

Tandem Roles of Written Standards and Personal Virtue in Appraising Professional Practice

Gordon J. Hilsman

Maintaining acceptable practice in a professional organization depends heavily on two intertwining entities: written standards and personal virtue. The two in tandem, one maintained externally and collaboratively and the other guiding internally, either uphold professional accountability or allow practice to slide below acceptable association levels. It is likely true that those practitioners who fall below a level of adequate practice due to impairment or impulsive judgment have failed either to comprehend or attend to specific written standards, on the one hand, or to develop sufficient maturity of virtue to relate to established standards with integrity, on the other.

This article contends that paying attention to one another's virtues is a professional responsibility of clinical practitioners, especially as those classical characteristics of personal behavior affect attitudes toward the standards of the practitioner's primary professional organization. It suggests that appraisal of competencies at mileposts of certification needs to be augmented by assessment of specific classical virtues at other key points during a career

Gordon J. Hilsman, DMin, clinical pastoral education supervisor, Franciscan Health System, 1717 S. J Street, Tacoma, WA 98405 (E-mail: ghilsman@gmail.com)

and that the Internet provides new tools with which to facilitate this mutual, inter-subjective monitoring.

The far sighted individuals whose ingenuity developed dozens of innovative helping disciplines during the twentieth century eventually saw the need for written standards to organize the new professions that had evolved. Fashioning standards for social work, addiction treatment, grief counseling, hospice caregivers and dozens of other professions provided a structure within which quality of practice could be assessed. It is through creating and progressively revising written standards that these movements transformed themselves into effective organizations that honor both the need for consistency and the ongoing development of standards required to promote practitioner functionality. Professional organizations of ministers are not exempt from the need for both standards and virtues.

The term *standard* arose from naming the poled flag that ancient armies used to rally troops and claim conquered territory. Earlier, the word *stand*, from the Latin verb *stare*, had been coined to mean "to have both feet solidly beneath you, be firm," in other words, to have found and be occupying the place you most highly value and will defend at great cost. Standards delineate what is essential for members of an organization to manifest its ethos, maintain its core values, solidify its unique identity and accomplish its essential work. It is risky to employ members of an organization that does not have written standards.

THE PURPOSES OF STANDARDS

Standards fulfill several purposes. Even as they provide a yardstick with which to evaluate the functioning of practitioners and programs in certification and accreditation processes, the standards also promote accomplishment and excellence in pursuing the mission of the association. In so doing, they instruct young practitioners, guide maturing practices, help shield consumers from inadequate programs, and can even inspire those members who may need a shot of idealism during difficult times.

Written standards alone are no more useful than idle tools and unread books. Even if the elected leaders who devise, revise, and approve standards are thoughtful and diligent, the standards remain useless if the second essential element in fostering and monitoring quality is missing. Physicians treat but only patients can heal; therapists counsel but only addicts can recover; and teachers instruct but only students can learn; similarly, organizational

leaders provide standards but only practitioners can decide to honor them in maintaining their own adequate practices and contribute to the ever-changing content of standards.

Indeed, standards that reflect excellent practice in writing can easily be mouthed rather than lived. Organizations that adopt standards from the publications of other organizations, rather than working through a rigorous process of collaborative discerning and negotiating to clearly define what standards they actually are willing, able, and ready to follow, can hardly claim to have standards at all.

Organizational leadership carries the responsibility to capture the organization's core identity. But that responsibility falls to all members when the changing paradigms of its development require the renewal of written statements. Aging, inflexible standards eventually feel Procrustean to lively, creative practitioners. How can clinicians use their direct observation and responsibility for collaborative peer evaluation to assess the adequacy of one another's participation in the dynamic tension of the standards maintenance process?

VIRTUE AND STANDARDS

While the terminology of *virtue* may be seen archaic for use in evaluation of professional practice, it continues to fit professional associations of clergy schooled in the language of traditional religion. Organizations historically developed by Christian leaders can appropriately look to the Scripture-based virtues for guidance in the personal characteristics necessary for responsible practice. Herbert Anderson has used the notion of the "habitus" of a particular minister to point to the established way that minister consistently acts, almost without reflection, because specific functions have become second nature to that person. He contends that the habitus or character of ministers is rapidly increasing in importance: "Because the church and its ministers no longer hold the power and influence they once could assume, character is a greater integrating factor for the practice of ministry."¹

The classic understanding of Christian virtues derives their legitimacy both from their history and their current applicability. They developed (or evolved) over centuries through direct observation of "human nature" long before psychology was born. In currently relevant ecclesiastical and political issues, the lack of Christian virtues is routinely observable in significant societal suffering. Leaders in the field of medical ethics recently embraced the

concepts of traditional virtues and employed them in the aspects of their work that deal with the professional obligations of practitioners.

Here are some of the Christian virtues that are most relevant in overseeing professional practice of certified clinical supervisors. They are drawn from my experience of collaborating with, supervising, appraising, and certifying ministry leaders over the past thirtyfive years.

Humility

Accurate self-appraisal or humility includes embracing your own essential goodness and, at the same time, constantly recognizing your own limitations. Self-absorbed pride, arrogance, and grandiosity stand on one side of humility while passivity, hiding, and meek acquiescence is on the other side. New Testament depictions of Jesus castigating religious and political leaders who were devoid of humility stand as historical teachings on having humility as the basis of any mature life. The other major world religions also teach the value of humility as a key spiritual characteristic.³ The focus on self-awareness, common in the pastoral care and counseling movement, is a prelude to humility.⁴ Remaining carefully attentive to ourselves generally manifests a level of humility in attitude and decisions.

Exaggerated or underestimated assessments of self skew one's regard for professional standards. The grandiose are more likely to ignore a relevant standard, while the habitually acquiescent individual follows them in unreflective compliance. It is irresponsible to dishonor a particular standard that challenges one's convenience. It is equally irresponsible to remain silent when substantive emerging issues are challenging the organization with a need to revise standards. Knowing better than anyone else is no worse than thoughtless indifference toward issues regarding standards when they arise.

Both clinical pastoral education (CPE) and the certification processes required in becoming a pastoral clinician have traditionally included challenges to the docile self-management characteristics expected by traditional Christian organizations of their leaders. Supervisors and chaplains have had to find their personal power in order to stand with interdisciplinary professionals and lead groups of clinical learners in settings characterized by widespread human pain. Some may have become drunk on the powerful feelings related to the assertiveness and self-possession required to negotiate certification processes, turning them into bravado and grandiosity. Standards shrink in the minds of the arrogant and can then be highly rationalized and even ignored.

It is one thing to embrace ones strengths, giftedness, and beauty in learning to lead and quite another to abandon forever the capacity to be led.

Prudence

Prudence is the capacity to see broader value and use foresight, circumspection, and discretion to make quality decisions in the present. Although prudence generally comes only with experience, some people seem to bring it to situations early in their lives. Others find it curiously difficult to learn from experience at all.⁵ One can be easily mystified by how academically educated, clinically trained, and certification-authorized individuals “slip the traces” in ways that are harmful to students, themselves, the organization as a whole, and even the entire field of pastoral helping.

An aging supervisor, conducting a final evaluations retreat with a group of CPE students at a cabin, had been drinking an undetermined amount of wine. As he reclined for the night in a sleeping bag in a common area, a female student entered. They chat amiably, and at one point he invited her to join him in the bag, thinking he was making a joke. She filed a formal complaint that included a few other such comments made during the course of the CPE program, and the complaint was processed to the final national level. What was he thinking? Prudence would prompt him to maintain a professional decorum consistently, even in a cabin atmosphere. If temperance in alcohol consumption is necessary to keep him circumspect, then it is his responsibility to address his excess and possible impairment.

Wisdom

Wisdom traditionally combines knowledge and understanding in finding insightfully helpful perspectives on very difficult situations. It is related to prudence. While prudence accentuates current foresight in making safe decisions that result in the least harm, wisdom emphasizes an entire identity that can be counted on to grasp complex circumstances and intricate implications; wisdom suggests actions that have the best chance of not only meeting the situation but preparing for similar circumstances that may occur later. The Wisdom Literature component of the Hebrew Scriptures juxtaposes wisdom to “the fool,” who acts without circumspection, restraint, and guiding values.

During a final individual conference with a female student about his age, a male supervisor hears her offer to have sex with him as a gratefulness gift. He likes the woman and wants to maintain a positive relationship with her. He replies that they both are married and that, even if they weren't, his

ethical nature would not allow the supervisory relationship to be so misused. Finding words to decline the proposition may have been much more difficult in his youth. He is prudent here, but, if he uses the event to learn, teach, and influence the structure of his judicatory or professional organization, he is indeed growing in wisdom as well.

Counsel

We might call this consultation today. Counsel is the developed capacity to open oneself and one's inner processes to at least one trusted peer or expert, hoping to garner broader perspective on difficult situations while learning from them in the process.⁶ From the Latin *con* or “with” and *sultare* or “to strike,” it implies “striking together” with other savvy people for the benefit of expanding one's views and clarifying one's best understanding of self and one's life situation. It is what group peer supervision was originally devised for: to help budding caregivers value, learn to elicit, and then benefit from quality feedback. It is what is missing when practitioners plod on alone and begin to sink beneath the practice level of particular standards. Counsel's absence is a chief indicator, along with waning humility, that a colleague has ceased to learn from the practice.

Through informal observation and even casual conversation, it is clear that, in some areas of the United States, clinical pastoral supervisors consult very little with one another. If they do consult, where does it happen and with whom? Is this lack of peer consultation after certification due to poverty of fortitude, meager professional trust, pride, or over-focus on image born out of low self esteem? Or is it because many supervisors have never developed consultative skill that some would consider the primary focus of Level I in CPE? The Association for Clinical Pastoral Education (ACPE) Standards require an active supervisor to maintain consultative relationships with collegial peers. Whatever the origin of such fierce avoidance of openness about one's own supervision, it at least suggests an egregious lack of the virtue of counsel. It also places too much pressure on each individual to be personally responsible and accountable.

Benignity

This is an archaic word for “simple goodness.” Benignity is found in young love that is earnest and altruistic. Those who exhibit it habitually may be seen as naïve, gullible, or even simple-minded because they are too trusting. But some measure of benignity is an essential ingredient in caring for people on a basic level. When it is lost, practitioners and organizational leaders are

no longer thinking of people, either members of their communities or consumers of services, or holding them in their hearts at all. Other motivations have taken them over, and close observation can be surprisingly clear that such is the case.

Benignity matures into an undefined ability to make decisions based on what is actually best for the people involved, rather than what works most effectively for my own convenience, image, position, or status. The lack of benignity, on the other hand, is seen most clearly in the inveterately cynical. It devolves into hurtful cynicism when one's own interpersonal wounds and discouragements have not been healed. Cynicism devoid of benignity looks at new standards or changes first for how they will complicate or deter my own life rather than what may be practical here for the good of the organization, the field, and consumers. It is likely to suspect similar base behavior from others, not seeing the pure motives of some to bring better life circumstances to all of humanity, including all of one's colleagues and students. The New Testament validation of Christian disciple Philip as "a true Israelite who has no guile" exemplifies the virtue of benignity (John 1:47).

A supervisor had brought data about a troubling supervisory student for consultation to an established peer group of colleagues. He had actually accepted the supervisory student into his program twice, once after a disastrous event that occurred when the student was left alone by another supervisor to lead a group of students in clinical pastoral education. As the consultation proceeded, a colleague laughed at the supervisor's foolishness for being so gullible as to repeat a previous bad decision by accepting the student a second time and then dismissed a transference issue the presenting supervisor had identified with the student. This lack of simple goodness from the one of the participants changed the level of trust in the peer group. What characteristics does it take in a peer group to make honest consultation possible? What prevents some supervisors from learning how to offer the useful and timely critique listed in the standards of ACPE for what are now Level I and Level II of supervision?

Fortitude

The strength to stand for what one deeply believes in, against whatever or whoever is threatening what one holds dear is, what we call fortitude. Fortitude is also the willingness and even eagerness to stand beside someone who is in current need. The military standard bearer, for example, injected

inspiration into the lives of soldiers, stirring up their courage by boldly illustrating the values for which he was willing to fight and even die.⁷

There are practitioners in every discipline who would not consider confronting an errant colleague, even when the impaired behavior was violating standards of the organization to which they all belong, not to mention doing harm to consumers. Excusing ourselves when we experience incompetence or less than ethical behavior in our colleagues does not serve one another or the profession well. Some of us take refuge in the fact that organizational policies are in place to safeguard quality, expecting somebody else to confront the behavior itself. That may be cowardice or it may be sloth. But it is inexcusable. Jesus' reprimand of his lead disciple Peter to "get thee behind me Satan" (Mark 8:33) was in response to Peter's wimpy advice to avoid the conflict that was necessary to fulfill the Master's life purpose.

In a supervisory peer group, one supervisor raised the following question in response to recent conflict in the group: "What do you all think this group needs to do when one member openly questions the competence of another?" One colleague suggested that new organizational procedures are being fashioned to deal with declining competence. Another member of the peer group questioned the supervisor's observations in the first instance. Other peer group members deflected the question in other ways, and the group as a whole refused to take it seriously. Isn't there a lack of fortitude here? No procedure or standard can be effective until some personal action is taken. Who will take it? At what peril from colleagues? Fortitude bolsters decisive action in risky and challenging situations. Without it, seemingly mature professionals commonly acquiesce when a colleague is in need of guidance, confrontation, and a healing disciplinary process.

Love or Charity

Charity is one of the three Christian theological virtues (faith, hope, and charity) that are classically said to be "infused" by the Holy Spirit and that can only be "stirred up" but not really generated by effort. Genuine charity is the altruistic treatment of all people as special, no matter the situation. Accurately indefinable, love is perhaps best described by the familiar inspirational paragraph in 1 Corinthians 13 that proclaims that all human activity is trivial unless it is motivated by love.

The fact that psychology has mostly ignored the term love due to its perpetual ambiguity and inassessable nature need not dissuade religious professionals from using it. Christianity as a religion is based firmly on love of self,

The Deity, and one’s neighbor: The other religions of the world also espouse love toward one another as a high value. Its lack is sometimes palpable in professional practice. A physician I know quickly assessed a former colleague of mine as “not caring much about anything but himself.” Can questions and shared impressions of whether one is functioning out of genuine care for people or not be useful in honest peer feedback?

It is obvious that virtues cannot always be identified by observation. That is their primary drawback as an assessment tool. In fact, some virtues can grow exponentially through a single challenging event, from a minuscule seed to heroic proportions. But for the reflective practitioner, feedback from colleagues and friends on how one is seen relative to these ancient traits would seem to be highly valuable. And it could contribute to preventing errant behavior by practitioners before they are challenged later by difficult, career threatening situations.

ASSESSING ONE ANOTHER’S VIRTUES

Until Freud, the Christian virtues, along with the seven deadly sins, comprised the primary framework for assessing spiritual behavior in the Western world. Because of their partially observable quality and decisive starkness, they can still stand legitimately with frameworks such as the Myers-Briggs Personality Inventory, classic psychopathology, and the Enneagram as tools for evaluating behavior. Most people take umbrage at negative feedback on such traits as wisdom, love, and fortitude. When, however, the practitioner requests assessments of virtue, the assessments can provide unique perspectives on how that professional relates to colleagues and measures up to a professional association’s mission and standards.

A classic strength of clinical chaplains has been the capacity to use their impressions in brief conversations to assess and respond to people in the midst of human pain situations. Could that same strength be harnessed for peer assessment in new ways using evolving electronic tools? As in many aspects of clinical education, peer collaborative evaluation provides the best feedback and antidote to self-deception. As an experiment, I sent the simple questionnaire in figure 1 to sixty CPE supervisors across the country familiar with my professional functioning and fifty former students from my CPE programs. They were asked to evaluate me according to the following definitions for these virtues. A blind return to my colleague supervisor promoted candid

Please respond to the following items regarding _____ *Name* _____, a professional who is familiar to you, regarding his demonstration of the Christian virtues named. One is low, five is high.

Humility—Self-awareness and accurate self-perception
1•••••2•••••3•••••4•••••5

Counsel—Interpersonal openness or the willingness to open inner processes to trusted peers for the sake of better perspectives, continued learning, and personal growth.
1•••••2•••••3•••••4•••••5

Fortitude—Interpersonal courage, the willingness to stand firm for the sake of troubled others or against whatever threatens one’s values.
1•••••2•••••3•••••4•••••5

Prudence—Practical good-sense ability to meet difficult situations with circumspection, discretion, and measured foresight.
1•••••2•••••3•••••4•••••5

Wisdom—The ability to combine knowledge, understanding, and experience to find perspicacious ways to address important situations.
1•••••2•••••3•••••4•••••5

Benignity—Ability to access a “simple goodness” attitude and perspective to find what is best for people in anything being proposed (the opposite of habitual cynicism).
1•••••2•••••3•••••4•••••5

Love—Vigorous positive regard for specific other people
1•••••2•••••3•••••4•••••5

Figure 1. Peer virtue survey for self-reflection

responses. The return rate for colleagues and students was twenty-six percent and twenty-eight percent respectively.

Figure 2 summarizes the results. I was proud of the feedback, almost completely represented by 4s and 5s. But I was also sobered by two individu-

Christian Virtue	Professional Colleagues	Former Students
Humility	3.8	4.1
Counsel	4.3	4.5
Fortitude	4.4	4.4
Prudence	4.0	4.5
Wisdom	4.4	4.8
Benignity	4.3	4.8
Love/Charity	(not included)	4.5

Figure 2. Results of author's peer virtue survey for self-reflection

al colleague respondents who see me as operating in the "2" level on several virtues.

I believe this simple but pointed process could have several applications in clinical supervisory practice. Peer review programs, for example, could benefit from a virtues perspective review. Since specific virtues have a key bearing on a practitioner's attitude towards standards, using them in the review process could play a part in heading off potential problems with practice. It would also seem beneficial that this peer appraisal begin taking place early in a supervisor's professional career, since practice can have either a positive or a negative effect on the crystallizing of a practitioner's attitude toward standards.

This method of appraisal could also become a useful aspect of the certification processes. Asking applicants for certification to be a pastoral supervisor to survey their peers and supervisors regarding an applicant's manifestation of key virtues would offer one more scale on which to assess potential problems, even in those whose functioning and professional integration appears to be excellent for a beginning practice. Indeed such an appraisal, now made exceedingly facile by electronic media, could be a part of the election processes for leadership positions in the organization, both paid staff and professional volunteers. What better opportunity for self-reexamination than the times of transitioning into new places of communal responsibility?

Regardless of the usefulness of the respondents' data, however, the exercise of virtue appraisal itself prompts self-reflection on one's own attitudes. By studying peer impressions of our practice of specific virtues, we are likely to improve our awareness of our own level of respect for and use of an asso-

ciation's standards throughout our career and in our contributions to the viability of the clinical ministry movement.

PATHWAYS TO DEVELOPING VIRTUE

One obvious reason virtues have not been used to appraise one another is that virtues cannot be developed at will. Their growth emerges from a combination of effort, endowed character, and painful circumstances that unpredictably challenge an individual to mature. And in some religious circles, virtues are regarded as a gift of the Spirit of God. Most of us can recall childhood moments of our own thievery, lying, foolhardiness, and cowardice in which the penetrating light of parents or teachers revealed our surreptitious behavior and evoked at least a modest commitment to develop some virtue. Adolescent self-exploration and life-reflection also invites the expansion of childhood efforts to include those human characteristics that are necessary to live as a quality citizen and relationship partner. Prolonged intimate engagement with another in youth and middle years provides another chance to grow spiritually as we discover the virtues necessary for community living. Being in a committed relationship expands these challenges through the interpersonal furnace stoked by the intense needs for emotional connection and sexual pleasuring. The development of such virtues as prudence, justice, temperance, and fortitude, without which no human partnership can endure, also benefits professional practice.⁹ Over the decades of a career, peer appraisal, grieving the necessary devastating losses of human living, and personal psychotherapy can prod attentiveness to one's personal catalogue of virtues.

For those perpetually fascinated more by pathology than virtue, Christianity offers the seven deadly sins as an alternative yardstick. Observed excesses in one another's behavior become indicators pointing to the potential violation of standards. These "deadly sins" include greed and avarice regarding money; gluttony; rest, sloth, or laziness in relation to food or drink; inflated or diminished self regard or pride; sex that is devoid of human love becomes lust; envy or jealousy is evident whenever we compare ourselves with the material possessions or personal advantages of others; and anger or wrath that may become visible in outbursts of hostility and resentment. Developing an eye for such excesses while they are still modest offenses constitutes a valuable skill in genuine professional collegueship.

CONCLUSION

One of the traditional objectives of clinical pastoral education has been for students to explore their own attitudes, values, and assumptions relative to ministry work. As chaplains or pastoral supervisors progress through certification processes, the quality of their functioning depends on their attending to their own attitudes toward and values of the standards that define adequate practice in their professional organizations. There are places in the professional associations for appraisal of one another's virtues as well.

NOTES

1. Herbert Anderson, "Authenticity and Character in Pastoral Ministry," in Heather Cameron and others, *Together in Ministry: Essays to Honour John Pavor* (Melbourne, Australia: Uniting Academic Press, 2009), 157.
2. Thomas L. Beauchamp and James F. Childress, *Principles of Biomedical Ethics*, 5th ed. (Oxford, UK: Oxford University Press, 2001), 26–51.
3. Muslim, Hindu, Hebrew, and Buddhist teachings similarly honor humility as a key personal characteristic. The Qur'an, for example, warns "And walk not on the earth with conceit and arrogance (17:37).
4. Robert C. Roberts, "Humility as a Moral Project," in *Spiritual Emotions: A Psychology of Christian Virtues* (Grand Rapids, MI: Eerdmans: 2007), 78–95.
5. Edmond Pellegrino and David Thomasma, "Prudential Judgment and Religious Commitment," in *The Christian Virtues in Medical Practice* (Washington, DC: Georgetown University Press, 1996), 99–115.
6. Thomas Keating, "The Gift of Counsel," *Fruits and Gifts of the Spirit* (New York: Lantern Books, 2000), 59–69.
7. Peter Kreeft, "Justice, Wisdom, Courage, and Moderation: The Four Cardinal Virtues," *Back to Virtue: Traditional Moral Wisdom for Modern Moral Confusion* (Fort Collins, CO: Ignatius Press: 1992), 59–69.
8. Pellegrino and Thomasma, "Charity in Action: Compassion and Caring," in *The Christian Virtues in Medical Practice* 84–97.
9. Gordon J. Hilsman, *Intimate Spirituality: The Catholic Way of Love and Sex* (Lanham, MD: Rowman and Littlefield, 2007), 15–46.

Review Essay of Niebuhr's *The Responsible Self*^a

Joseph E. Bush Jr.

As we reflect on responsibility and accountability in supervision and formation, H. Richard Niebuhr's *The Responsible Self* merits fresh consideration. Originally published posthumously in 1963, this book is taken from the Robertson Lectures delivered by Niebuhr at the University of Glasgow in 1960 and the Earl Lectures delivered by him at the Pacific School of Religion and at Riverside Church in 1962. Nearly half a century later, this book seems to anticipate directions that education for ministry has subsequently taken, and it continues to provide a framework for understanding these educational developments. In particular, Niebuhr's model of the responsible self and his understanding of an ethics of the "fitting" can enrich an understanding of: (a) the action-reflection model of education, (b) the importance of description in practical theology, and (c) the emphasis on context in contextual studies.

Niebuhr identifies four aspects of responsibility in his model. Responsibility involves: responsiveness, interpretation, accountability, and "social solidarity." With these four aspects in mind, he summarily defines responsibility:

The idea or pattern of responsibility, then, may summarily and abstractly be defined as the idea of an agent's action as response to an action upon him in accordance with his interpretation of the latter action and with his expectation of response to his response; and all of this is in a continuing community of agents (p. 65).

^aJoseph E. Bush Jr., MDiv, MPhil, PhD, director of the Practice of Ministry and Mission, Wesley Theological Seminary, 4500 Massachusetts Ave., NW, Washington, DC 20016 (E-mail: jbush@wesleyseminary.edu).