for meaning-making and life-giving ways of connecting with each other, God and the sacred dimensions of life. (2014, p.15)

For Doehring, meaning-making often begins with the "jarring moments" of care that may highlight questions of theodicy (Doehring, 2010, 2014). Doehring's method of teaching culturally sensitive pastoral care emphasizes self-awareness of one's theological values, beliefs and practices and a willingness on the part of the care-giver to be de-centered for the benefit of overcoming stereotypes and building bridges between the care seeker's and caregiver's worlds of meaning (Doehring, 2015). Doehring has creatively developed cultural and religious genogram templates to invite practitioners into deep self-reflection and engagement with difference in order to build such bridges of hospitality and narrative meaning with the religious and cultural other.

Doehring (2012, 2015) highlights the importance of monitoring power dynamics in caregiving relationships, emphasizing that power is always a feature of relationships (2015, p. 44). Doehring pays particular attention to power in relationship to the role of spiritual caregiver, emphasizing the asymmetrical nature of power in the caregiver–care seeker relationship.

Equal relationships of mutual give-and-take can occur among those who are peers, such as friends, marital partners, peer colleagues, and siblings. When one person in a relationship is in the role of minister, rabbi, imam, or teacher there is a difference in power. There are healthy ways for pastoral and spiritual caregivers to work with this power differential. (2015, p. 44)

Doehring draws heavily from process theology and the process philosophy of Alfred North Whitehead in distinguishing between "agential" power, which influences guides and shapes and "receptive" power which receives and takes in (2015, p. 45). Doehring

aligns a Levinasian approach to the other with receptive power as an inverse of the dominance of agential power (2015, p. 48). The commandment oft quoted by Levinas, "Thou shalt not kill" thus aligns with receptive power. For Doehring, pastoral caregiving becomes life-giving when there is role-appropriate intertwining of receptive and agential power, with caregivers assuming responsibility for monitoring the ways that their role and social advantages inflate agential power. Doehring argues that caregivers are responsible for monitoring both agential and receptive power dynamics that can easily become life-diminishing if left unmonitored and unchecked as when self-interest and survival inflate agential power and eclipse receptive power (2015, pp. 44–45). Thus it becomes important for spiritual caregivers to monitor power dynamics through self-supervision, peer and supervisory consultation and compliance with professional ethical codes.

A second narrative theological approach is put forth by Melinda McGarrah Sharp. Although McGarrah Sharp does not draw explicitly from Levinasian philosophy, her work falls within the intercultural pastoral theological paradigm and is thus worth exploring as a major contribution to intercultural pastoral theology. Drawing from her intercultural experience in the Peace Corps in Suriname, McGarrah Sharp explores the cultural misunderstanding of stories, arguing that we must recognize cultural biases in order to have meaningful and empowering intercultural encounters (McGarrah Sharp, 2013). Like Doehring, McGarrah Sharp attends to dynamics of power and disempowerment in the pastoral relationship. McGarrah Sharp asserts:

> Understanding and misunderstanding turn on patterns of communication within relationships. Stories embody patterns of communication on which understanding

and misunderstanding depend. From the beginning of its modern history . . . pastoral theology has recognized the importance of narratives. We communicate through stories of lived human experience. . . . A hallmark of all stories, from personal experience to the biblical narrative, is the ways in which stories must be told and retold, heard and heard again, interpreted and reinterpreted over time. (2014, p. 7)

McGarrah Sharp argues that misunderstandings happen through the stories we tell, retell, cannot tell and choose not to tell (2014, p. 7). Her pastoral theological approach to cultural crisis is brought into conversation with the work of structural anthropologist Victor Turner, who puts forth the idea–through an ethnographic methodology–that crises are inevitable in all human relationships and, therefore, cultures develop rituals for repairing damage and misunderstanding caused by interpersonal conflicts (2014, p. 25).

McGarrah Sharp utilizes Turner's theory that groups in conflict will engage in phases of interaction, including breach, crisis, redress and reconciliation (2014, p. 26). She names the primary methodological challenge as one of considering how pastoral theologians might draw on postcolonial theory to destabilize intellectual spaces in order to "unmask misunderstandings and latent oppressions," thus welcoming new narrative possibilities (2014, p. 38). In engaging culturally misunderstood stories, McGarrah Sharp argues against the universalizing tendencies in pastoral theology that extend to a misuse of empathy in creating a false sameness that colonizes the cultural other (2014, pp. 133–167). Here is where McGarrah Sharp's work resonates most strongly with a Levinasian caution against totalizing the religious and cultural other in pursuing a false sameness between caregiver and care seeker.

For McGarrah Sharp, dynamics of power and disempowerment are strongly aligned with colonialism. In colluding with colonizing the cultural or religious other,

caregivers unintentionally contribute to violence and oppression. McGarrah Sharp puts forth an alternative to the unconscious telling and retelling of stories about who we are as persons in the world. She writes that her vision of a postcolonial pastoral theology "functions to empower while being aware of disempowerment, to liberate while being aware of collusion in preventing liberation, to resist injustice while being aware of how I benefit from distorted visions of justice" (2014, p. 183). To do so requires the caregiver to engage in "courageous presence in the face of acknowledged disruption" (2014, p. 183). While McGarrah Sharp does not develop an extensive theological conception of power, her insights into the potential for both empowerment and disempowerment in the caregiving relationship are resonant with Doehring's concern for the stories we tell ourselves and others. McGarrah Sharp's attention to the role of disruption and misunderstanding in pastoral relationships draws heavily from the work of Emmanuel Lartey, a pastoral theologian influenced strongly by Levinas. In my reading of McGarrah Sharp's work, it would be strengthened by engaging this lineage more directly.

Constructive Theological Approaches

Emmanuel Lartey considers a Levinasian informed pastoral theological method in the context of counseling and care. Lartey takes an explicitly theological stance in articulating the ways the alterity of God, self and other inform a pastoral theological method able to maintain the alterity of the other in balance with the integrity of the self (Lartey, 2006, p. 117). Lartey draws from a Christian theological method that begins with lived human experience, as in the encounter with religious difference. He articulates a pastoral theological method in a series of stages beginning with experience—more

specifically—an encounter with people in the "reality of life's experiences" (Lartey, 2000, p. 132). His approach is incarnational in that it continually seeks to be close to the real experience of life and the encounter with otherness. From this point, Lartey moves toward a phase of activity he names, "situational analysis," in which the experience encountered is socially and psychologically analyzed. He views situational analysis as "multiperspectival" rather than interdisciplinary, recognizing it cannot completely encompass the complexity of the necessary disciplines (2000, p. 132).

Lartey's theological method brings a Christian faith perspective to bear on the experience and the situational analysis of that experience. He asks, "What questions and analyses arise from my faith concerning what I have experienced and the other analyses of it?" (2000, p. 133). Having brought his personal faith and the Christian tradition more broadly to bear on the analysis, Lartey examines how the encounter and situational analysis might offer more adequate reformulations of Christian doctrine. Lartey's method finds completion in an exploration of a response to the theological process that "recognizes and acts responsibly in the light of the vision and the revisioning encountered" (2000, p. 134). For Lartey, engagement with the religious and cultural other demands such ongoing theological revisioning.

Like McGarrah Sharp, in ethically engaging with difference Lartey considers the practice of empathy as potentially "conceived of as a reflection of myself" (2006, p. 137). In his critique of empathy, Lartey draws from the writings of Levinas to illuminate the risks of conceiving of the other in the likeness of the caregiver's sense of self. Lartey asserts that preserving the unique "strangeness" of the other is imperative to ethical care.

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Lartey draws from Levinas in his critique of the role played by psychological theories (especially object relations theory) and professional helping institutions in historically subsuming the other into the same through diagnosis and theologizing (2006, p. 139). Lartey draws from Levinas to support his larger project of offering pastoral caregivers a method and theological framework for engaging a global interculturality in the context of ministry (2006). Lartey's work emphasizes the importance of engaging each person in pastoral care as like no other, like some others, and like all others. Conceiving of persons in this way allows for a more expansive view of otherness and guards against the tendency to absorb and colonize the other in the name of caregiving. For Lartey, *health* is the participation in differentiation and interaction among the three spheres as held by the caregiver in a dynamic and creative tension (2003, p. 35). Throughout his work Lartey draws from his own experience as a Ghanaian Christian theologian teaching in a North American context.

Pamela Cooper-White, a pastoral counselor and theologian, draws from a wide range of theories in her theological construction, including Levinasian philosophical thought in her consideration of intersubjectivity in the caregiver–care seeker dyad. In constructing a theology of care and counseling, Cooper-White draws from Levinas in her critique of an onto-theology that supports a conception of God as a fixed "idea" (Cooper-White, 2004, p. 36). As an alternative to a theology over-reliant on a fixed ontology, Cooper-White affirms a relational, dynamic and contextual God as mediated in the caregiving relationship. In constructing a pastoral theology of psychotherapeutic counseling, Cooper-White draws from Levinasian insights in her articulation of the

disruption of the *face* of the care seeker and the ways the disruption of the other shatters preconceived notions and political structures with its demand for ethical recognition (2004, p. 44). Though Cooper-White draws from Levinas in this discussion, she moves away from a Levinasian asymmetry in constructing a theology reliant on an intersubjective "third space" between the polarities of self and other (2004, pp. 44–46).

Justice Oriented Approaches

Annemie Dillen, a pastoral theologian teaching out of Leuven, Belgium, has written an insightful article on the importance of asymmetry in considering power in the pastoral care relationship. Just as the relationship between the I and the other in Levinasian philosophy is asymmetrical in nature, so too is the pastoral relationship best understood in light of the responsibility of the caregiver for justice and the care seeker's well-being. Dillen argues for solidarity, or power with, as a goal for the pastoral caregiver who takes serious account of asymmetry in pastoral care relationships (Dillen, 2011, 2014). In her most recent work, Dillen distinguishes between three types of power, namely, "power over (hierarchical power), power within (internal power, indicating personal power), and power with (where several parties are acting together)" (2014, p. xii). Dillen highlights *tradition and theology*, *the church and society*, and *the subject* (the clergyperson or caregiver) as three dimensions of power to consider in pastoral relationships. Her analysis considers the ways in which each of these types of power can become embodied in a spiritually healthy conception of power *with* the other (2014, p. xix). Like Doehring, McGarrah Sharp and Cooper-White, Dillen emphasizes the responsibility of the clergyperson or caregiver to monitor power dynamics with an

awareness of the potential for abuses of power. Dillen emphasizes the taboo associated

with considering questions of power within the Christian church in light of theologies of

humility and self-sacrifice. Dillen seeks to overcome this taboo through engaging

considerations of power more directly and more authentically in pastoral relationships

(2014).

Roger Burggraeve, a Roman Catholic moral theologian and also a member of the

Leuven faculty, studied with Levinas and has written extensively on Levinasian ethics.

While Burggraeve considers the core insights of Levinas in regard to honoring alterity

and the face of the other, Burggraeve goes beyond a dialogic understanding of Levinas in

paying particular attention to Levinas's political writing on the problem of the *third* in

social life who makes justice and politics a necessary consideration. Along with paying

attention to Levinas's widely under-represented consideration of justice and politics,

Burggraeve develops the theological dimensions of the human face as the trace and

manner in which the face in Levinasian thought points to God. Burggraeve (1999, 2006,

2007, 2008) addresses the problems of violence, hate, and murder, affirming that every

ethics is ultimately concerned with the difference between moral good and evil. For

Burggraeve (2008), Levinas's emphasis on "thou shalt not kill" orients Levinas's

articulation of a Hebraic *wisdom of love* in contrast to the Western, *love of wisdom* which

has its origin in Greek philosophy (2008).

An Approach from Religious Studies

Corey Beals, a Quaker religious studies scholar also approaches the question of

justice in the major works of Levinas. I have chosen to discuss Beals' work regarding

Levinas as a way of reinforcing the insights of the above pastoral theologians. Though

Beals does not claim to be a theologian his development of Levinasian ethics is deeply

rooted in Quaker spirituality and regard for justice. Beals (2007) explores and reinterprets

the Levinasian problem of *invisibility* as a paradox and major ethical concern. Even

though *the other* is irreducible and thus invisible, she reveals an epiphany of vulnerability

and responsibility through the infinity in her face. Beals concludes that this paradox of

invisibility, as illuminated by Levinas through an exploration of the Greek myth of

Gyges, invites us to consider the ways that we become invisible and thus evade our

responsibility to the other's ethical call. Beals draws from Levinasian insights in

rethinking how we can become more visible and radically responsible to one another

through communities that make visibility possible. Beals work is creative in arguing that

visibility is an essential concern in any consideration of the third who makes philosophy

and theory necessary. Like Burggraeve, Beals (2007) emphasizes Levinas's political

writings as central to his argument rather than supplemental, as Derrida and others have

implied (Beals, 2007).

Each of the above theorists approaches engaging the cultural and religious other

with a regard for ethical integrity. Though Levinas himself conceived of the

responsibility of the I to the other primarily in terms that place the responsibility solely

on the I (regardless of the power differentials and hierarchies of the professional or

societal role of each), considerations of asymmetrical power dynamics are important in

engaging Levinasian theory as it applies to the role of the caregiver, as Doehring, Dillen

and McGarrah Sharp have noted. When aligning the healthcare chaplain with the

Levinasian I, ethical responsibility takes the form of engaging the disruptions and self-evaluation necessary to monitor power dynamics and the potential for abuses of power in competent and carefully considered ways. A Levinasian consideration of the care seeker's ethical responsibility to the caregiver and the potential complexity of multiple co-existing asymmetrical power dynamics (as when a marginalized person is the "I" in relation to an oppressor as an "other") lies outside the scope of this dissertation. Each of the above theorists affirms that attending to the alterity of the other as expressed in the face of the stranger, demands careful consideration and an ethical response.

The Other in Communication Theory

In the field of communication ethics, scholars seeking to rethink the theoretical foundations of communication studies have turned to Levinas as a corrective to transactional symbolic models of communication that are alive and well in the practice of healthcare chaplaincy and the culture of medicine more broadly understood. Considering a reconception of traditional approaches to human communication allows for an understanding of the ways in which the religious and cultural other constitutes the selfhood of the caregiver through challenging her deeply held beliefs, values and self-conceptions. Communication, reconceived as constitutive of the selfhood of the caregiver, can lead to a redefinition of professional spiritual formation as the creative art of engaging interruption through allowing oneself to become "undone"[12] by the other's demand. Each of the following communications theorists illuminate interruption as necessary to an understanding of the self as constituted through communication with the others it encounters.

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[12] Here I quote Judith Butler's (2005) view of ethical responsibility.

The phenomenon of *interruption* explored by Amit Pinchevski (2005) serves as a compelling Levinasian critique of traditional views of communication that theorize communicative acts in terms of transmission, influence, elimination of difference and/or systems of control that lack attention to the power dynamics of helping relationships (2005, pp. 27–65). Pinchevski offers a phenomenologically grounded way of considering here-and-now moments of interruption encountered in dialogue between the caregiver and the religious or cultural other and the transformative and creative potential such moments hold. Pinchevski argues that a Levinasian articulation of ethical communication challenges traditional theoretical approaches that emphasize efficacious communication as a reduction or transcendence of difference. Pinchevski notes that theoretical frameworks for communication have privileged the communicator over the other through relying on theoretical constructs such as influence, transmission of information, consensus, and systems of control.

Theoretical discourse in regard to communication in a breadth of academic fields, including medicine and chaplaincy, has generally approached communication as an effort toward greater togetherness and sameness of understanding. A Levinasian ontological shift in approaching the study of human interaction would require a move beyond understanding communication as merely "the ability to reproduce meanings and effects from one mind into another" (Pinchevski, 2005, p. 7) and a recognition that the 'face' of the other speaks before the face can be spoken to. Thus, language cannot adequately be conceived of in terms of transmission, influence, or control but is instead recognized as a constitutive act through which the communicator comes into being in response to the

other. It is the other(s) that constitutes the reality within which we live and become ourselves. Thus empowered care becomes a responsibility on the part of the caregiver to be interrupted by the other and reconstituted through the act of becoming undone while at the same time maintaining professional boundaries and the ability to monitor her motivations and professional responsibilities in the midst of losing her footing.

Rather than impediments to be overcome, moments of interruption make possible ethical and compassionate care. Pinchevski writes:

> The ethical stakes in communication are most critical when there is a risk of misunderstanding, lack, and refusal of communication, and it is perhaps only at this point that there is an event of communication truly worth the name. Communication understood as the ability to reproduce meanings and effects from one mind into another is in essence an assault against the integrity of another as a distinct and singular being, as an Other. . . . Interruption is an intrinsic and positive condition of communication, indeed of ethical communication, and thus marks the beginning rather than the end of generosity and compassion. (2005, p. 7)

Pinchevski argues that a "phenomenology of interruption" as method must "resist representing the object of its investigation and also avoid sketching the contours of its reflection" (2005, p. 242). While resistance to representation is necessary, such resistance does not take the form of indifference. The difference between self and other is not exhausted in a state of disinterested separateness but, as Levinas repeatedly affirms, in non-indifference as concern and responsibility (Pinchevski, 2005, p. 250). Pinchevski writes, "Being a witness means being implicated by what one has born witness to in a way that singles him or her out as a messenger of an ethical message" (p. 255).

In addition to putting forth a theory that serves to critique communication theories that rely on Enlightenment assumptions of the self as a free autonomous entity,

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Pinchevski reflects on the ethics of interruption for democracy as "the responsibility to respond to what is excluded" (2005, p. 235). Here Pinchevski joins the Levinasian concern for justice. In reflecting on the classic liberal argument for self-fulfillment, Pinchevski writes, "The liberal argument from self-fulfillment is of a device integral to the constitution of individuality. Wrapping itself in an aegis of legitimate freedom, it proceeds to reify the stature of an independent speaking self" (2005, p. 216).

In addition to engaging Levinas, Pinchevski draws from the philosophy of Russian thinker Mikhail Bakhtin,[13] a contemporary of Emmanuel Levinas, in arguing against "monologic" communication models. Pinchevski notes that, according to Bakhtinian criticism of modern speech genres, traditional linguistic models (beginning with de Saussure) view language from the speaker's standpoint, as if there were only one independent speaker who is not related to other listeners or potential interlocutors. Bakhtin argues that in the Western philosophical tradition, the responsive quality of speech communication has largely been ignored (Pinchevski, 2005, p. 211). In a Bakhtinian dialogic view of communication, the listener becomes the speaker and the speaker the listener through the constitutive quality of speaking and listening (Pinchevski, 2005, p. 212).

Another significant communication theorist who draws from the insights of Emmanuel Levinas is Lisbeth Lipari (2004) who uses a Levinasian approach to articulate a sense of "listening for" alterity in the other that can serve to both instruct an intercultural method and contribute to an affirmation of diversity as generative to human thriving. For Lipari, *listening for* alterity requires an openness to interruption and a

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[13] For a discussion of Bakhtin and Levinas see Nealon (1997).

recognition of the ethical responsibility to be open. Listening for is thus an act of being present to mystery and misunderstanding that is often sacrificed when the goal of communication exists as one of togetherness and common understanding. While chaplaincy is well attuned to deep listening, Lipari's work can be considered an invitation to listen even more deeply for interruptive and potentially theologically deconstructive moments that may present themselves in extending care to a religious or cultural other.

Pat J. Gehrke argues against the possibility of any codification of one's ethical obligations in his exploration of Levinas's philosophy of dialogic communication. For communication scholars and theorists, Gehrke argues, Levinas can be considered a counterpoint to the historical preoccupation with humanism, identification, and commonality (Gehrke, 2010). Here Gehrke resonates with Lipari's and Pinchevski's concern for the ways in which communication theory has privileged common understanding as a sign of successful communication and greater understanding in interpersonal relationships.

Jovanovic and Wood (2004) rely on a Levinasian conception of communication in their phenomenological study of survivors of the World Trade Center tragedy of 2001. Through moving stories of courage and self-sacrifice as reported by survivors of the rescue effort, the authors make an effective case for understanding speech itself as residing at the bedrock of ethics. The authors draw on examples of care, rescue, and sacrifice to elucidate the face of the other, the saying and the trace as central to a Levinasian conception of ethics as constituted by and constitutive of human language and communication. The authors argue that the interruption of the other's suffering during the

World Trade Center tragedy demanded ethical responses from strangers who would not have engaged one another otherwise. Those present for this tragedy were constituted and reconstituted through the encounter with the suffering of the others present that day.

Though the work of Leslie Baxter and Barbara Montgomery (1996) in *Relating: Dialogues and Dialectics* draws primarily from the work of the philosopher Mikhail Bakhtin, this important contribution to engaging the voice of the other in conceiving of interpersonal relationships is worth exploring in my discussion of communication theories that take seriously the ways in which the self of the caregiver is constituted by the cultural and religious other. Baxter and Montgomery's work serves to critique monologic approaches to communication theory that treat communication as one-sided and univoiced. The authors point out that in a monologue the focus is on sameness—a monologic focus that creates a fiction of consistency and completeness. Baxter and Montgomery see this fiction in scholarly representations that privilege unidirectional development and maintenance of openness, interdependence, trust, certainty, and a host of other assumed-to-be-positive qualities in personal relationships and interpersonal communication. They emphasize, within the field of communication theory, a prevalent preoccupation with the individual as the unit of analysis and the relegation of the other to "merely an object of consciousness, and not another consciousness" (1996, p. 45). They critique research methods in the field that assume a single objective reality, determinacy in the twin goals of predication and explanation, and interpersonal consistency and cross-time stability as the only evaluative criteria for successful communication (1996, pp. 45–46).

For Baxter and Montgomery, to commit to a relational-dialectics view is to accept that individuals are socially constructed in the ongoing interplay of unity and difference. This view necessarily follows from accepting the integrity of multiple, valid, and contradictory perspectives engaged in dialogue (1996, p. 47). These authors emphasize throughout their work that social life is an "unfinished, ongoing dialogue in which a polyphony of dialectical voices struggle against one another to be heard" (1996, p. 4). In that struggle, the dialogic voices set the stage for future struggles. Relational dialectics emphasizes a social self instead of a sovereign self, multivocal oppositions instead of binary contradictions, and indeterminate change instead of transcendent synthesis (1996, p. xiv). In such a reconceptualization of the self, personal relationships are no longer places where individuals disclose complete and unified selves. Instead, personal relationships are constituted in the space of the "selves-in-becoming." This discursive co-construction is a polyphonous, and improvised interplay between two non-localized selves who rely on the other for their existence.

The work of Baxter and Montgomery stands as an important contribution to a critique of communication study that relies on conceptions of communication as transmission of information from one person to another with the goal of sameness and common understanding. The author's concept of a dynamic intersubjective space that creates the selves in dialogue resonates with a Levinasian regard for difference in that the self is no longer the sole sovereign possession of the individual who claims ownership of it. For communication theorists concerned with the other's claim on the self, as for pastoral theologians who seriously take into account the religious and cultural other, there

is no individually constituted selfhood. A discussion of the ways in which Bakhtin and Levinas both support and diverge in their philosophical perspectives is far outside the scope of this dissertation. Suffice it to say that Baxter and Montgomery's argument diverges significantly from the work of Levinas in relationship to the Levinasian regard for asymmetry in relationship. For Levinas, relationality is asymmetrical. Levinas's primary concern is the I's ethical responsibility for the other and the other's demand on the I. Such an ethical demand cannot be conceived of in terms of mutuality because of the other's ethical demand. For Levinas, relational space is asymmetrical by nature and the other places a demand on the subject that does not require a reciprocal response.

Creative Interruption as a Contribution to the Field

As I have argued throughout my dissertation, an approach to intercultural care that accounts for radical otherness rather than relying on unified visions of health and wholeness is a necessary consideration for effective and ethical care. Competent and ethically sensitive chaplains are able to engage in self-reflection through exploring what pastoral theologian Pamela Cooper-White (2011) has named "the 'Other' within" and Carrie Doehring (2010) has explored as the "jarring moments" of encountering cultural difference. Rather than place the burden of resolving and accommodating cultural and religious difference on the patient and their family, chaplains at their best welcome the internal upheavals that come from listening deeply for difference and moving toward the alterity of the other rather than away from it, with a willingness to become "undone."

For chaplains who engage across multilayered differences that include social advantages and disadvantages created by intersecting systems of privilege, it is

imperative to reconsider the dislocation that both the chaplain and the care seeker must undergo, not with the goal of resolution but for an authentic care plan to be established between caregiver and care seeker that considers the patient as a whole person embedded in social systems and as more than a disease state or diagnosis. Cultural values that challenge the biomedical disease model may lead to impasses between the medical team and patients in moments of ethical decision-making. When care providers allow their own worldviews to be interrupted by those who rely on them for their care, the possibility of holistic and just care is created. The chaplain as a mediator of cultural difference is responsible to remain open to such moments of communicative dislocation and interruption for the benefit of the efficacy of the interdisciplinary team as a whole. Denying the interruptive quality at the heart of authentic understanding between cultural and religious others dismisses the potential for authentic and empowered communication to become possible—the type of communication that contributes to healing and health.

Themes of relational disruption, interruption, and asymmetry run through applied Levinasian theory. Each scholar I have sought to represent privileges the other as a de-centering influence on conceptions of the self as an autonomous, rational center of the moral universe. My dissertation seeks to bring the burgeoning influence of Levinas to bear on the discipline of professional spiritual care. Considering Levinas in light of the professions of chaplaincy and spiritual care education captures the best of chaplaincy practices while illuminating weaknesses and opportunities for growth in the field.

In closing, I offer a vignette that will serve to illustrate the value of interruptive communication to a spiritual care encounter in the hospital.

Ms. H. Cam is an infant born prematurely with polycystic kidney disease. Cam's mother, Ms. H, is 19 years old. Cam's father, Mr. H, is 20. Ms. H and Mr. H are Vietnamese American. They speak fluent English and can also communicate in Vietnamese when relating to the older adults in their families. The couple identifies as Evangelical Christian. This is the fourth encounter between myself (as the chaplain), Cam and her family. All of the care providers in this encounter are White medical professionals.

As I enter the room, Cam is lying still in her crib, intubated. A few parents are sitting with their babies on the other side of the room. Cam's isolette is covered with a quilt. Above her are photos of family and a card with a white cross on it. As I approach, Ms. H is gazing at her baby. Mr. H is watching television in the family room. Cam appears small in the isolette and is very still. She is intubated and has an IV line. She has a big tuft of dark hair.

I was referred to this family by a nurse who shared with me that the baby's mother was certain her baby would be healed by a miracle. Many of the staff are concerned that this mother does not have a realistic understanding of her baby's prognosis. The attending physician feels it is time to bring up withdrawing life support as the baby's condition is only worsening and she is not responding to antibiotic treatment. The physician has scheduled a care conference for the afternoon. I hope to support the care plan while honoring the family's religious beliefs and the patient's best interests as I understand them. The family's pastor has been to visit several times offering enthusiastic prayers for a miraculous healing, to the frustration and discomfort of the care providers

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(myself included). In one encounter with Ms. H, I joined the pastor in his prayers for a miracle. I wonder if these prayers are helping or are just making an inevitable loss more painful and difficult to accept.

In the following verbatim, these abbreviations are used: P = patient, C = chaplain, N = nurse, M = mother, D = physician, R = resident

D1:   *The attending physician first describes the steps in the baby's care leading up to this point, emphasizing the interventions and treatment plan thus far. He states that Cam is not responding well to treatment and that she has a very slim (1 in 100) chance of improving.* I feel it is time to talk about the fact that Cam is not likely to recover. We can keep her breathing on the ventilator, but I have worked with many babies in this situation and if our treatments were going to work they would be working by now. I would like to keep on this course we are on until tomorrow. If things do not improve, we will need to look at removing the breathing tube.

Ms. H appears stunned and seems to be deep in thought. Grandmother looks sad. Mr. H seems resigned. I recall a former conversation in which Mr. H told me that he has known that Cam is going to die and is worried about Ms. H and how she will take the news.

C1:   This is so much to take in. *Ms. H seems overwhelmed and afraid. I am sitting next to her. She reaches for my hand. She is so young. I feel motherly toward her.*

M1: *Addressing the physicians.* I hear what you are saying, and I know you have tried everything. But you don't have the same faith that I have. *She looks at me.* I believe that God will make a miracle happen and will save my baby.

D2: Miracles do happen sometimes. I love to be proven wrong. But we need to have a plan in case Cam doesn't get better. We are giving her pain medication, but the treatments are most likely causing her discomfort and it does not make sense to keep doing what we are doing if the treatment is futile and not helping her to get better. In my opinion as her physician we need to think about withdrawing support and allowing Cam to die, to allow a natural death.

M2: I believe that God has a plan for her. All things are possible in God's name. I have a strong faith and I believe that God will make a miracle happen in Cam's life.

R1: My attending physician gently referred to Cam's discomfort. I think it's important for you to know that the treatments that we are giving Cam are causing her to suffer. It is important to consider your baby's well-being in this and the fact that she is suffering. *This doctor seems young and inexperienced.*

D3: As you know, we are treating Cam with pain medications. But we can't know for sure if she is comfortable. The procedures we have been doing are likely to be causing her discomfort. We do not want her to be suffering. *Ms. H continues to appear stunned, almost disassociated.* I know it is hard to understand. Sometimes God's plan is not our plan. *We are losing a connection with this family… The team is not hearing her. . . . Clearly none of us believe that a miracle is possible.*

We are at an impasse. Silence. I sense the impossibility and profound sadness of this situation for this young mother. Her belief system is disrupting my own.

C2:   Even though the medical signs do not look good, but we have all been hoping, with you, for a miracle. . . hoping that Cam would get better. *Everyone nods. Ms. H starts to cry. My own eyes well up.* I want you to know we will be there for you. We will pray with you and be there with you through this. *Everyone nods.* This must feel like an impossible decision for you to make.

M3:   *Crying. Several moments of silence.* How will I let my baby go? She has made it so far. She has been so strong. Why is this happening?

N1:   You have both loved her so much. She knows that you have done everything you could do. You were here right beside her through this, taking such good care of her. You both are so young to have to go through this.

C3:   We are all so sad that she isn't getting better. *Ms. H is nodding her head and crying.*

D4:   We have given her the best chance we could. Most babies in her situation do not make it through this illness.

M4:   *Looking to Mr. H.* So you said 12 hours. Let's do the things that you said tonight and see how she is in the morning. *Mr. H nods.* There is still a chance she could get better tonight, right?

D5:   We will do everything we can tonight and will see how she is doing in the morning. *He explains medications that will be used in a last attempt to treat*

Cam's infection. I hope you will get some rest. I am sorry to have to tell you this. I wish it was good news.

M5:   I know. I know you are doing everything you can. I am still hoping for a miracle. That God will heal her. *She squeezes my hand.*

D6:   We will hope for the best tonight and we will talk again in the morning. *Ms. H and Mr. H agree with this.*

Everyone leaves the room except for Ms. H, Mr. H, Ms. H's mother and myself. We sit for a while in silence while Ms. H cries. Ms. H asks me to go with them to Cam's crib for a prayer. I pray for a miracle—if there is a way—for Cam to be healed. I pray for comfort for Cam and her family in their waiting. I say goodbye. The following day there is a second family conference, and Ms. H and Mr. H, with their parents' support decide to withdraw life support. The family's pastor is with them as they say goodbye. Cam dies within a few minutes after she is extubated.

How might this encounter be understood in terms of interruption and care? The encounter can be understood to have embodied efficacious care to the extent that the medical team and the patient's family were able to successfully engage the interruption of Ms. H's religious world of a God who intervenes directly in illness to bring about miracles. In the family meeting, the decision-making process was at risk of becoming entrenched into oppositional power dynamics as the medical team sought initially to make the family accept their diagnosis and treatment. Up until the point of an intentional intervention at C2, the medical team dismissed Ms. H's belief in the possibility of a miracle for her baby and aggressively sought to change her mind in order to transmit a

more medically "accurate" view of the situation. The physicians remained entrenched in their existential beliefs, values and ways of coping shaped by the medical system, relying on repeated messages of medical information to indicate that it was time to withdraw life-sustaining therapies. The power differential between the culture of medicine and the first-generation, Evangelical Christian, Vietnamese culture of this family grew wider as the physicians were unable to enter into and receive the alterity of Ms. H and her religious belief.

As a religiously progressive chaplain educated in a highly academic seminary and ordained to a mostly White middle-to-upper-class Protestant church, I too was initially reluctant to allow myself to become "undone" by the belief system of this mother. As a member of the interdisciplinary team at a prestigious university hospital I wanted approval from the intelligent and highly competent medical faculty. As a representative of the liberal church, I felt a strong inclination to distance myself from this mother and her seemingly naïve, simplistic and irrational belief system. My own desire to subtly apologize for my role as a religious leader in order to gain approval from the academic and highly rational cultural of the university medical system initially prevented me from engaging Ms. H's alterity with an ethical regard for the differences in our worldviews and social locations. In conversations that had preceded the family meeting, I found myself reassuring the physicians and nurses that I would use my skill and expertise to help her *move beyond* her hope in a miracle and toward a more rational perspective on her child's poor prognosis. I wanted to be a respected part of the team. I was a kind of buffer between the team and the mother's and pastor's strong belief in miracles. It was not until

the family meeting progressed that I came to see the power dynamics of this impasse more clearly and gained a clearer sense of my ethical responsibility to this grieving mother and her suffering family. As the meeting progressed and the mother's suffering came into focus, it suddenly became clear that until the team was willing to have their beliefs and values interrupted through entering, uncomfortably, into the 'otherness' of Ms. H's religious world, Ms. H would likely continue to feel alienated and invisible to the providers on whom she was relying to help her make an excruciating decision.

The otherness of Ms. H's presence before me as a suffering human being drew forth my ability to receive the ways she was religiously and psychologically coping with helplessness. Rather than broker this caring relationship through the power of my role as reinforced by social and professional status within a hospital system, I was able to engage difficult emotions and realizations rather than turn away from my own sense of helplessness in the face of this tragic situation and the tragedies in my own life. When I was able to refrain from using power to reinterpret Ms. H's hope in a miracle in order to fit it into my own progressive Christian worldview, I was able to receive the mystery of her suffering and access a well of compassion for and responsibility to this woman in her time of great need. In receiving the mystery of her interruptive presence, I allowed her belief in miracles to interrupt my participation in the uninterrogated power of the medical system from which I desired approval. I was then able to accept responsibility for honoring this woman's suffering, her awareness of mystery and her belief in miracles. The prioritizing of Ms. H's religious world and my reception of its mystery made it possible for me to be her chaplain.

In my analysis of this vignette, the movement from P2 to C2 represents an interruptive turning point in the power dynamics of this encounter. Through my ability and willingness to become interrupted by Ms. H's world, to be a resource rather than an obstacle for care, the team as a whole was able to let go of its totalizing stance toward the mother's world view to enter into her world, which was characterized by anticipatory grief and uncertainty in the face of a painful decision that would end her baby's life. We joined with her, sharing that "we are all hoping for a miracle," honoring the wisdom of this mother and her suffering rather than turning away from her hope for a miraculous recovery for her daughter. It was at this point that the conversation shifted from one of oppositional power dynamics toward a more empowering and less totalizing approach toward this patient and her family.

In the silent here-and-now moments of care I was at once disoriented and called forth by Ms. H's suffering and was able to interrupt the group dynamic through engaging this awareness as an advocate for her ethical demand for her team to turn toward and not away from her suffering. Doing so required a willingness to become undone by her worldview and to invite the same from the team present for her that day.

As each partner in the dialogue consented to an interruption of what was previously held to be true, a transcendence became possible that cannot be understood as reciprocal but as each person's response to the call of the other in the moment of care. By neither reinforcing Ms. H's belief system nor denying the possibility of miracles, the team was able to stand alongside Ms. H in her own complexity as herself without a demand to be otherwise. Care was given and received through the recognition of our call

to responsibility and accountability, ultimately to the well-being of the child as an other, whose suffering was the responsibility of all of the adults present in the meeting, including her devastated mother.

To care is to be open to interruption. As the next chapter will illuminate, such moments are necessary and are potentially theologically significant encounters with the divine. It is such moments of creative interruption that define the caregiver and require a compassionate and ethical response. In the following chapter I will begin to explore a theological conception of creativity as the serendipitous possibility present in such moments of interruption.

Chapter 3: God, Creativity and Pluralism in the Writing of Gordon Kaufman

"In the beginning was creativity, and the creativity was with God, and the

creativity was God. All things came into being through the mystery of creativity;

apart from creativity nothing would have come into being"

—paraphrase of the Gospel of John by Gordon Kaufman (2004, p. 71)

To explore creative interruption as a generative metaphor for spiritual care, it will

be necessary to establish a theological conception of *creativity*. My overall project claims

that creativity lies at the heart of a dynamic method for care that speaks to the creative

and ever-emergent nature of the divine and the divine's role in the practice of care.

Though not all spiritual care practitioners will appreciate or hold to my particular

conception of divinity, I have argued that competent spiritual care practitioners need to

articulate a conception of the divine that is able to account for diversity as both an ethical

responsibility and a theological resource for care. My theology of God holds that

creativity expresses divine, generative, and often interruptive action within the diverse

contexts for care that chaplains and educators encounter in our work and through the

religious and cultural worlds our care seekers inhabit.

Building on key insights of Emmanuel Levinas in regard to the importance of

honoring the alterity of the religious and cultural other, Chapter 2 considered here-and-

now moments of interruption encountered in dialogue with the other and the

transformative and creative potential such de-centering moments hold. In Chapter 3 I will

now begin to construct a theology of *creative interruption* that takes into account the ways in which the divine can be conceived of as participating in the ongoing creation and re-creation of the world in all of its human and nonhuman diversity. Christian theologian Gordon Kaufman's conceptions of *God* and *pluralism* will serve to establish a foundation for ethical intercultural spiritual care that takes the interruptive alterity of the other into theological account from a Christian perspective. For Kaufman God is both a historically constituted reference point in the Christian theological narrative and a process best understood in the dynamic language of creativity. God as creativity is *mysterious* and profoundly *serendipitous* in its surprising and interruptive movement within diverse human cultures and the natural world. Kaufman's conception of God as serendipitous creativity holds much potential to inform spiritual care and spiritual care education as theologically creative endeavors able to speak to spiritual care clinicians within, and perhaps, beyond, the Christian tradition.

God as Problem and Possibility

Gordon Kaufman's theological work extends over more than half a century. Beginning with his early work in the 1950s, Kaufman's thought reflects a broader late 20th century theological movement from an understanding of truth as confessional and revelatory toward a questioning of universal narratives (see Lyotard, 1984) and a recognition of the relativizing influence of history (Davaney, 2000). In considering the evolution of Kaufman's thought in regard to both *pluralism* and *creativity*, it will be helpful to consider each of these major theological concerns in his work separately with attention to the interrelation between the two. After considering the progression of

Kaufman's development of creativity and pluralism as central concerns, I will reflect on a method for care that speaks to the very nature of the divine and the divine's role in the practice of care as dynamic and creative.

The development of Kaufman's theological conception of creativity is best understood as an interrogation and reconstruction of the symbol of *God* in Christian belief and practice. For much of Kaufman's academic life, it will be the problem of God in Christian theological discourse and practice that occupies much of his thought. For Kaufman, the discipline of theology is primarily concerned with the question of God. Theology, in Kaufman's conception, seeks to attend directly to thinking about God (Kaufman, 1972, p. xvii; 1993, p. 13; 1996, p. 4). Kaufman's thought eventually leads him to radically re-conceive the concept of God as *serendipitous creativity* rather than Creator. This movement shifts an understanding of God away from a conception of God as a personal omnipotent agent acting directly on the world toward a mysterious creative process conceived of by humanity in as absolute and ontologically constituted toward a God conceived of in light of the relativizing influence of our bio-historical nature.

A discussion of the evolution of Kaufman's thought begins with his experience as a young man in 1943, at which time Kaufman was drafted as a conscientious objector in the midst of attending Bethel College—a small Swiss Mennonite institution in Kansas where his father served as president for many years. During his time of service, Kaufman recalls reading Kant's *Critique of Pure Reason*. Of his reading of Kant, Kaufman writes,

> This and others of Kant's writings have influenced deeply my overall thinking on
> philosophical and theological issues; in particular, Kant has helped me to

understand the bearing of the symbol 'God' on the moral dimensions of human existence, and vice versa. (2004, p. 109)[14]

As a young man of 18, Kaufman was exploring questions of ultimate importance that would eventually lead him to attend Yale Divinity School to pursue a degree in theology. Before attending Yale Kaufman obtained a degree in sociology, during which time, he was influenced by George Herbert Mead's claim that selfhood is thoroughly social in nature and emerges through the evolution of language (Kaufman, 2004, p. 110). Mead's thinking is later evident in Kaufman's attention to evolutionary theory and naturalistic anthropological conceptions of the human.

At Yale Divinity School Kaufman encountered the Calvinist social ethics of H. R. Niebuhr, Liston Pope and others (2004, p. 113). This "basically neo-orthodox theology with a strong social ethics" (2004, p. 112) heavily influenced Kaufman whose early writing on the question of God drew from the Barthian neo-orthodox confessionalism[15] he had acquired at Yale. But, as Kaufman writes:

> Partly because of my growing sense of the artificiality of Barth's highly dialectical interpretation of faith, which had enabled me to put aside for a while the doubts and unbelief in which I found myself; partly due to the impact of the so-called Death of God discussions among theologians in the early 1960s, in which I was participating, I began to move away from this neoorthodox confessionalism. . . . I increasingly came to see that God was the principal theme—and also the major problem—with which Christian theology had come to terms, and the largely confessional approach I had been following simply ignored the problematic dimensions of our God-talk. (2004, p. 118)

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[14] James Beilby, a critic of Kaufman's work who currently teaches theology and philosophy at Bethel college has pointed out that although Kaufman was strongly influenced early on by Kant, for Kaufman, "our forms of knowing are historical and cultural and do not have the universality and necessity that they have for Kant" (Beilby, 1999, pp. 123–124).

[15] Barthian theology is associated with Protestant neo-orthodoxy in its focus on God's absolute transcendence, the sinfulness of humanity, and the human inability to know God except through revelation (Kujundzija, Michaud, & Cassell, 2013).

Moving beyond the confessional approach of the neo-orthodox theological

conception of God in the late 1960s and early 1970s, Kaufman begins to write about the

problems associated with the notion of God as transcendent agent in a book aptly entitled

God the Problem (Kaufman, 1972, p. xii). Just a few years later in *An Essay on*

Theological Method (1975), Kaufman asserts that the notion of God as a supreme actor or

agent has become an empty notion for modern secular people who can no longer perceive

history as a series of acts carried out by a transcendent God (1975, p. 124). Through his

engagement with philosophy and scientific theory, Kaufman came to believe that for the

modern secular person, it was no longer possible to believe in a supernatural God acting

upon humanity from a distance. After the so-called Death of God movement of the 1960s,

Kaufman argues that socially and secularly engaged Christians have one of three choices:

they can resign themselves to the truth that *God is dead*, they can re-conceive of God

such that the notion of God as actor is no longer implied (in the manner of Paul Tillich)

or they can "subject our ordinary notion of 'act' to a reexamination to see whether it is

possible to reinterpret the conception of 'God's acts' in a sense to some extent continuous

with ordinary usage but nevertheless theologically significant and philosophically

intelligible" (1972, p. 125). Throughout the tenure of his writing from 1972 onward,

Kaufman develops this third response as both a moral and pragmatic response to the

"problem" of God. From here forward, Kaufman will assert a pragmatic approach to

examining, analyzing and assessing "symbols and symbol systems" according the extent

to which they either "enhance and deepen human life" or "result in a stunting of human

life and its ultimate breakdown" (1972, p. 99). His focus after *God the Problem* becomes

one of assessing "the way the symbol 'God' enables us to live in the world" (Kaufman, 2004, p. 119).

During the 1970s and 1980s, Kaufman, along with David Tracy and Edward Farley, begin to focus heavily on questions of theological method, drawing from the early Chicago School and its treatment of religion and Christianity as socially and culturally relative phenomena that develop through history (Davaney, 2000, pp. 13, 16–17) rather than as manifestations of the revelatory acts of a transcendent God. The historically constituted nature of theological claims remains central to Kaufman's thinking on the concept of God and the reality of pluralism throughout his writings. Kaufman's attention to his emerging theological method is best represented in his work entitled *Essay on Theological Method*, first published in 1975. By the 1980s, for Kaufman, theology is an imaginative and constructive task that moves beyond an exclusive reliance on tradition and scripture as sources of theological authority.

Thus, Kaufman comes to understand theology to be a purely human and constructive activity of the imagination.[16] To view religion as apart from science would be to rely on ontological claims about the nature of reality that no longer make sense in light of modern understandings of evolution and pluralism within human communities. Perhaps more importantly, Kaufman seeks to construct a theology of God that can live up to the criterion of what he comes to refer to as *humanization* (Beilby, 1999, p. 132) defined as "the serious concern with human social institutions, possibilities of realization for every individual and the quality of interpersonal relations" (Kaufman, 1996, p. 94).

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[16] Beilby (1999) argues that Kaufman's use of imagination can be traced directly to Kant, while Kaufman traces his own use of the language of imagination to Feuerbach (Kaufman, 2004, p.120).

Although Kaufman recognizes the problems inherent in using the historically and culturally relative norm of "humanization" as a criterion for theological construction, he also believes that retreating into theological relativism (such as that articulated by Ernst Troeltsch) is not an adequate response to the global problems faced by humanity. Writing in the 1990s of the ecological crisis that has now worsened in ways he might have predicted, Kaufman argues that in spite of the recognition that *humanization* has roots in a Western imperialist agenda (1996, p. 35) it serves to guide our moral responsibility.

> We must, then, attempt to take responsibility for this situation in which we find ourselves, no matter how great its complexity and incomprehensibility. We have no choice but to move forward into a further widening and deepening of our historicity, and of the agency and responsibility which it makes possible. (1993, p. 221)

More than 10 years later in his writing on a theology of God in 2006, Kaufman reflects on the importance of language as the means of moving toward greater responsibility. In a discussion of postmodern critiques of Western theism in which Kaufman includes key insights of Heidegger, Marion, Levinas and Derrida, Kaufman writes,

> Such critiques radicalize negative theology. They suggest that even in its negations all negative theology is tied to an ontology that presupposes the being of the divine. We seem here, with respect to God, to end up with utter speechlessness. But we should not forget that it has been only through speaking— through uttering this enormously complex word "God" and speaking about God, and through speaking in critique of all such speaking—that we may be led to this conclusion. (2006, p. 26)

Throughout his writing, Kaufman articulates this tension between speaking from within a limited biohistorical context and an urgency to develop conceptions of God best able to address pressing problems such as human suffering and ecological degradation.

Kaufman's claims rely on the belief that for thoughtful modern/postmodern people, an anthropomorphic God who exists apart from the human world while acting upon it in some kind of sensible way no longer makes sense. Though he concludes that a dualistic concept of God as a human-like being residing in a heavenly kingdom is no longer a morally relevant conception of God, Kaufman does locate resources for his theological reconstruction of God within the Judeo-Christian biblical tradition. The concept of *creativity*, the theological "descendant" of the biblical concept of *creation* offers rich possibilities for constructing a religiously relevant and meaningful modern/postmodern conception of God (2004, p. 53) more in tune with scientific conceptions of the universe. Kaufman turns to naturalist conceptions of *creativity*[17] and in particular *serendipitous*[18] *creativity* as a representation of God adequate for the modern and late-modern secular-minded and socially engaged Christian.[19]

Kaufman understands creativity in three ways: (1) the initial coming into being of the universe as *creatio ex nihilio* (in modern science, the Big Bang theory), (2) a complex process that has produced humans and other creatures over billions of years, and (3) human symbolic creativity (2004, p.76).

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[17] According to Kaufman's own account, his theological use of the language of creativity has its origins in the writing of Henry Nelson Wieman (1884–1975), a naturalist theologian who taught for many years at the Chicago School of Theology.

[18] A full discussion of the serendipitous nature of God as creativity is outside of the scope of this paper. Briefly stated, Kaufman claims that through creativity "more happens than one would have expected, given previously prevailing circumstances, indeed, more that might have seemed possible" (1993, p. 279).

[19] For a consideration of theological naturalism in Kaufman's work see Jerome Stone's (2005) study of contemporary religious naturalism.

Kaufman's conception of God as *serendipitous creativity* affirms the profound *mystery* of creativity and creativity's work in the world (2004, p. 57–58; 2006). As the ancient phrase *creatio ex nihilo* asserts, the coming into being of the new and novel through the creation of the world, the world's evolution, and human culture is profoundly mysterious. Kaufman does not rely on direct perceptual experience in his definition of mystery (e.g., mystery as a dense fog or obscured vision). Mystery is, rather, an intellectual "bafflement of the mind" (1996, pp. 96–97). Mystery exists at the very limits of theological thinking and reminds us of conundrums that cannot be solved. Kaufman contrasts this definition of mystery with a conception of mystery as a mere shrouding of an assumed ultimate, knowable reality. The concept of mystery speaks to our human limitations in the face of an unknowable onto-theological reality (1996, p. 97).

Engaging these three conceptions of creativity, Kaufman moves the locus of consideration from God as a fixed entity of whom we can speak in personalized ways toward God as creative movement in the world.

> Thinking of God as creativity (rather than as 'the Creator') forces us to take the profundity of God's mystery to a deeper level. For 'creativity' is simply a name with which we identify this profound mystery of new realities coming into being; it is in no way an explanation of it. (2004, p. 73)

For Kaufman, "God" and "creativity" exist in a dialectical tension. God is both a historically constituted reference point in the Christian theological narrative and a process best understood in the dynamic language of creativity. God as creativity is *mysterious* and profoundly *serendipitous* in its surprising and interruptive movement within diverse human cultures and the natural world.

Kaufman's theology of pluralism is grounded in the recognition that, as humans

we are limited in our capacity to apprehend the world we live in and should engage in

theological construction with an honest recognition of the boundaries of our human

understanding of reality. Thinking of God as creativity undercuts the arrogant stance of

much of traditional Christianity vis-à-vis the natural order as a whole and mediates

Christian hubris in relationship to the religious and secular other:

> Humans did not bring the world into being, and it is not we who sustain it. We did
> not create the evolutionary process, forever bringing into being new,
> unforeseeable forms of life. There is a powerful, awe-inspiring creativity manifest
> in our world—and indeed, in ourselves: the new, the novel, the unforeseeable, the
> previously unheard of, break forth roundabout us and in our midst; and human life
> continues to be sustained from beyond itself. This serendipitous creativity
> provides grounds for our hope for the future. Human life can go on and, we dare
> to hope, will go on. And we are called to participate ever more fully and
> effectively in the creative transformation of our existence that will enable this to
> happen. (Kaufman, 2004, p. 70)

Pluralism and Loving the Enemy

Kaufman's roots in the Mennonite tradition are important to any consideration of

his theological insights and motivations, especially in regard to his theological

development of pluralism. As Kaufman writes of the development of his thinking:

> I grew up in a Mennonite home and community, and my second lifelong
> concern—that human relations should always be loving ones, even with those
> whom we take to be "enemies"—was a central Mennonite conviction. . . . From
> an early age on, I have been convinced of the basic correctness of this Mennonite
> emphasis on how life should be lived; and these Mennonite convictions underlie
> my attempts in recent years to sketch a Christian ethic in connection with my
> notion of humans as biohistorical beings, and to address theologically such knotty
> issues as the enormous religious and cultural pluralism of human existence.
> (Kaufman, 2004, p. 108)

During his time as a conscientious objector, Kaufman grew more aware of the deep

divisions within Christianity in response to the ethics of war. He was awakened to deep

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differences between pacifist Christians and Christians who ascribed to a position of "patriotic fervor" (2004, p. 109). As he continued to move into diverse academic settings and overseas teaching assignments, Kaufman grew increasingly aware of pluralism as a key moral and theological consideration. He wondered what it truly means to love one's neighbor in the manner of Matthew 5:43–48. Kaufman's concern for religious and cultural pluralism parallels his development of a conception of God able to stand up to the criterion of humanization.

Initially, Kaufman's theological engagement with pluralism was concerned only with Western theological and philosophical concepts, methods, and traditions. Kaufman's thinking seems to have shifted after he spent one year teaching overseas in Bangalore, India, in the mid-1970s. Kaufman writes of his time in India:

> My experience in India brought me into direct contact with many different religions and cultures, and I began to see that all these fascinating forms of symbolization, ritual, and morality—these exceedingly diverse ways of thinking about the world and human existence in it, and of attempting to live fruitfully within the order and orientation provided by these various inherited symbol systems—were also to be understood as products of human imaginative creativity adapting itself in diverse locations to a wide range of historical and geographical settings and circumstances. (2004, p. 123)

It would not be until the 1990s that Kaufman would write a comprehensive theology of pluralism, though a consideration of religious difference and the relativizing influence of history would always remain central to his consideration of problems and possibilities offered by God-talk. An essay written in 1987 offers a glimpse into the later development of his theology of pluralism as it appears in 1996 in *God, Mystery, Diversity*. In the 1987 book on religious pluralism, edited by John Hick and Paul Knitter, Kaufman argues against absolutist and universalist religious views that dismiss the

insights of non-Christian religious traditions and contribute to religious violence. He briefly examines the theological categories of God, Humanity, World and Christ in order to consider how each makes possible or limits respectful dialogue with the religious other. For Kaufman, the impending threat of nuclear holocaust in the 1980s made religious dialogue necessary as a way of "making available to each other whatever resources each of our traditions has to offer" and an opportunity to learn from the religious and cultural other in order to "construct religious frameworks that can provide genuine guidance with respect to the unprecedented problems we today confront" (Kaufman, 1987, p. 13). For these reasons, Kaufman understood interreligious dialogue as "the most important task to which Christian theology can attend" (1987, p. 14).

By 1996, Kaufman's thinking on theology and religious pluralism evolved into a book entitled *God, Mystery, Diversity: Christian Theology in a Pluralistic World*. In establishing a case for religious pluralism, Kaufman first seeks to define the function of religion for human action in the world. Asserting that religious myths and traditions are indispensable pictures of the world that orient life across cultures, (1996, p. 6), Kaufman argues that religious violence becomes possible when religions create orienting pictures of the world that become idolatrous and focused on other-worldliness to the detriment of the actual problems that face humanity here and now in this world (1996, p. 25). Writing against this human tendency toward idolatry, Kaufman's theology of pluralism echoes his concern for a morally adequate concept of God. He writes, "Theology's one implicit task is the conceptual distinction of God from the idols" (1996, p. 7). "Only when and as the issue of God and the idols becomes central to one's work is one's vocation truly

theological" (1996, p. 12). In developing his argument, Kaufman argues against positions

existing within diverse discourses of pluralism understood as exclusivist (Hegel,

Schleiermacher, Barth, Rahner), inclusivist (Hick) and relativist (Troeltsch) that "attempt

to resolve an essentially historical issue in static rather than dynamic terms" (1996, p.

18). These diverse positions, Kaufman argues, implicitly suppose that history has already

come to its end and that it is possible to see now in the present what the proper and

permanent structure of their relationships is (1996, pp. 19–20). Asserting a historicist

approach to pluralism, Kaufman argues that religion emerges only gradually and in

history like human nature itself. Thus it is a mistake to look for any permanent underlying

structure to religion (1996, pp. 18–20). Well-intentioned interreligious dialogue often

makes the mistake of assuming that religions are fairly stable and easily definable and

that they "hold to static and fixed bodies of belief" (1996, p. 21).

For Kaufman, theology is a constructive and historically bound endeavor for

which theologians should take moral responsibility. He argues for a move away from a

conception of theology as best constructed by a small group of highly educated mostly

White, male intellectuals. Theology, rather, is ideally constructed and revised through

dialogue among a diversity of voices and perspectives. Since theology is best understood

as a constructed and historically mediated truth for particular people within a trajectory of

history, truth itself is essentially pluralistic and dialogic.

Kaufman is clear that this view does not substantiate a metaphysical position

according to which religious traditions are considered holders of a partial and relative

insight into an absolute and universal truth (1996, pp. 19–20). Truth is essentially

historical and more adequately conceived of as dynamic and impermanent. As people from a diversity of cultures and religious worldviews engage one another in both formal and informal ways, the boundaries of religious groupings prove to be malleable and not easily definable. Rather than approaching "religions" as a static reality, theology is best served by engaging a diversity of voices within, outside of and at the boundaries between various Christian and non-Christian conceptions of reality. If there is a common aim for theological construction, it is the shared interest of religious traditions toward building humanizing and ecologically responsible orienting views that will enable human and non-human thriving (Kaufman, 1996).

As his thinking develops into the early 2000s, Kaufman draws from complexity theory in his articulation of the diversity necessary for life and its creative movement in the world. According to complexity theory all systems and organisms are (1) internally self-organized, (2) always in tension and out of balance, (3) constituted by tipping points when an avalanche of unpredictable consequences occur and (4) lead to either destruction or reorganization into new patterns and realities better adapted to the environment than the old ones (2004, pp. 91–92). Human cultures, like biological systems, are complex, self-organizing and creative. But, unlike biological systems, human history is constituted by self-consciousness, imagination, symbolic facility and agency (2004, p. 95). Thus, human diversity is not something to be overcome or to be evaluated according to monolithic religious discourses set against one another. Rather, diversity and increasing complexity are reflective of the nature of reality. It follows that God as *creativity* is not a fixed and unchanging being but the dynamic, mysterious and changing ground of all life.

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"God (creativity) has brought into being human persons and communities—in all their vast diversity—and God continues to sustain this great pluralism of human life" (2004, p. 105). Like in the natural world, God as serendipitous creativity sustains and moves through the natural world and in human cultures by way of various trajectories[20] that prove to be either life-giving or life-diminishing but are always infused with mystery and the possibility of the emergence of the new and the novel (see Kaufman, 2003, 2004, 2005a, 2005b, 2006, 2007).

Kaufman's writing on God focuses primarily on the larger creative forces at play in the ongoing evolution of the universe, but Kaufman's writing has the potential to be more robustly explored in the context of professional spiritual care and education, as will become evident in Chapter 4. At this point in my project, it is helpful to reaffirm that the work of spiritual care is necessarily reliant on theologies that speak to broad claims about the nature of the divine and the human (and non-human) while also attending to a localized and embodied approach to theology. For chaplains, theological views that account for the divine are foundational to any claims about the nature and efficacy of care. As will become more evident in chapter 4, Kaufman's theology of creativity offers rich possibility for conceiving of the interruptive moments of care as theologically necessary and creative. Thus pluralism is a reflection of the very nature of the divine.

Limitations in Applying Kaufman's Thought to Interreligious Spiritual Care

In approaching Kaufman's theological assertions about creativity and pluralism, it will be helpful to consider potential limitations of Kaufman's writing, in developing a

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[20] For Kaufman, Jesus can be understood as a central expression of one such humanizing historical trajectory and manifestation of serendipitous creativity (Kaufman, 2006).

method for creative interruption as a generative metaphor for chaplaincy and chaplaincy

education. While a comprehensive critique of Kaufman lies outside the scope of my

dissertation, a brief exploration of two underdeveloped dimensions of Kaufman's work,

namely, *the importance of social location* and *engagement with the poor and the*

oppressed as a condition for interreligious dialogue will enhance our understanding of

creative interruption as a generative metaphor for interreligious spiritual care. By looking

closely at how to use Kaufman's theology in the practice of care, I will highlight the need

for paying close attention to the process of interreligious dialogue within the practice of

care as creative interruption.

The importance of social location. As Doehring and Ramsay have noted

(Doehring, 2010, 2014; Ramsay, 2004), locating oneself within a particular social

location is imperative for efficacious care. Doehring writes:

> As intercultural spiritual caregivers we are responsible for monitoring the ways
> that our social location and privileges make us see the other through our own
> experience, often eclipsing what is mysterious about them. Too easily we
> assimilate the differences of others into our own story-making, sometimes by
> imposing our religious beliefs and values on those seeking care. (2014, p. xx)

The importance of establishing visibility in regard to the social location of the spiritual

caregiver is a theme I touched on in Chapter 1 and will return to in Chapter 4. In

reflecting on Kaufman's work, it is important to clarify Kaufman's understanding of

social location in relationship to his claims. In his major work of theological construction,

In Face of Mystery: A Constructive Theology (1993), Kaufman clearly acknowledges the

importance of social location.

> It is important to note the extent to which we acquire our values and ideals
> through our social location and through the social interactions in which we
> engage. What seems important in life—indeed, what is important to each of us—

is very much a function of the culture and subculture in which we live and of the roles we are called upon to play. The conceptions of what a good human life is develop historically in each group in connection with felt social and cultural needs, and each person emerging in this cultural matrix thinks of and molds herself or himself in terms of these cultural ideals. The virtues that are stressed and the vices that are avoided are thus culturally defined and relative; and the sorts of acts and activities valued as beautiful, to be cherished and cultivated, are shaped by the culture. (p. 34)

Although Kaufman acknowledges the importance of locating one's work within a social and historical context, he does not devote attention to an interrogation of his own social location. In his articulation of dialogue, Kaufman fails to acknowledge both the conscious and unconscious socio-culturally constructed power dynamics that often underlie human communication. Kwok Pui-Lan, a Christian theologian and former student of Kaufman, writes of this limitation in Kaufman's work:

> Kaufman is influenced by Kant's philosophy and the notion of the modern self of the Enlightenment. Although he pays attention to the historical and cultural contingency of theology, he has largely ignored the questions, who is doing the imaginative construction? In so doing, he does not provide adequate analytical tools to unpack how race, class, gender, and sexual orientation influence the theological subject and his or her creative imagination. The theological subject in Kaufman's thought is a unified self and largely undifferentiated. He has paid little attention to fragmented subjectivities and fractures consciousness, discussed in critical race theory and postcolonial criticism. . . . The racialized and/or postcolonial subject has to negotiate cultural and social worlds that are much more complex that that of a White, middle-class, liberal subject. By positing a self that is free to imagine and a world that human beings have much freedom to act upon, Kaufman has simplified the role of imagination and the multiple levels of discourse that go on in theologies by racial and ethnic minorities. (p. 222)

As Paul Knitter, a colleague of Kaufman's writes, in quoting Sheila Davaney:

> To foster a true pluralism of religions it is necessary to address 'those dynamics of power that invest some perspectives with great legitimacy while dismissing others. It does little good to advocate a position that calls for open debate, inclusive of multiple voices, while ignoring the mechanisms by which many are rendered invisible, denied legitimacy, or so thoroughly located at the bottom of a

hierarchy of values that their reality counts for little in the evaluation equation.'
(Knitter, 2005, p. 30)

In applying Kaufman's theological method, pastoral theologians and spiritual care

practitioners would do well to take social location into significant account. Engaging a

method of transparency in regard to the conscious and unconscious power dynamics at

play in regard to each group member's socio-cultural location would enhance the work of

dialogue. Kaufman's dialogic articulation of diversity as generative and necessary serves

to extend an invitation for students of his work to continue the project he began—through

continuing the constructive work of theology. Kaufman's work would be enhanced by a

careful consideration of the importance of socio-cultural location in order to take

dynamics of power and privilege into serious account. As Dwight Hopkins, speaking

from within his own context as an African American theologian states well:

> Because all arguments asserting basic principles surface from the contextual
> location of the writer or speaker, black theology embraces its African American
> context as a starting point for dialogue with other starting points. All thoughts
> about God and being human reveal the limited autobiography of the thinker and,
> consequently, invite discussion with other particular reflections on theological
> anthropology. (2005, p. 2)

Engagement with the poor and oppressed as a condition for interreligious

dialogue. A second potential for extending Kaufman's work can be stated in terms of the

context in which interreligious dialogue best takes place. For Kaufman, interreligious

dialogue is best engaged with an openness to truth as a "process of becoming, a reality

that emerges (quite unexpectedly) in the course of conversation—a reality that, if the

conversation continues, may (or may not) continue to break in upon the participants"

(1996, p. 199). In developing his definition of truth in the context of interreligious

dialogue, Kaufman writes:

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I call this a pluralistic or dialogical conception of truth, because here—instead of taking truth to be a property of particular words or propositions or texts that can be learned and passed on (more or less unchanged) to others—it is identified as a living reality that emerges within and is a function of ongoing, living conversation among a number of different voices. (Kaufman, 1996, pp. 199–200)

Although he emphasizes the importance of including a diversity of voices in dialogue, Kaufman stops short of privileging the voices of the poor and the oppressed in establishing norms for religious dialogue. Privileging the voices of the poor and the oppressed would enhance Kaufman's dialogic method when applied to real life contexts of interreligious dialogue. In Kaufman's model, each dialogue partner enters the dialogue, "on equal terms" (1996, p. 201), engaging in a conversation of "free and open conversation" on the most profound religious issues, utilizing a dialectical rather than a hierarchical model of dialogue (p. 201). In equalizing communication without establishing engagement with the poor and the oppressed as a norm for dialogue, Kaufman misses an opportunity to prioritize conditions according to which an egalitarian dialogic process that prioritizes social justice may become possible.

Peter Phan (2004), a Vietnamese Roman Catholic scholar and theologian, writes about the complexities of interreligious dialogue in light of profound cultural differences. A key insight of Phan's writing on the subject of religious pluralism is the assertion that engagement with the poor and the oppressed is a necessary condition for interreligious dialogue and education. In a discussion devoted to the importance of competent interreligious knowledge for theological education and preparation for ministry, Phan considers the conditions under which interreligious learning and dialogue will best take place. For Phan true dialogue can only take place through living and working for justice beside Christians and non-Christians outside of one's own religious and cultural world.

"Interreligious dialogue is never carried out with religions as such but with flesh-and-blood believers and practitioners of other faiths" (2004, p. 76). In articulating the importance of engaging the poor and the oppressed in dialogue, Phan draws from Sri Lankan theologian Aloysius Pieris' development of the concept of *religious symbiosis* (2004, p. 76). For Pieris, though each religion constitutes a unique and unrepeatable identity, radically different religions can be seen as representing mutually corrective instincts of the human spirit. When brought into dialogue with each other through encounters in basic human communities in service with and for the poor and the oppressed, a symbiosis becomes possible. Phan and Pieris suggest that in contexts of poor and oppressed communities, the symbiotic truths of each respective religious tradition are more available to the dialogue partners. Considered in light of the lives of believers and practitioners struggling for justice, an emphasis on praxis turns attention to an inter-relational approach to theological possibilities for conceiving of human liberation. Pieris' approach accounts for Kwok's (2013) concern about Kaufman's failure to address social location and the fragmented subjectivities and fractured consciousness experienced by oppressed communities. Engaging in dialogue with the poor and oppressed would make Kaufman's approach to dialogue more efficacious and available to insights from marginalized communities through inviting their voices to be present at the dialogic table.

Phan reminds us that dialogue is, by its nature, relational. Phan highlights the importance of praxis and of meeting the religious other face to face in situations of struggle for liberation. It is in such contexts that the veracity of each respective religious tradition becomes most available for dialogue.

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Engaging interreligious dialogue in the context of the poor and the oppressed will address the concerns of some of his critics that Kaufman's work lacks an attentiveness to embodiment. Of Kaufman's thin attention to the embodiment of suffering and violence, Kwok writes, "Because of his insufficient attention to 'embodiedness,' Kaufman's account of the corruption of freedom and the human propensity to do evil is less than satisfactory" (2011, p. 223).

In the context of health care, I would argue for an expansion of Phan's category of poor and oppressed to include the wider range of suffering that is present in a typical urban hospital in the United States. Some forms of suffering, such as the loss of physical, mental, or psychological functioning as a result of disease processes, are forms of suffering that also contextualize and orient theology in important ways. A consideration of the poor and the oppressed as well as the suffering experienced as a result of physical and psychological vulnerability enables a broader approach to care that takes seriously issues of oppression and economic inequality while acknowledging that significant suffering and marginalization takes many forms. It is the responsibility of the healthcare chaplain and educator to attend to the suffering of all of the care seekers she encounters. It is also her responsibility to prioritize the poor, the oppressed and the disenfranchised in their urgent concern for justice and peace, especially as these concerns are embodied in the lives of real people and expressed in a broken healthcare system. Phan's assertion that engagement with the poor and the oppressed is a necessary condition for interreligious dialogue and education speaks to the heart of my project of putting into practice creative

interruption as an efficacious metaphor for care and expands Kaufman's work in important ways.

Reflections on Kaufman's Theologies of Creativity and Pluralism

When extended to include a greater attention to social location and work alongside the poor and the oppressed, Kaufman's thought presents a profound conception of creativity as a generative and serendipitous breaking forth of new pathways for moving forward in a world of ecological and social crisis.

Although Kaufman's theological arguments are limited in some aspects, his work stands as a major contribution to 20th century and early 21st century theological discourse. The challenge will be for readers of Kaufman to expand his insights and finesse his criteria for efficacious imaginative theological construction—in other words, to continue practicing the theological method advocated for most strongly by Kaufman himself. As I have demonstrated in this chapter, Kaufman's theology of creativity lies at the heart of a method for care that speaks to the very nature of the divine and the divine's role in the practice of care as dynamic and creative. I will now conclude by offering a more detailed description of how both Kaufman's theology and Phan's privileging of the poor and the oppressed in interreligious dialogue can be engaged as a method for interreligious healthcare chaplaincy and chaplaincy education.

Creativity in Spiritual Care and Spiritual Care Education

Clinical Pastoral Education (CPE) attends to theological development and theological congruence as educational and clinical standards for spiritual care and formation. Discussions of a theology of the divine, articulations of theodicy, and

theological/philosophical conceptions of care build a foundation for practicing the art of spiritual care with patients, families and staff. In drawing from Kaufman's thought I will briefly articulate new possibilities for interreligious dialogue.

Theological reflection presents rich opportunities for learning and collaborative self-reflection. My construction of a theological learning process for Clinical Pastoral Education draws from the following principles. My pedagogy will (1) attend to the importance of aligning with the poor and the oppressed, (2) attend to an awareness of the ethical risks of constructive theological endeavors, (3) invite and embody creativity and (4) encourage a constructivist approach to theological reflection as mediated by the above three principles. As I move forward in Chapter 4, I will integrate these guidelines with the Levinasian concern for ethically engaging difference to more fully explore creative interruption as a generative metaphor for care.

My first criterion for interreligious dialogue, namely, that our process will take place *in light of the concerns of the poor and the oppressed,* is built into spiritual care education in a public healthcare context. Many of the patients and families chaplains are engaged with are in the hospital as a result of conditions of poverty. Inadequate preventative care, lack of medical insurance, poor nutrition, stress, and homelessness contribute significantly to disease and poor health outcomes that may not be treated until the patient arrives at the hospital in a state of irreversible crisis. For my model of interreligious dialogue to be efficacious, it will be important to establish with CPE students that theological development and dialogic engagement should take such patients and their concerns into consideration. There is a temptation in the CPE process toward

navel-gazing and losing sight of the larger contexts in which we serve and learn. Including didactics on the dynamics of poverty and medical ethics will keep the group engaged in thinking of contextual and systems dynamics as well as the personal psychological needs of their care seekers. Presenting case studies with dimensions of economic injustice at the outset of theological discussions would help to serve this purpose. Recruiting students from diverse socio-economic backgrounds and contexts will also be ideal for interreligious learning. In light of my goals for learning and dialogue, students are encouraged to write theological statements in response to a real case study example of significant personal and social suffering.

It will be my responsibility as the group's leader and model of what it means to be a spiritual care practitioner to attend to my second guiding principle for interreligious dialogue and learning: *an attention to the risks of engaging in constructive theology*. Here, a discussion of ethics will be most helpful in setting a foundation for theological discussion. Articulating the risks of engaging in theological construction in light of socio-cultural location will set a tone for robust interreligious dialogue that takes into account the Levinasian insight that absorbing the other into convenient categories of the "same" is a way of maintaining one's own worldview at the cost of the other's ability to stand on her own. Here, Kaufman's writing on historicism as well as post-colonial writing on Christianity and other religious traditions as inherently historically constituted and interwoven with colonial projects will help educate students on the ongoing risks of engaging in theological truth claims. Carrie Doehring has developed a method for exploring social location and privilege in the verbatim seminar learning environment,

which is a primary context for learning in CPE (Doehring, 2015, p. 35). It will be helpful

for students to identify their socio-cultural locations and share this with each other in the

safety of a supervised learning group. Developing curriculum and pedagogy to help

students engage considerations of social location and privilege will be necessary to

account for the ethical risks in constructing theology in the context of CPE learning.

Secondly, Kaufman's writing on interreligious dialogue offers insight into how *a

creative dialogic process* will be included in my pedagogical model. Kaufman advocates

for a series of principles of dialogic and dialectical interchange that make possible the

serendipitous emergence of the new and the novel. For Kaufman, creative interreligious

dialogue (1) goes beyond individual speeches yet allows participants to speak, (2) is a

process of becoming and thus emerges spontaneously in the course of conversation, (3) is

a moment in which the spirit of the group is alive and takes over, (4) is a moment of

creativity that only the group process makes possible, (5) is a reality that emerges in the

course of conversation that may continue to break open the participants that, (6) may lead

to new insights and ideas which none of the participants had previously considered, and

(7) should not be reified by the group members (Kaufman, 1996, pp. 196–203).[21]

What would creative dialogic process look like in the context of spiritual care and

education and how can the process be one of creative discourse rather than a static

recitation reliant on relativist understandings of difference? In regard to spiritual care

education, group theories from the perspective of psychology have emphasized the ways

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[21] It is important to note that Kaufman's additional criteria of "a pluralistic dialogical conception of truth" that can help to "break down all forms of exclusion and domination while "encouraging in their stead the practice of truly democratic interaction" (1996, p. 203) may not be a viable criterion to carry forward in light of the critiques of Kaufman as explored earlier in this chapter.

that the group can become more than the sum of the individual members and can be a

creative platform for personal change and transformation (see Agazarian, 2004; Billow,

1993; Hemenway, 1996; Yalom, 1985). Kaufman's theology of creativity contributes a

theological depth to such thinking about group creativity and transformation and brings

philosophy and theology into conversation with psychological group theory. An

affirmation of creativity as a divine movement of spontaneity, as moments of "breaking

apart" for the students, care seekers and group leader, and as a process that is enriched by

the group as more than just a collection of individual members makes group learning and

care rich with possibilities for symbiotic discovery and re-discovery. As this extends to

the context of one-on-one care events, explorations of the patients' or care-seekers'

religious worlds parallels the group learning process.

Recently, while attending to a health specialist who is now facing an end-stage

cancer diagnosis, it became essential for me to co-explore the meaning of her suffering

with a Kaufmanian regard for the creative. When faced with the question of how healthy

people can still die from cancer, the health advocate and I engaged in a heartfelt and

complex discussion of the reality of mystery. As a life-long Buddhist, she embraced

mystery as a quality of emptiness, while I affirmed a mysterious and creative presence of

the divine within the natural world that does not always generate life but sometimes

results in illness and suffering. Through an open and rich dialogue, we both concluded

that grieving is the only authentic and viable response to the experience of the loss of her

health. As she wept, the co-creative and generative dialogic moment of care was

embodied in divine presence as I witnessed and attended to her suffering. This creative

movement allowed for new awareness and meaning to emerge as creativity and healing broke through static theological conceptions of the world.

Thirdly, an efficacious spiritual care and education can be drawn from Kaufman's articulation of *constructive theology* as mediated through the potential limitations that arise when applying his work to the context of spiritual care and spiritual care education. Since my theological values hold that theology is indeed purely a constructive task of the imagination arising from one's particular historicity, I will seek to engage students and care seekers from the integrity of my own socio-cultural location and belief system. It will be inevitable that students in my learning groups will experience my own theology of education and care and will be encouraged to see the world through my own socio-cultural lens through my leadership in the group. At my best, I will be open to learning from their unique perspectives as they shed light on the strengths and weaknesses of my world view while inviting them to engage their own as it intersects with care seekers. Interrogating my own social location and encouraging students to do the same, in the context of both patient care and the dynamic dialogic learning group, will help me and the students attend to an adequate exploration of social location.

The risks of engaging in theological construction cannot be overstated. Yet, if we as spiritual care practitioners and educators, avoid engaging in deliberative and constructive theological work, we will rely on largely unconscious and socially/economically constructed belief systems that will inevitably impact our care in spite of our best intentions. My belief in theology as a purely human constructive activity of the imagination is perhaps more of a statement of faith than I recognized before this

project began. I take to heart the critique that this claim cannot and should not be applied to the experience of all religious people. An interreligious dialogic method that has integrity will let go of any attempts to incorporate the experience of the other into grand theories that deny her the courtesy of speaking from her own experience while discovering meaning and truth as it arises from within her own context. Yet, I must risk standing, visibly, in my own location in order to engage the religious other with a theological transparency that allows for true dialogue to unfold. As I move toward developing a method for engaging a method of creative interruption in Chapter 4, I will explore an integration of Kaufman's conception of serendipitous creativity in light of the insights of Emmanuel Levinas to develop creative interruption as both a method and a metaphor for care.

Chapter 4: Creative Interruption as a Metaphor for Spiritual Care

In the last chapter, I explored Gordon Kaufman's theology of God as creativity—
an expression of the divine as generative, often interruptive, and calling new worlds into
being in serendipitous and surprising ways. While not all spiritual caregivers will affirm a
Kaufmanian theology of God (nor should they), I have argued that it is essential for
competent spiritual care practitioners, as both an ethical responsibility and a theological
resource for care, to articulate a conception of the divine/ultimate meaning that includes
an account of cultural and religious diversity. Standards for cultural competence are
woven throughout the outcomes for spiritual care education and certification of the
Association for Clinical Pastoral Education (ACPE),[22] yet the implementation of such
standards is variously interpreted and not always fully developed and implemented
theologically and ethically by those applying to be certified and those reviewing
certification candidates.

My dissertation illustrates a methodological process for practicing and educating
to spiritual care standards that honor difference. The concept of *creative interruption* can
serve as a guiding and generative metaphor for engaging cultural and religious difference
for chaplaincy as a profession and an educational endeavor. My exploration of creative
interruption draws from a Levinasian regard for interruption and disruption as a necessary
dimension of ethical responsibility and a Kaufmanian understanding of creativity as the

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[22] The current learning outcomes can be found on the ACPE website at www.acpe.edu.

movement of divine and serendipitous action breaking forth into a world in which diversity is a generative feature of creation. My exploration presents practical guidance for chaplains serving in demanding and often highly diverse settings where competing interests and societal stresses converge at the intersection of a fractured health care system. As health care clinicians seek to engage increasingly diverse views of health and wellness, chaplains have both the opportunity and the responsibility to step into greater leadership within the institutions where they serve. Through further developing our distinctive expertise, chaplains can become leaders in intercultural and interreligious practice in ethics consultation services, palliative care programs, and wellness initiatives. It is with this view of the distinctive expertise of chaplains as healthcare leaders that I will engage *creative interruption* as a generative metaphor and method for intercultural and interreligious spiritual care.

Creative interruption, a constructive theological metaphor drawn from the philosophical thought of Emmanuel Levinas and the writings of Christian theologian Gordon Kaufman, can be understood according to the following themes. Creative interruption as a generative metaphor honors the face of the other as a creative epiphany; invites greater visibility of the unique otherness of both caregiver and care seeker; affirms a diversity of practices, beliefs, and values as overwhelmingly generative and reflective of the nature of the divine; and places the ethical responsibility to be open to creative interruption on the caregiver as a facilitator of empowered care.

The Face of the Other as Creative Epiphany

In conceiving the face of the other in the practice of professional spiritual care and spiritual care education, it will be helpful to revisit Levinas. In doing so, it is important to note that more fully developing creative interruption as a generative metaphor for care involves some risk in light of the Talmudic origin of Levinas's writings. My exploration will resist conflating Levinasian insights with a Protestant Christian theological project while asserting the possibility of exploring Levinasian theory as it may intersect with Protestant theological constructions. As scholars have noted, Levinas is at once speaking to a broad audience through his philosophical assertions about the nature of being and ethics while, at the same time, his writing exists within a larger Jewish Talmudic tradition that is outside the scope of my dissertation. Thus, I will proceed by both acknowledging and refraining from fully exploring the Jewish dimensions of Levinas's writings. Throughout my argument, I will seek to avoid absorbing Levinas into a theoretical or theological sameness to create a false consistency with my own claims. I will do so by remaining within the boundaries of my project, which is to explore a generative metaphor for the practice of spiritual care from a distinctly Christian perspective.

More than the other's physical countenance, for Levinas the face of the other is the expression of a trace of the infinite that exists beyond conceptualization or thematization. The face speaks beyond economic, social, religious, and cultural schemas that make up totalizing systems of exchange. The face reveals its vulnerability as the Biblical commands "thou shall not kill" and "love thy neighbor." The face at once reveals the irreducible alterity of the other while illuminating her unique particularity and

strangeness. "The way in which the other presents himself, exceeding *the idea of the other in me*, we here name face. . . . The face of the Other at each moment destroys and overflows the plastic image it leaves me" (Levinas, 1969, p. 51). As I have elaborated in Chapter 1 of this dissertation, one's *face* is meant to contrast and not conflate with one's *countenance* as the characteristics that make up one's personality (see Burggraeve, 2007, p. 38). The face rather, is "precisely that which exceeds the countenance" (Burggraeve, 2007, p. 38). The face represents the precognitive ethical demand of being called to another and responding to that other (Bergo, 2014). The ethical demand of the other appears as an epiphany of the face, which in turn interrupts the freedom of the individual, thus opening the "I" to goodness (Bergo, 2014). In its immediacy, the face asserts an ethical demand. In response to the demand of the other, the human tendency is to thematize and absorb the other into preconceived notions of what it means to be human.

In the context of health care, the medical model of care reinforces this human tendency to see the other through a system of institutionalized care based on laws, economic structures, and medical practices that determine the allocation of resources, reimbursement formulas, and legal obligations. The face as an epiphany breaks through these institutional constructs and precedes them in its demand for ethical response. For chaplains as healthcare leaders, the face will inevitably challenge deeply held religious beliefs and values that the chaplains may hold dear and, at the same time, will prompt an exploration of the mystery/otherness of such challenges to their own values and beliefs. Transcendence for Levinas is the ethical relation that evokes the spontaneous responsibility toward the other that exists beyond and before onto-theological

constructions of being. This ethical relation to the other is revealed as an epiphany presented in the face of the other. Chaplains' beliefs and values, training in psychology and other behavioral health traditions, and cultural biases will threaten to justify the ethical response to care seekers with certainties and diagnostic assessments that will in turn shroud the mystery of the other. Yet, the trace of the other persists and calls chaplains into account.

Taken in light of Kaufman's conception of God as creativity, the face can be understood as a breaking forth of the new and the novel, thus inviting a world-changing transformation of the human and social tendency to categorize the other. The face of the other can be likened to an epiphany (i.e., a manifestation of the divine as sudden insight). My ethical responsibility to the other, evoked pre-cognitively through the appearance of the face, is an interruptive and dislocative moment in which I am reconstituted as a self in relationship to the other before me. Open to this transcendent and creative moment, I can no longer approach the other as merely a student with learning goals, a patient with a disease, or a health care professional with treatment goals, all of whom have particular cultural, religious, spiritual, psychological, or philosophical characteristics in tension with my own. The other is, first and foremost, a trace of the divine, calling forth my ethical responsibility as an epiphany breaking through a static world of certainty.

Educating caregivers toward an openness to the face of the other will require identifying the layers of theological, psychological, and clinical theories as well as socially constructed understandings of persons that shroud the face of the other from the chaplain as her caregiver. Such deconstructive and creative work is necessary for

competent chaplaincy, as I have illustrated in previous chapters. In considering a conception of the face as creative epiphany, it is helpful to particularize the conversation through a vignette.

Ms. V. and Mr. L. Ms. V is a 65-year-old intensive care patient who was hospitalized after being hit by a car while on her bicycle. Ms. V was badly injured, suffering many broken bones. She endured a traumatic brain injury with swelling and some damage to her brain. Ms. V has been on life support for several weeks and is minimally responsive according to the daily assessments recorded by the neurologists who are caring for her. Ms. V is originally from Bangladesh and has lived in the United States for 20 years. She has two sons who speak English fluently though they prefer to speak in their native language of Bengali. Ms. V and her family identify themselves as Hindu.

Mr. L is a chaplaincy student in his first unit of CPE. He is a White, 36-year-old seminary student who is preparing for ordination in the Presbyterian Church. He is from a wealthy, urban, Protestant family in the Midwest. Mr. L is assigned to the ICU for his CPE internship. I am his supervisor for this, his first unit of CPE. In supervision, Mr. L comes to me to share that he is upset with Ms. V's family because they "cannot accept that Ms. V is suffering and should be allowed to be withdrawn from the ventilator" and "allowed to die peacefully" rather than linger indefinitely in a marginally conscious state. The medical team wants Mr. L to convince Ms. V's family to recognize the futility of care for Ms. V. The physicians hope that the chaplain can help mediate the situation so a more "realistic" plan for Ms. V's treatment may be developed. Mr. L has come to

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supervision to ask for my help and insight. Mr. L has never met a Hindu practitioner. He wants to know how to convince Ms. V's family to withdraw ventilator support to allow for Ms. V to die.

I suggest that we go to visit Ms. V's room together to talk with the team, meet her family, and assess the situation. Mr. L agrees to co-collaborate on this case for the benefit of his learning. We enter the room and discover Ms. V's two sons beside her bed. After introductions, I begin to engage Ms. V's sons to discover their perspective on their mother's treatment. Although Ms. V's sons are not themselves religious, they describe their mother as a devout follower of a Hindu yogi. They share that their mother is the most peaceful and gentle person they know. Her sons are amazed at the sense of peace she has been able to maintain during this hospital stay considering the profound injuries she has suffered. They tell us that Ms. V would see her suffering as an opportunity to be purified of negativity. Her calmness is a reflection of her deep spiritual practice gained after years of practicing yoga.

I share that some members of the team are wondering if it is beneficial to continue the life support treatment given the injury to their mother's brain. The sons have heard this perspective from their mother's doctors. They do not understand why the doctors think she is unresponsive. One of the sons leans down to his mother's ear and speaks gently, loudly, and with great tenderness in Bengali. Though Mr. L and I do not understand the content of his words, Ms. V's son's affect is deeply loving and intimate. Ms. V begins to smile and laugh. She opens one of her eyes and looks directly at Mr. L, who is standing beside her, and she smiles. We let Ms. V's sons know we will help

mediate the conversation between them and the medical team. We offer words of support to Ms. V and her sons and encourage them to bring images of Ms. V's spiritual teacher into the hospital room for support if they feel that she would want an altar set up in the hospital room.

Later in supervision, Mr. L expresses his sense of shame and anger at his assuming that the medical team had accurately assessed Ms. V's responsiveness. He is frustrated and feels embarrassed for being part of the White, male-dominated "system" that "undervalues cultural minorities." We process his experience and emotional reaction together and Mr. L writes a theological paper on the moment that Ms. V "looked right at me with a depth of compassion" as a sacred and theologically significant sign of the presence of Christ for Mr. L. He writes of this moment as a turning point in his learning to become a caregiver able to rely on his own authority in his role of chaplain. We let the team know that Ms. V was responsive in her conversation with us and recommend that she only be assessed in her own language with her sons present. We document her sons' perspective on their mother's "non-responsiveness." After several months of rehabilitation, Ms. V is able to return home to live independently with some help from her sons.

The moment that Ms. V's glance joined that of Mr. L can be conceived of as an epiphany of the face. The trace that remained of this interruptive epiphany (for Mr. L, the presence of Christ) reconstituted Mr. L's understanding of himself as a spiritual caregiver. Such moments are not without struggle and require adequate support for learning. Chaplains and CPE students have the opportunity to witness such epiphanies of

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the divine as they break through into the world of health care, which tends to rely on systematized assessments and largely unidentified cultural biases. To become witnesses and vehicles of ethical care requires a willingness and skill to engage new and surprising possibilities, sometimes revealed as epiphanies of the divine. In this case study, taking on a stance of curiosity and openness to interruption made possible an epiphany of the face. In my role as chaplain and spiritual care educator, I was successful to the extent that I attended to my ethical responsibility as one based not on ethical codes or theologically rigid claims but on the epiphany of the face. This epiphany can be understood as a call to an ethical responsibility that transcends onto-theological conceptions of care. Honoring such interruptions can enable the chaplain to then interrupt the medical view of illness and disease in order to carry forward the trace and positively impact the course of a patient's treatment. In this case, Ms. V was profoundly misunderstood by her team because of their routine approach to diagnosis and inability to account for cultural and language differences in their assessment of her neurological responsiveness.

Creative Interruption as Visibility

In considering Ms. V's story, the importance of ethical visibility as a dimension of creative interruption becomes clear. As elaborated in Chapter 1, the phenomenon of *visibility* is developed by Levinas through the myth of Gyges. The myth of Gyges tells of a shepherd who discovers a powerful ring on an entombed skeleton in a cavern opened up in the ground after an earthquake. After wearing the ring for some time, Gyges discovers that the ring will make him invisible to others if he turns it inward and visible if he turns it outward. After discovering this trick, he goes to the kingdom and uses the ring to

seduce the queen, kill the king and take over the kingdom (Stahler, 2008, pp. 65–67). The

power of invisibility allows Gyges to act in the world without the consequences he would

normally face, and he uses the ring to gain power and prestige.

For Levinas, the myth of Gyges is analogous to the myth of the ego's interiority.

Gyges is faced with the choice of either using the ring for his own advancement or

remaining visible to others. Seen as a metaphor for ethical choice, the ring of Gyges

represents the dilemma between retreating toward the interiority of one's own invisibility

and the possibility of turning the mythical ring outward and in doing so saying "here I

am" as a response to the other's ethical demand. This turning of the mythical ring

outward and responding with "here I am" can serve as an analogy for chaplaincy as a

potentially ethically significant influence within healthcare settings.

For Mr. L to become more visible to me as his supervisor, to the interdisciplinary

team, to Ms. V and her family, and to himself required an authentic engagement with Ms.

V's and her son's unique expression of religious and cultural worlds, as well as the

ensuing sense of cultural shame and failure that Mr. L experienced as part of his learning

process.[23]

For Kaufman, such interruptive and serendipitous moments invite us to participate

more fully and effectively in furthering "human symbolic creativity" (Kaufman, 2004,

pp. 57–58) in co-creating a more just and humanized world. Kaufman writes:

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[23] As Diane J. Goodman has aptly noted, "An exploration of one's privileged identities can engender discomfort. Students may equate being part of the dominant group with being an oppressor—that is, a "bad person"—and they may find it unsettling to acknowledge how they might be participating in and benefiting from systems that unfairly disadvantage others. Guilt and shame often arise as people explore their biases and their privileged group's role in historical and contemporary oppression" (2010, p. 10).

> We must attempt to take responsibility for this situation in which we find ourselves, no matter how great its complexity and incomprehensibility. We have no choice but to move forward into a further widening and deepening of our historicity, and of the agency and responsibility which it makes possible. (1993, p. 221)

In writing of God as creativity, Kaufman emphasizes the co-creative responsibility to be open to the work of creativity in the world:

> There is a powerful, awe-inspiring creativity manifest in our world—and indeed, in ourselves: the new, the novel, the unforeseeable, the previously unheard of, break forth roundabout us and in our midst; and human life continues to be sustained from beyond itself. This serendipitous creativity provides grounds for our hope for the future. Human life can go on and, we dare to hope, will go on. And we are called to participate ever more fully and effectively in the creative transformation of our existence that will enable this to happen. (2004, p. 70)

As Ms. V's story illustrates, we as spiritual caregivers become more ethically visible (we turn the ring outward, unlike Gyges) by acknowledging and accepting responsibility for our historically constituted theological constructions and by owning up to the limitations of our cultural beliefs, traditions, and values. To return again to our seminary student, Mr. L, it was in engaging the limitations of his cultural and theological beliefs that his own participation in the co-construction of new symbols for care[24] became more visible and more easily engaged as a responsibility. In unpacking his belief systems in supervision, Mr. L's traditional view of authority as benevolent, his micro-aggression toward Ms. V's family through identifying solely with the more powerful and "knowledgeable" physicians, and his own ignorance of Hindu belief systems and practices were reconstructed in order to create space for the face of the other. Though challenging for students, deep self-reflection on their social and cultural privilege and

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[24] See Gordon Kaufman's (2004) extensive discussion of human symbolic creativity.

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their ethical failure in caregiving relationships creates a space for hospitality toward the other and honors her alterity.

I make the argument that our engagement as caregivers with the full range and complexity of the strengths and weaknesses of our theological and cultural beliefs and values is necessary for the competent practice of spiritual care and education. Ongoing self-evaluation is an ethos at the heart of the CPE movement and is one of the movement's greatest strengths. To become more visible to the care seeker as other is messy and sometimes painful when we are undone by the other in ways that may lead to feelings of vulnerability and shame. Visibility will require a commitment to ongoing consultation, professional learning, and personal growth. Once our theories and theological views become static, we have no other choice but to absorb the other and her experience into our static world while remaining hidden and theologically invisible to ourselves and to the other in her time of need. Visibility allows for the creative to dynamically influence our care in new and surprising ways. In beginning units of CPE, I often encourage chaplaincy students to embrace the awkwardness of their learning and their care of others as a sign of creativity at work. To become visible to the other and to ourselves requires the willingness to lose our footing, which allows ourselves to be made and remade as religious leaders and clinicians for the benefit of the other.

Diversity as Reflective of the Nature of the Divine

Though all belief systems and worldviews cannot be weighed as equal in their capacity to address pressing ethical, existential, and societal challenges, the biodiversity of the natural world in which we all reside is an ever-present reminder that diversity is

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reflective of the nature of the divine. The biohistorical human world benefits from a broad range of cultural values, religious beliefs, and traditions that seek to address the human family's ever-pressing social problems and dilemmas. For Kaufman, theology is ideally constructed and revised through dialogue among such a diversity of voices and perspectives. Since theology is best understood as a constructed and historically mediated truth for particular people within a trajectory of history, truth itself is essentially pluralistic and dialogic (Kaufman, 1996). Human cultures, like biological systems, are complex, self-organizing, and creative. But unlike biological systems, human history is constituted in life-giving ways by intentional self-consciousness, imagination, symbolic facility, and agency within relationships of accountability (Kaufman, 2004, p. 95). Thus, human diversity is not something to be overcome or to be evaluated according to monolithic religious discourses set against one another. Rather, diversity and increasing complexity are reflective of the nature of reality. Likewise, God as creativity is not a fixed and unchanging being but the dynamic, mysterious, and changing ground of all life. "God (creativity) has brought into being human persons and communities—in all their vast diversity—and God continues to sustain this great pluralism of human life" (Kaufman, 2004, p. 105). As in the non-human world, God as serendipitous creativity sustains and moves through the human world and in human cultures by way of various trajectories that prove to be either life-giving or life-diminishing but always infused with mystery and the possibility of the emergence of the new and the novel (see Kaufman, 2003, 2004, 2005a, 2005b, 2006, 2007).

To affirm diversity does not mean that religious traditions are inheritors of a partial and relative insight into an absolute and universal truth (see Kaufman, 1996, pp. 19–20). Truth is essentially historical and is more adequately conceived of as dynamic and impermanent. As people from diverse cultures and religious worldviews engage one another in both formal and informal ways, the boundaries of religious groupings are proving to be malleable and not easily definable. Rather than seek to engage "religions" as a static reality, theological and religious studies are best served by engaging a diversity of voices within, outside of, and at the boundaries between various religious conceptions of reality. If there is a universal aim for theological construction, it is the common interest of religious traditions in building humanizing and ecologically responsible orienting views and related spiritual practices that will enable human and non-human thriving (Kaufman, 1996). As we face the current ecological crisis, for example, it is imperative that a diversity of voices is considered in the search for solutions to the problem of global warming.

In engaging Kaufman in the light of Levinas, there is a clear resonance between Kaufman's concern for diversity as generative and Levinas's warning in regard to the totalizing influence of political culture. Each theorist speaks to the dangers of absorbing the religious or cultural other into monolithic conceptions of reality. Once our conceptions of truth and being are reified, the other becomes a static presence in an idolatrous world of ideas and truth claims. For the health care chaplain, it is not enough to allow the other a place in a reified worldview through religious tolerance of another's belief systems. To take seriously creative interruption as a metaphor for care will mean to

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conceive of difference as dynamic, generative, and theologically vital within relationships

that foster exploration, accountability, and justice. Mr. L experienced Christ as

illuminating his ignorance and cultural bias through appearing as an epiphany in the face

of Ms. V. His theological worldview was revised and brought into the light of ethical

account because of his openness to interruption. If my own and Mr. L's theologies of care

had not been flexible enough to allow for disruption and dislocation, we would not have

been able to advocate for Ms. V's continued treatment as a responsive and conscious

patient who was being inaccurately assessed by her neurologists. And Mr. L, in seeking

to become a more ethical and culturally sensitive pastoral leader, would not have learned

important lessons in regard to power, privilege, and authority if his theological view had

not been dynamic enough to allow for the new to break in. While we both expressed

discomfort with Ms. V's devotion to a guru who teaches that intense physical suffering is

a beneficial and cleansing spiritual practice, we were able to allow Ms. V's unique

spirituality to disrupt and remake us in spite of this discomfort. We were thus able to

interrupt the team's biased view of Ms. V's continued treatment plan as futile and

excessive.

  In laying the groundwork for theological consideration of diversity in a

chaplaincy education program, it will be important to revisit my pedagogical principles as

laid out in Chapter 3 and informed by the work of Peter Phan (2004). A pedagogy that

takes diversity into serious account will (1) attend to the importance of aligning with the

poor and the oppressed, (2) attend to an awareness of the ethical risks of engaging

universal truth claims, (3) invite and embody creativity, and (4) encourage a

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constructivist approach to theological reflection as mediated by the above three principles. I will illustrate these principles by describing the group context for Mr. L's learning.

Mr. L's learning took place within a small group CPE learning context supported by individual supervision. Mr. L's group included a CPE student, Ms. S, who claimed a belief in "one universal God." For Ms. B, all religions are paths to the one universal God. Ms. S is a former American Baptist who described her religious path as one of "seeking a new religious home." She practices Buddhist meditation once each week and also occasionally attends a Metropolitan Community Church. Ms. S is African American and left the American Baptist church after having come out to her community as a lesbian woman.

In facilitating the learning process for Mr. L, Ms. S, and their peers, it was essential for me as their supervisor to align with the above pedagogical principles for engaging diversity through using the CPE group process of exploring verbatim case studies and interpersonal group dynamics that illuminate intersecting social systems that confer and deny privilege. When the small learning group discussed a verbatim presentation of Mr. L's encounter with Ms. V's suffering, it was essential to *align the conversation with the poor and the oppressed*—primarily the reality of Ms. V's suffering as the patient, but also the dimensions of oppression present among members of the CPE group, including Ms. S as an African American lesbian woman. While taking seriously the experience of the oppressed and the ways that belief systems function in the lives and the faith communities of the oppressed, it was necessary to also address *the risks of*

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making universal truth claims for others. It is understandable that chaplains may experience a second naiveté in embracing religious truth claims in ways similar to their pre-critical spiritual experiences, as if such beliefs must be absolutely and universally true for everyone. They can be encouraged to integrate their pre-critical religious or spiritual experiences into a critical faith that includes moments of second naiveté without the need to make their beliefs universal for everyone. As the leader of the CPE group, it was my responsibility to both support Ms. S in expressing the fullness of her beliefs, values, and spiritual experiences and practices and hold her accountable to the risks of making universalizing truth claims and thus imposing them on her care seekers.

Embodying *creative discourse* allowed for new and unexpected insights to break through the life of the group in surprising ways. In this CPE group, Ms. S was intrigued by the verbatim presentation of Ms. V's story, which she resonated with as an oppressed minority who had also experienced being "invisible" to the dominant culture. Ms. S affirmed that she hoped to never treat others in this way. The group as a whole then reflected on the ways that we are all, to varying degrees based largely on social location, at risk of imposing religious and cultural views on care seekers. Ms. S's personal experiences helped to deepen the conversation and invited the group to engage the importance of not becoming rigid in our view of others and ourselves. For the CPE supervisor to create the space for such conversations required an openness to the unexpected and to the experience of becoming undone by the group discussion. Such openness is facilitated by CPE's tradition of using small group process to support compassionate exploration of underlying personal, group, and social dynamics.

Finally, *encouraging a constructivist approach* to theological learning in the group establishes the expectation of continued reflective learning that resonates with the action/reflection/consultation model of CPE. To be willing to continually be remade is an ethic that spiritual care educators and chaplaincy leaders should boldly claim as a core value of the profession and one that is reflective of the competence of the capable and ethical practitioner. Otherwise, our practice is at risk of becoming static and totalizing of the religious and cultural other. Highlighting my own learning as a work in progress helped to accomplish this goal as the small group explored Mr. L's, Ms. S's, and their peers' learning.

Creative Interruption and Ethical Responsibility

In considering the elements of creative interruption as a generative metaphor for the practice of interreligious spiritual care, a consideration of *ethical responsibility* will serve to ground the metaphor in a guiding ethos. Ultimately, metaphors for care are best evaluated to the extent that they serve the needs of care seekers in ethically efficacious ways. In many health care institutions, chaplains are leaders of ethics committees and consultation services where they serve as ethics consultants and committee chairs. Chaplains may be consulted when competing values and beliefs lead to difficult ethical dilemmas for the care team. Until we are more clear ourselves on the ethical risks of the religious claims we make as they relate to health care ethics, we will be running on outmoded religiously derived ethical justifications for care. A brief consideration of the potential influence of spiritual care providers in ethical decision-making and deliberation will illuminate this point.

Although Ms. V's case was not referred to the ethics committee, the chaplain served in a mediating role between the interdisciplinary health care team's understandings of the "right" course of action and Ms. V and her family's experience. In serving as an ethical navigator for the team, Mr. L and I were able to mediate a more efficacious outcome. Doing so required our capacity to be visible to our own learning and, more importantly, to Ms. V and her sons in the authenticity of their experience. If we had merely read the medical record, spoken with the interdisciplinary team, and briefly visited Ms. V without her sons present, we may very well have dismissed Ms. V's sons as misguided in their perception of reality. We could have easily retreated to the chaplains' office to research medical futility and strategized a method for convincing the family to accept the team's diagnosis. If we had relied on our own theological conceptions of suffering, we might have determined Ms. V's ascetic belief system to be damaging to herself and to her family, an impediment to their ability to move forward and allow for the withdrawal of life support.

I will argue that our ability to be disrupted by Ms. V and her sons in the moment of epiphany made all the ethical difference to the outcome of this case. Even though this case was not explicitly referred to the chaplains as an ethics consultation, it can easily be understood as an ethical tension between the family and the medical team. For chaplains to become leaders in our communities requires an adequate ethical foundation for our leadership. Otherwise, we are at risk of overlaying a theologically inadequate framework on top of an equally inadequate medical framework for engaging the religious and

cultural other that fails to honor the epiphany of the face and resorts to theological and cultural invisibility.

In my experience as an ethics consultant also working in the hospital as a chaplain, I have been trained in ethics consultation methods that seek to answer the question, What is the decidedly moral and just response to this particular situation? The writings of Emmanuel Levinas invite us to consider revising this goal for ethics consultation. For Levinas, the ethical relation itself must always watch over justice and ethical deliberation. Rather than approaching ethical decision-making with the question of what is the morally justified action in a particular case, chaplains functioning on the ground as clinical ethicists can begin to shift to a consideration of the following question as a guiding ethos for our work: How am I ethically present and responsive to this person or persons before me? Ethics consultation as a discipline is designed to lead to practical recommendations regarding complex health care decisions. Chaplains, as leaders and members of health care ethics consultation services in hospitals, have the opportunity to invite our colleagues to consider the question of ethical responsibility—or the *how* of ethics—before relying on appeals to universal principles, empirical data, or case study analyses[25] that move too quickly toward analytically derived solutions.

Levinas shifts the locus of the ethical question from an ontologically concerned consideration of truth—or what is morally "right"—to an ethical concern for responsibility. Metaphysical debates within the field of bioethics often remain unexplored by bedside ethics consultants. Ethics consultants, the majority of whom are busy health

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[25] For a review of major methods in medical ethics consultation, see *Methods in Medical Ethics,* edited by Jeremy Sugarman and Daniel Sulmasy (2010).

care clinicians, may not have the time—and many do not have the training—to explore the deeper questions underlying ethical dilemmas. Yet, embedded metaphysical considerations likely drive the consultation process even when they are unexplored. The tradition of principlism in medical ethics is a case in point.

Principlism, the major theoretical foundation for ethics consultation in the United States, is a universalizing approach that asserts the possibility of common moral standards and universal ethical principles beginning with the core universal principles of beneficence, non-maleficence, autonomy, and justice (Beauchamp & Childress, 2013). Even though this approach has been revised to account for the many diverse interpretations of these four common principles among human cultures, an appeal to the universal quality of the principles remains at the heart of this approach to medical ethics. Although the method has served to provide a simple method of ethical analysis to health care professionals in need of guidance, universalizing these four basic principles to all ethics cases can easily privilege some cultural interpretations over others. Given the way principlism functions today in the decision-making of the bedside clinician, universalizing methods tend to prioritize traditionally Western values through attributing such approaches to universal principles that are then understood as basic *human* principles of morality.

Principlism relies on a universalized metaphysics, but casuistry, in contrast, is a case-based approach to bioethics. Casuistry holds that multiple and conflicting perspectives can be simultaneously true and are dependent on contextual considerations (Jonsen & Siegler, 2010). Casuistry as a contextual and relativist model of ethics

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consultation, when used by those with social privileges that can downplay the real social and political differences that exist between the clinicians and the care seekers, supports a moral relativism through emphasizing precedents set by individual cases and by focusing on the contextual nature of each situation. Casuistry as a method for ethical analysis trusts that the solution will come through analysis of the case. As with principlism, casuistry does not require the ethics consultant to articulate the biases and cultural beliefs and values that may motivate her analysis of the details of a case.

A Levinasian approach to ethics moves beyond these metaphysical tensions between universal and relative truth in an articulation of ethics as first philosophy as opposed to an onto-theological conception of philosophy. As first philosophy, ethics precedes any consideration of ontological truth and thus lies outside of this metaphysical tension. The ethical relation itself is the common foundation upon which human community is built and sustained, through a communal process of ethical responsiveness. Within medical ethics, scholars and practitioners are exploring the implications of a Levinasian "ethics of care" as a foundation for the practice of ethics consultation that can balance classic approaches to ethics consultation in the medical field (see Nordvedt & Nordhaug, 2008).

The insights of Levinas address the priority of relationality and the need for individual and communal visibility at the foundation of any consideration of ethics. Health care providers would do well to move away from a sole reliance on reason, with its love of wisdom and relational invisibility, toward what is for Levinas a Talmudically

based wisdom of love as a command to "love thy neighbor," which prioritizes the ethical relation over autonomy, ontology, reason, and thematization—and precedes each.[26]

The face-to-face visibility and relationality of ethics consultants and clinicians is a key (and often overlooked) dimension of efficacious ethical deliberation and decision-making. The ethics consultation process itself, through inviting more relational interactions between clinicians and patients and a space where the various specialists can come together to engage each other, may allow for the interruptive and often dislocating momentum of *love* to more fully watch over the necessity for *justice*. Spiritual care clinicians can advance ethical decision-making through cultivating a willingness to be interrupted by the face of the other as a "traumatization of astonishment" (Levinas, 1969, p. 73) rather than universalizing or relativizing patients by fitting their experience into ethical frameworks and analytical algorithms before engaging the patient as one person responsible to another.

Paying attention to the cultural and religious other as located outside of static ontological conceptions of ethics is resonant with Kaufman's theological concern for the historicity of all religious and cultural truth claims. If all truth is historically constituted, then principles such as beneficence, non-maleficence, autonomy, and justice must be conceived of in light of our profound historicity without resorting to relativism and thus escaping our responsibility to make moral truth claims. Chaplains are called to be leaders engaged in the ongoing work of creating and co-creating religious beliefs that will adequately allow for such engagement with the other(s) in our midst. When presented

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[26] Roger Burggraeve (2007) illuminates this distinction well in his discussion of the writing of Levinas.

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with surprising theological and cultural constructions that account for diversity in new ways, chaplains can best serve care seekers through examining what is life-giving and what is life-limiting in our unexamined ways of being in the world in order to be made anew through engagement with the other.

The Chaplain as a Leader in Health Care

As health care continues to become more and more ethically complex and culturally diverse, chaplains are in a unique position to demonstrate leadership. To do so will require us to look deeply at our theologically conceived methods for care and ethical deliberation. Allowing the other to interrupt and reconstitute our understanding of ourselves as religious leaders and health care clinicians is one way of enabling the kind of leadership required as we move toward ever-increasing cultural and ethical complexity. I have described the ways that creative interruption, as a relational approach to interreligious and intercultural spiritual care and ethical decision-making, is relevant and meaningful to the further development of professional spiritual care and education.

Creative interruption as a generative metaphor for spiritual care honors the face of the other as a creative epiphany; invites greater visibility of both caregiver and care seeker; affirms a diversity of practices, beliefs, and values as overwhelmingly generative and reflective of the nature of the divine; and places the ethical responsibility to be open to creative interruption on the caregiver as a facilitator of empowered care. Static conceptions of care are simply inadequate to the demands of health care in a culturally diverse and ethically complex public institution.

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Chapter 5: Conclusions, Implications, and Voices from the Field

My articulation of *creative interruption* as a metaphor for spiritual care and education is drawn from the insights of Emmanuel Levinas and Gordon Kaufman's theology of serendipitous creativity. I have argued that it is the ethical responsibility of caregivers to embrace divine creativity in the interruptive and disjunctive moments of spiritual care and to approach such moments as theologically constructive. The field of spiritual care and spiritual care education requires new metaphors for engaging difference that conceive of diversity as generative and interruption and dislocation as necessary and vital to efficacious care.

In her development of a postcolonial pastoral theology, McGarrah Sharp writes:

Pastoral theology is a field that prioritizes and authorizes human experience as a legitimate and important source for theological reflection. Experiences of disjuncture translating between action and reflection, theory and experience, can challenge theological doctrine by calling into question the norms, values, and assumptions undergirding theological commitments. (2013, p. 182)

Conceiving of the practice of professional spiritual care as creative interruption challenges theological assumptions about the nature of care. Once we as caregivers step out of the safety of too-certain or unidentified and implicit theological understandings of care, we are made visible and accountable to the religious and cultural other and to ourselves. This invitation toward greater visibility and accountability invites continued conversation about what it means to engage in intercultural and interreligious care. Creative interruption is a metaphor that can make possible a conception of interruption and dislocation as generative and necessary to care. As the field of professional

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chaplaincy moves forward in responding to the challenges that face the profession, it may

prove helpful to develop and explore novel metaphors and understandings of care that are

able to address the ever-changing contexts of caregiving.

Creative interruption notably shifts the locus of care from one of *giving* care to

that of *responding* to the cultural and religious other. As I conclude my theoretical

exploration, I will name potential limitations inherent in my project. I will then address

important implications of my work for the field of chaplaincy as it moves forward.

Limitations of Conceiving of Care as Creative Interruption

In exploring key limitations of creative interruption as a metaphor for spiritual

care, a brief articulation of the function of metaphor by philosopher David Hills is

helpful:

> If we ask how primary and secondary subjects are brought into relation by being
> spoken of together in a metaphor, it seems natural to say that metaphor is a form
> of *likening, comparing*, or *analogizing.* The maker of a metaphor (or the metaphor
> itself) likens the primary subject to the secondary subject: Romeo (or Romeo's
> speech) likens Juliet to the sun, Stephen likens history to nightmares, Benjamin
> likens works in prose to death masks. But it is unclear what we mean when we
> say this, to the point where some are reluctant to appeal to likeness or similarity in
> explaining what metaphor is or how it works. Much of the power and interest of
> many a good metaphor derives from how massively and conspicuously different
> its two subject matters are, to the point where metaphor is sometimes defined by
> those with no pretensions to originality as "a comparison of two *un*like things.
> (Hills, 2012, para. 3)

The metaphor of creative interruption likens care to interruption—a phenomenon

not ordinarily associated with care. Creative interruption highlights the way that the field

of professional chaplaincy has tended to rely on theories of togetherness and

commonality as an ideal for caregiving relationships and spiritual care education. To

conceive of care as creative interruption helps capture an important critique of the field

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by drawing on the work of Levinas and Kaufman and building upon postcolonial questions about power dynamics embedded in approaches to care that are too reliant on togetherness and sameness. To say that interruption is theologically creative and generative places the disruptive quality of care at the forefront of the practice of spiritual care.

Using metaphor in this way is effective in creating a language for critique but may risk an oversimplification of the subject at hand in two important ways. First, the use of the metaphor of creative interruption potentially overlooks the ways in which efficacious interreligious and intercultural care is *not solely interruptive* but also connective and uniting. A robust consideration of this metaphor would need to account for the connecting and integrating qualities of care made possible through effectively engaging cultural and religious difference. Secondly, conceiving of interruption as creative and generative discounts the ways in which interruption—in both the thinking of Gordon Kaufman and in the practice of spiritual care—is potentially destructive and degenerative. For Kaufman, the creative power of the natural world and the biohistorical development of the human symbolic world are not only serendipitous, beneficent, and generative but also potentially destructive (see Kaufman, 2006, pp. 46, 66; 2007, pp. 923–924). Kaufman's view of the destructive quality of interruption is outside the scope of my project but would need to be addressed to fully engage the theological implications of my metaphor. The interruption of the cultural and religious other who is living out of a violent and life-diminishing worldview, for example, can lead to terrible violence and harm, as when a destructive religious view translates into interpersonal and/or social

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violence. Such interruptions can create complex moral dilemmas and significant suffering that remains unexplored in this dissertation.

Metaphor simply provides one way to begin a conversation about what is and what is not spiritual care. My project challenges the field of professional chaplaincy to reconsider assumptions of togetherness and unity as primary goals for care through exploring a metaphor that intentionally draws from a comparison of two seemingly "unlike things" (Hills, 2012).

Implications and Potential for Further Development

Having touched on major limitations, I will now address potential implications for the field of chaplaincy moving forward. My dissertation is intended to contribute to the field of spiritual care as it is practiced by chaplains and spiritual care educators working to improve the efficacy of caregivers in increasingly diverse cultural and religious contexts.

The first implication of my work invites the recognition that being open to creative interruption in the daily work of spiritual care will require spiritual care professionals and educators to address the grief that may result from the dislocation and loss that are a necessary and generative response to insights gained through the interruptive encounter with the other. A range of emotional reactions such as fear, anger, guilt, and shame may be inevitable responses to the phenomenon of creative interruption. In the following discussion I will focus on grief broadly understood to include a range of emotional, physical, and existential responses to loss.[27]

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[27] Grief is generally defined in relationship to the loss of a person, as in the following: "Grief includes depressed mood, yearning, loneliness, searching for the deceased, the sense of the deceased being

Community engagement with dislocation. Engaging the dislocations that can

come from hospitably receiving the cultural or religious other can lead to the

reexamination of a caregiver's deeply held beliefs and values. Encounters with the truth

of an other's experience can be emotionally and psychically destabilizing and

disorienting for a student or care provider. This destabilization may take the form of

individual or communal grief that arises when awareness of one's own failures and

limitations comes into clearer focus through engagement with the other. Formerly

valuable theological views and beliefs about the world may become outdated, and some

students and care providers may choose to leave religious communities once their beliefs

and values change and shift. Once open to interruption, spiritual caregivers will

inevitably experience "jarring moments" (Doehring, 2010) of relational care through

which they are confronted with difference that challenges their basic assumptions about

the world. In such moments, caregivers are invited to remain open to their own learning

and open to the losses that may result from change and growth. In her consideration of a

moral philosophy that takes into account the limits of self-knowledge, Judith Butler

writes:

> Perhaps most importantly, we must recognize that ethics requires us to risk
> ourselves precisely at moments of unknowingness, when what forms us diverges
> from what lies before us, when our willingness to become undone in relation to
> others constitutes our chance of becoming human. To be undone by another is a
> primary necessity, bound to what is not me, but also to be moved, to be prompted
> to act, to address myself elsewhere, and so to vacate the self-sufficient "I" as a
> kind of possession. (Butler, 2005, p. 136)

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present, and the sense of being in ongoing communication with that person" (Goodkin et al., 2001, p. 672).
This definition of grief can also be applied to losses other than that of a person, including the loss of self-
understanding, the loss of an idealized view of one's vocation, or the loss of a religious community.

Spiritual care practitioners and educators are expert in facilitating a view of grief as a normal and largely generative part of human experience. The best chaplains attend to the most tragic of circumstances in our hospitals, hospices, and community settings with depth, sensitivity, and openness to the potential for healthy grieving and movement through loss. Doing so requires us to be well aware of our own losses and heartbreaks and the grieving that must happen in order to live a well-integrated and healthy life. A healthy view of grief recognizes and spiritually integrates unexpressed and unresolved grieving so that it does not become toxic to ourselves or to others. In extreme circumstances, ongoing, unresolved grief "born of injustice" (Kelly, 2010, p. 15) may be the only reasonable response to violence and injustice. In general, spiritual care clinicians hold that it is possible to live well with grief and to lament profound losses by allowing grief to move in and through the body, mind, and spirit, integrating and releasing emotions and psychological distress. Over time, it is possible to live a full and joyful life that includes an integration of grief. Healthy grief makes human thriving possible through the recognition that significant loss and change is continually woven into our identities and relationships (see Neimeyer & Burke, 2015).

Chaplains are well accustomed to grieving their losses and are well aware of the human tendency to turn away from grieving because of its great psychological and physical demands. Because of these demands, grief is easily evaded and pushed deep into the unconscious personal, organizational, and cultural psyche. Grieving may be evaded through reliance on power differences that erase the other's humanity—a dynamic that can easily happen in health care and other organizations. These power dynamics are writ

large in the ways that colonialism is sustained, in part, through a personal and cultural

refusal to mourn. As LaMothe writes:

> Empire, latently and, at times overtly, reduces or eclipses caring imagination and
> personal recognition, marking colonized, disposable Others as ungrievable. To
> mourn, Americans would have to care less about, perhaps even mourn, our
> dominant narratives in order to be open to the counternarratives of those who
> have suffered as a result of U.S. violations. Put differently, caring too much about
> holding onto narratives of exceptionalism, superiority, and innocence occludes
> caring imagination vis-à-vis the colonized, disposable Other who remains,
> therefore, forever ungrievable. The absence of care and presence of ungrievable
> Others, whether that is in the form of a statistic, are not only symptoms of
> systemic violence, but they tacitly justify and maintain the forms of the systemic
> violence of the U.S. Empire. (2013, p. 12)

Mourning our losses must be constantly acknowledged and even drawn out into

the light of day for healing and integration to become possible. LaMothe argues that

mourning can be evaded when religious and cultural others are "constructed as enemies"

or as "living with enemies" (2013, p. 10). Mourning is also evaded in health care settings

by categorizing people as patients and managing patients as particular disease states and

medical problems that can prevent healthcare providers from seeing the whole person.

My dissertation has argued that creative interruption is a metaphor through which

chaplaincy can invite the necessary dislocations that may arise from engaging the

religious and cultural other on her own terms. When authentically engaged, such

interruptions may break through static conceptions and dehumanizing constructs. In

considering the implications of this metaphor, it is important to honor the work of

grieving that may be an integral dimension of ethical response to cultural and religious

difference. The work of interruption is not easy work and will take a willingness to be

undone and to grieve our losses. For religious leaders, the loss of the comfort and

reassurance that comes with religious certainty can be an existential and deeply personal loss, as is the grief of letting go of long and deeply held beliefs about oneself.

My own experience of adopting a daughter from a cultural background that differs from my own has led to much personal grief as I have examined my own White privilege and the awareness that injustice was a motivating force that brought us together as a family. My daughter's deep loss of cultural connection can never be adequately mitigated or healed. Facing these realities required my letting go of a comfortable view of adoption as altruistic. In the faith of my youth, adoption was promoted as a Christian altruistic act of rescuing non-White, non-Christian children into White, economically well-off Christian homes in order to save such children from poverty and general unhappiness. The racism at the heart of these unexamined Christian beliefs is a painful and necessary truth to face.

For chaplains, similarly unexamined approaches to care seekers may be just as ethically concerning as the seemingly altruistic approach to adoption from my childhood faith community. To approach a care seeker inhospitably, as someone in need of our altruism or religious blessings and insights, can deny the other the courtesy of speaking for herself. It is not within the goals of my dissertation to address the ways that the ACPE standards both support and potentially obstruct hospitality toward the cultural and religious other. Yet, it would serve the association well to continue to examine the ways that the language used by the organization and practices embedded in the certification process may set up a dynamic wherein Judeo-Christian values and dominant White religious cultures are taken as the norm and the religious and cultural other is taken as the

exception. In doing so, we may be invited to engage the grief that comes with our recognition of the limitations of our history and our legacy as educators. Therese M. Becker, an African American supervisory candidate in the ACPE certification process at the time of her 2002 article, addresses the limits of effective supervision and articulates challenges she and others have faced in the ACPE supervisory education process. Becker (2002) writes:

> Individualism and the invisibility of monoculturalism and whiteness interpenetrate and collude, making it difficult for the white clinical pastoral education (CPE) supervisor to effectively supervise international students and students of color from within the United States. (p. 4)

> Supervisory CPE students from other cultures struggle within the supervisory training process. This process is immensely demanding and often painful, even if one shares the cultural assumptions of the 'gatekeepers,' the CPE supervisors who sit on certification committees at the regional and national levels. CPE began as a white male Protestant movement and, while it is now more inclusive, much of that culture still remains. If one is from a culture other than the dominant one, the experience of the process can be even more painful and sometimes damaging. As a supervisory candidate, I know this from my own experience of the process, and have seen the hurt, confusion, and frustration experienced by peers from other cultures. I have witnessed the disrespect (at best) they have experienced and have shared anger and tears with them. (p. 6)

As Becker notes, the core assumptions that spiritual care educators bring with us will need to be continually re-evaluated to determine whether the ACPE as an organization is actively engaging in *hospitality* toward the cultural and religious other. Doing so may require a collective mourning and reckoning with our historical roots in Christian traditions that may consciously and unconsciously exile and diminish the cultural other within our professional communities.

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In a 2012 article in the *Journal of Jewish Spiritual Care,* Rabbi Alan Abrams, a

CPE supervisor, writes of the ongoing challenges faced by Jewish students in CPE

training:

> A substantial contribution was made by Bonita Taylor and David Zucker in their 2002 article *Nearly Everything We Wish Our Non-Jewish Supervisors Had Known About Us as Jewish Supervisees.* There, they point out that CPE emerged from a Protestant setting and that much of its language has a Christian orientation and terminology reflecting theological beliefs that Jews may not share, a disconnect that can leave Jewish students feeling alienated from CPE supervisors and peers. The authors share twelve particular points about Judaism and Jewish thought in an effort to help non-Jewish CPE supervisors and chaplains in their work with Jewish supervisees and patients. These points range from the overtly theological—including the relatively small role that vicarious suffering and vicarious atonement plays in Judaism compared to Christianity—to the more cultural, such as the rapid-fire conversational styles of some Jews that might leave Christians feeling rudely interrupted.

> This kind of effort to share something about the Jewish experience, in an educational process invented by Protestants for Protestants, is not only helpful to Jews trying to navigate their way through CPE. They can be even more helpful to members of the majority culture, helping them to uncover hidden assumptions that may inhibit their ability to minister and teach effectively across cultural boundaries. (2012, p. 14)

Abrams argues that "hidden curriculums are not effective curriculums" (2012, p.

20). For Abrams, hidden assumptions within the CPE process include a high value on

expressing emotions, the use of "God-talk," and a heavy reliance on parallel process,

especially in the supervisory certification process (2012, p. 19). Hidden in the curriculum

but not well articulated to supervisory students in the educational standards, such

priorities are embedded within a largely Christocentric curriculum that presents

challenges to Jewish students. After pointing out that in 2012 there were only 12 Jewish

certified ACPE supervisors, Abrams writes:

> The act of making CPE leaders aware of the difficulty Jewish students have in the certification process could help encourage those leaders to examine their hidden

assumptions about certification and perhaps lead to much-needed reform in the certification process—it is not only Jews who wonder why the ability to display emotional availability in a single, stressful hour before people in authority is privileged so highly in the supervisory certification process. Are the (still largely mainstream Protestant) leaders of the ACPE simply recreating their own traumatic ministry formation experiences just because that is the tradition they emerge from? Or are there more educationally justified reasons for the emphasis on displaying emotional availability in this way? Many questions must be asked in this process of organizational self-examination for hidden curriculum and assumptions, including whether there are strong parallels in other professions for this certification process and whether there are established educational theories justifying it. (2012, pp. 20–21)

Referencing Emmanuel Levinas, Abrams concludes his discussion by encouraging students to speak up with courage: "It takes courage to embrace being the *other*" (Abrams, 2012, p. 23).

One aspect of courage is the willingness to mourn the conceptions we hold of ourselves as educators who highly value the art of spiritual and pastoral care but may have significant work to do in order to become truly hospitable to the cultural and religious others in our midst.

As LaMothe writes:

To develop caring imagination with regard to the Other, to make space for the Other to appear in the public minds and hearts, to listen and be moved by his/her counternarratives means one is willing to be moved and to mourn. Mourning, I believe, is an antidote to this spiritual moribund state as well as a step toward severing our ties to forms of systemic violence. It is the first step toward repentance and hope. (2014, p. 18)

Mourning both individually and communally will mean reconciling the painful recognition of our history with the embedded and hidden qualities of our educational and clinical practices with the honesty and courage to engage in both self-reflection and communal reflection that may lead to the recognition of loss. As we experience grief and mourn an idealized view of the profession and the loss of professional and theological

identity, chaplains and chaplain educators would do well to remember that there is much to be gained in approaching grief openly and with courage. Engaging in communal reflection and healing can bring about serendipitous and creative change and can allow for new models of engaging difference with an openness to transformation.

      CPE group process as a resource for creative interruption. The second implication of my research includes a recognition of the unique resource of the CPE small group in engaging creative interruption in the spiritual care education process. In *Inside the Circle*, Joan Hemenway, former president of the ACPE, writes of the unique pedagogy of small groups in CPE, affirming "a conviction that clinical pastoral education, precisely because of its small group process, has something unique and necessary to offer" (1996, p. vii). For Hemenway, the small group process, when grounded in sound theory, is relevant not only because society and religious communities are largely made up of small groups but also because the small group itself is a powerful tool for the student's self-awareness and group-awareness (1996, p. x). Of small group learning as a creative pedagogical model in CPE, Hemeway writes:

> What exactly is a process group in CPE? First, what I believe it is not. It is not a didactic group session in which students gather to receive or share information or knowledge about a subject related to pastoral ministry. Second, it is not group supervision in which students gather as a group to learn pastoral skills from one another by reviewing a verbatim, case presentation, critical incident, or doing a role play. Third, it is not group psychotherapy (in the strictest sense) in which patients or clients meet together once a week with a therapist in order to seek healing for individual personality or emotional problems (pathology).
>
> The small process group (SPG) is an open agenda study group placed within a clinically-based educational program (CPE) which employs an action-reflection-action model of learning as part of professional preparation for ministry. . . . This dynamic small-group experience is intended to engage the student both

experientially and reflectively, subjectively and objectively, affectively and cognitively, personally and professionally. (1996, p. x)

CPE group process allows for a dynamic and creative exploration of attitudes, beliefs, and constructions of care through an open process that includes direct feedback and the honest exploration of differences and group dynamics. Educators who possess self-awareness of their own socially and culturally constructed beliefs and values can guide students through a dynamic learning process that invites greater awareness of power differentials in group dynamics and the impact of socio-cultural location. With support and guidance, educators can guide the group through learning about itself in important ways.

Drawing from sociological theory, Dagmar Grefe, a scholar and ACPE supervisor, writes of the potential for transformative learning that is possible through group process learning. Naming the group as a potential resource for interreligious learning, Grefe highlights the reality that most chaplains are not well educated in cultural and religious traditions outside of their own:

> For most of us who are currently supervisors and theological educators, our academic theological preparation did not include in-depth education about other religious traditions. Working as interfaith chaplains, we may have had exposure to other faiths in our clinical training, or we may have developed a rudimentary knowledge by reading and consulting informally on our own. The less we know about the tradition or culture another person represents, the more we respond to him or her based on the categories in our mind. At times, we use the little knowledge we have in categorical ways and miss a student. (2011, p. 153)

Grefe argues that CPE group process, when drawn from intergroup relations theory as put forth by Gordon Allport (1954), can lead members to achieve a greater degree of cultural and religious differentiation:

Positive intergroup relations include both the discovery of similarities and the appreciation of diversity. Blurring the differences between out-groups does not assist in creating more open attitudes toward members of different social groups. Psychologists Miles Hewstone and Rupert Brown have proposed the strategy of mutual differentiation, holding that categorization occurs naturally. They remind us that the identification with a particular group has a psychological function by contributing to a positive social identity. Therefore, rather than aiming to do away with stereotypes, the goal of the intergroup encounter is to challenge the simplicity of out-group stereotypes. The model of mutual differentiation maintains the original group boundaries but in the context of intergroup cooperation where similarities and differences are acknowledged and valued. (2011, p. 80)

Grefe calls out the importance of diverse learning settings for chaplains who will go on to provide care to diverse populations in their clinical practice. Though diverse learning settings are essential for learning to engage difference, without thoughtful guidance from a capable educator, the power dynamics can prescribe ways of relating that are not conducive to group learning.

The ACPE draws from many theories of group process that elucidate the rich learning that is possible in small group learning. Yvonne Agazarian, a systems-centered psychotherapist (Agazarian 1999, 2004; Lum, Carter, & Peightel, 2010) who has been influential in the field and spoken at ACPE regional and national conferences, identifies three dynamic phases of group process that lead to personal and group transformation: the phases of authority, intimacy, and work (Agazarian, 1999, pp. 80–85). Bruce Tuckman (1965), yet another key theorist on CPE small group process pedagogy, is an educational psychologist well known in the field of spiritual care education for introducing the concept of small group process as moving through the developmental stages of forming, norming, storming, performing, and adjourning. These theorists draw from diverse theoretical lenses in their understanding of group development, yet each

points to the importance of the group-as-a-whole as it develops over time. The theme of the group and its learning carries through the CPE process and makes possible a richly complex pedagogical model.

Students' learning necessarily includes anxiety and an initial experience of incompetence in relation to both their clinical learning with patients or clients and their relationships with their peers, who may hold radically different worldviews than their own. Though some CPE approaches to learning are highly confrontational, because CPE supervisors are trained as competent clinicians and religious leaders they possess many resources for establishing learning environments that create trust and openness to learning. Most learning theories that educators draw from acknowledge that without a basic sense of trust, students will not be open to feedback and may become defensive and self-protective. Richard Billow, a relational group psychotherapist, defines bonding as "a basic feeling of connectedness to other human beings" (1999, p. 152). Positive group bonding serves as a container for the group as it moves through the phases of change and transition. This bonding allows for a container for interruptions to be explored and drawn out through direct engagement with difference in the context of a supportive group process.

As a small process group moves through the phases of development, members are presented with opportunities to cultivate their relationality and grow into a mature awareness of the biases, values, emotional wounds, relational themes, and assumptions that impact their care of persons in crisis and transition. Each stage of group life offers a unique opportunity for self-understanding and communal development. It is important,

for example, for students to understand how they respond to conflict as it will almost inevitably emerge as the group develops over time. At each point in the evolution of the group, opportunities exist for members to learn their craft through practicing relationality in the here-and-now moments of group life. The effective student practitioner will cultivate a spiritual care presence that is both relational and available to the other.

For the benefit of the group's learning, CPE supervisors serve as guides, modeling and inviting each member into new ways of relating. The group that is working well and learning well will experience the creative development and transformation that becomes possible as members explore their personal histories and professional identities in the here-and-now of group life with its often painful and dislocating moments. When members of the group are faced with the losses that inevitably result from new awareness and profound learning experiences, a group process that is working well will hold these differences with a sacred regard for each member and their learning.

Rather than allow group members to act out ways of relating without intervention, capable educators influence the norms that guide the way members engage with each other to teach new and generative ways of relating. Although CPE is not primarily a therapeutic endeavor, learning relationality in the here-and-now moments of crisis and care necessitates a supportive learning environment. With the understanding that students already possess the resources they need, the task of CPE is to "draw out of students the abilities and inherent wisdom they already possess" (Lacey, 1998). For Rod Seeger, an ACPE supervisor who has taught in diverse settings, including a program in Hong Kong, effective supervision of an intercultural group's learning process will supportively attend

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to four dimensions of the group process, which he terms "BDTI," namely, *behavior*, *dynamics*, *theory,* and *intervention* (Seeger, 2014, p. 123). Seeger and others are capturing the unique potential for CPE process as a context for a rich and multidimensional setting for dialogue to take place in the context of clinical care.

For supervisors who lead groups of diverse CPE students, it is imperative to create space for outside consultation with colleagues so as not to become isolated and unaware of cultural bias active in the group process. While CPE group process is a unique pedagogy with the potential to invite and hold creative interruptions as they arise, supervisors without the capacity to examine our own biases and assumptions will work against the group's learning. CPE supervisors who take seriously their own learning will consult with peers in an ongoing manner and invite consultation from viewpoints that diverge from their own.

Through encouraging students to listen deeply and hospitably to one another, to stay with the here-and-now of group life, to risk offering self-possessed responses and reactions, and to identify parallels between group life and spiritual care, spiritual care educators establish working norms that will help the group members move successfully through the phases of group development by engaging key issues in relational learning rather than merely talking about the learning issues at hand. Through the wealth of group theories and group experience they draw from, spiritual care educators are uniquely positioned to guide students through the generative and efficacious exploration of cultural and religious difference. Developing theological and philosophical conceptions of care that prioritize interruption and dislocation will provide a foundation for examining the

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socio-cultural locations and biases of spiritual care educators. Engaging the work of non-Christian and non-White group theorists will be imperative to this endeavor.

As health care continues to grow ethically complex and culturally diverse, chaplains are in a unique position to demonstrate ethical leadership. To do so will require us to look deeply at our theologically conceived methods for care and ethical deliberation. In the 2009 issue of *The Journal of Reflective Practice: Formation for Supervision in Ministry,* Herbert Anderson, longtime editor of the journal, asked the following questions:

> Can we develop a new kind of authority in place of the older hierarchical model, one that is more collegial, self-critical, pluralistic, and open to its own transformation? Will we have the courage, humility, and faith to forge a new and improved vision of pastoral supervision for this generation? (2009, p. 187)

One way to move forward with courage, humility, and faith is to invite the other to interrupt and reconstitute our understanding of ourselves as religious leaders and healthcare clinicians. In doing so, we will move forward by empowering the kind of leadership required for the next generation of care providers and educators. I have described the ways that creative interruption as both a theological event and a relational approach to interreligious and intercultural spiritual care, can serve to empower an ethical response toward the cultural and religious other. Spiritual care educators are well positioned to become catalysts for change in a broken health care system that needs the best of our leadership.

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