Putting Faith into Action: A Model for the North American Middle Class

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Abstract:
How do adult learners make the connection between ethical thinking and ethical action—between what they believe and how they act? This paper will explore implications for religious education for social justice based on a case study of transformative learning theory, Freirean pedagogy and popular education principles.

Brazilian educator Paulo Freire was aware of the obstacles that prevent easy application of his educational theories in a North American context, “In sum, my educational experiments in the Third World should not be transplanted to the First World, they should be created anew.”¹ But Freire does not offer any advice on how this re-creative process might be ignited. In an interview with Donald Macedo, Freire responded to specific criticism of his educational proposals and explained how they might be applied in the First World. Freire firmly argues his case for the universality of his method; he briefly notes the work in the field of critical pedagogy in the United States, but he sidesteps the applicability of his method. Conscientization², Freire argues, is not merely a Third World privilege:

All of us are involved in a permanent process of [conscientization], as thinking begins in a dialectical relation with an objective reality upon which we act. What varies in time and space are the contents, methods, and objectives of [conscientization]. Its original source is that point far off in time that Teilhard de Chardin calls “humanization,” when human beings made themselves capable of revealing their active reality, knowing it and understanding what they know. ³

Two key Freirean concepts have had the greatest impact on religious education: Conscientization, defined as the process of coming into critical awareness of the social, political, and economic contradictions of reality which leads to humanization; and praxis, referring to the attempt to keep theory and practice in a balanced dialectic so that one acts

² Daniel Schipani, Religious Education Encounters Liberation Theology (Birmingham, Ala.: Religious Education Press, 1988), 13. According to Freire, the term conscientizacao was popularized by Brazilian Dom Helder Camara. Concerned about the misuse of the term, Freire indicated that the word should be used in its Brazilian form and spelled, “Conscientization.” (Paulo Freire, “Conscientization,” in Cross Currents Spring 1992, vol. 24. No.1, 23-24.) Freire stresses the interdependence of action and reflection. On one hand, consciousness transformation and a major change of mind necessitate an ongoing action aimed at changing the social reality. On the other, major structural change cannot take place while the old mentality persists on the part of the persons involved. Therefore, it would seem that the term has remained in its English adaptation (conscientization) while trying to affirm the meaning and connotations intended by Freire.
reflectively and thinks for action. In response to criticism that his theories, such as \textit{conscientization}, are not possible, Freire reframes the question. The problem lies in “the distaste and disrespect of those societies for [conscientization], their refusal to transplant its different forms of action from one part of the world to another historical space.” \footnote{Ibid., 172.} “As a Third World man, I know very well the power of transplanting ideas, a practice that is ideologically alienating and benefits the dominating group. I have always been against this type of transplant and I would not defend it today.” \footnote{Ibid.}

Perhaps because Freire’s work was based primarily on his experience as educator and consultant, rather than practitioner, his movement from theory to practice is not clear. That is to say, in theory, Freire is clear about the task of adult education. In \textit{Pedagogy of the Oppressed}, he writes: “The great humanistic and historical task of the oppressed is to liberate themselves and their oppressors as well.” \footnote{Paulo Freire, \textit{Pedagogy of the Oppressed} (New York: Seabury, 1973), 26.} But he does not articulate the process by which any oppressor becomes liberated. The challenge is to explore the process by which \textit{conscientization} changes social structures. What are the material conditions needed to move from theoretical discourse to practical action for social change?

Hence, many admirers of Freire have continued to wonder whether his theories and programs for developing nations could be successfully transplanted to North America. Church Women United, a national lobby group, organized a workshop and awareness program in 1992—known as the Ethical Choices Workshop—that promised to address that question. The driving force behind the workshop was Sally Timmel, who had used Freire’s method of literacy training in Africa. The subject of the workshop was to be health care reform, specifically the various insurance programs that were being debated during President Bill Clinton’s first term in office. While Clinton’s initiative was not successful, the uproar that it created heightened awareness of health care problems in the U.S. As a chaplain on a Canadian university campus, I was aware of the intensity of the discussion through a report that Clinton spent an entire meeting with McGill University President David Johnson quizzing him on the Canadian health care system, instead of discussing issues such as research and development, student differential fees, or the so-called “brain drain” to the south.

I became involved in the evaluation of the Ethical Choices Workshop through a phone call from Sally Timmel who had been shown by my academic advisor at the time, Will Kennedy, a paper I had written on whether a Freirean pedagogy could be implemented in North America. I had argued it could not. Timmel assured me that she had enjoyed reading my paper, even though she disagreed with my conclusions. “You say Freirean pedagogy cannot work in the North American context? Not only do we disagree, but we’ve done it.” Timmel worked in the Washington office of Church Women United at the time. A grant from the Kellogg Foundation had just come through and Timmel invited me to apply for the position of evaluation of the Ethical Choices Workshop so I could witness the results of a Freirean pedagogy first-hand. This was an exciting
opportunity not only to gather data and study a national lobby group, but to attempt a practical application of Freire’s thought.

Ethical Choices Workshop: Background

Church Women United mobilized its membership on the issue of health care reform with a workshop that attempted to link personal values with public policy. More than 30,000 women participated in over 500 communities in the United States. Church Women United produced the second largest number of postcards sent to the White House in the winter of 1993. As a direct result, Hilary Rodham Clinton participated in a televised organized by Church Women United. Its 26 denominational organizations applauded its efforts; the number of coalition partners on Capitol Hill grew, and small units in local churches suddenly had media exposure. The national leadership expected the Ethical Choices Workshop to be used as a tool to increase membership, racial diversity and potential leadership in the movement. As it turned out, the local units had difficulty reaching out beyond their membership. Still, the experiment clearly helped members link their faith with action in a manner consistent with Freirean models. Current literature is rich in programs that encourage the middle class to help the poor, but there are fewer resources that enable the middle class to work alongside the poor, and no models that engage people of the middle class in reflection and action of the sort that might lead to structural changes within their own class.

The designers of The Ethical Choices Workshop applied the theories of Daniel Yankelovich, Antonio Gramsci and Jurgen Habermas to develop the framework of the workshop. The workshop was designed to link values with public policy by posing ethical choice questions that reveal the participants’ assumptions and values about health care. First, participants were asked to rank each of the choices individually. Next, they tried to reach consensus in small groups. They discussed the consequences of their choices. And finally, they compared their responses to the proposed reforms that were offered by Congress. (“The Clinton Plan” or the “Single Payer Plan” was the plan closest to universal health care.) These are the seven ethical choices that participants considered:

- Is health care a right, a benefit or a commodity?
- How should it paid for?
- Who should pay?
- How will costs be controlled?
- Who decides how resources are used?
- What limits are you willing to accept?
- Who should make decisions about costs?

Methodology

Research was conducted using qualitative and ethnographic methods. Two thousand questionnaires were distributed randomly to participants of the Ethical Choices Workshops and findings were supported by ethnographic interviews; 431 participant questionnaires were returned. Of the 500 questionnaires that were distributed to
facilitators of the workshops, 100 were returned. Ninety-seven percent of respondents identified themselves as active members of churches, parishes or religious communities. The high return rate reflects the impact the workshops had on women7 from different social classes and regions of the country.

The goals of the Ethical Choices Workshop were not clearly defined. Was the goal to advocate the single-payer plan, which the legislative office of Church Women United in Washington, D.C. had adopted as the movement’s official stance? Or was the Workshop’s goal to clarify all health care options that were being proposed in Congress but promote no one particular plan? Some of Church Women United’s coalition partners expressed confusion about the goals. “Some questions were leading, i.e. would indicate a liberal bent. Thus, not totally objective,” said Diana Porter of the Older Women’s League (OWL).8 On the other hand, Bernadine G. McRipley of the PC(USA) Washington Office stated, “I believe that the decision not to push single payer as the only option allowed more people to participate fully (that’s true for me). The process is still valid in the current political climate.”9 The underlying assumption of the Ethical Choices Workshop was that the participants who engage in values clarification will choose the more ethically just option.

Evaluation of the Ethical Choices Workshops was not conducted simultaneously with the workshops. While evaluative tools were used to collect information for summary reports, funding for a simultaneous in-depth evaluation of the Ethical Choices workshops was not included in the project budget. A grant from the Kellogg Foundation made the evaluation project possible after the project had been completed. The fact that no attempt was made to clarify or to assimilate the goals during the two-year campaign is indicative of the extent to which the goal and nature of adult education remain contentious within the movement. It greatly complicated the selection of criteria for the evaluation of the effectiveness of the Ethical Choices Workshop. How does an evaluator judge the end result when no criteria are supplied or presupposed? If the evaluator seeks evidence of “transformative insight” (Mezirow), she must decide whether there can be transformation without action. Does critical reflection require “a hiatus in which to reassess one’s meaning perspectives?”10 Or, as Freire claims, is this only “an intellectual game?”11 The working definition of transformation that framed the study was the extent to which respondents reported that they were able to link the values they articulated during the workshop with a subsequent change in behavior for the first time. In analyzing the qualitative data, I was particularly interested in the movement from self-reflection to critical reflection to political action.

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7 The Ethical Choices Workshop was intended primarily as an advocacy tool for health care reform in local units of Church Women United across the US. The majority of participants were women.
8 The Ethical Choices Workshop: Reforming the Health Care System, Questionnaire for Coalition Partners, completed by Diana Porter, September 28, 1995.
9 The Ethical Choices Workshop: Reforming the Health Care System, Questionnaire for Coalition Partners, completed by Bernadine G. McRipley, September 27, 1995.
In the absence of program-defined goals, I asked the questionnaire respondents to report on their own objectives in the workshop and their concrete, behavioral change as a result of their participation in the Ethical Choices Workshop. I also asked them to comment on the process of clarifying their values and subsequent action. In essence, the questionnaire attempted to address the phenomenology of the process of change. It focused on how participants experience that change. The respondents did not acquire new behavior through reflection alone, but through participation in the workshop itself, which modeled the link between faith and action.

The following three questions provided the focus for the qualitative study that concerns this presentation.

1. As a result of the Ethical Choices Workshop, did you change your opinion about health care reform?

2. During the workshop was this the first time you talked your faith values in the context of health care reform (e.g. “This is what Jesus would do,” or “This is what I believe is a Christian response,” or “This is part of God’s Kingdom,” etc.)?

3. After the CWU workshop
   (a) I listened to (watched) the news about health care reform more carefully than before workshop.
   (b) I thought differently about health care in the US
   (c) I got into more and deeper discussions about the health care system with friends and relatives.
   (d) I found myself examining other issues, not just health care reform, with an “eye” on the ethical dilemmas.
   (e) I sought out and read more about health care reform alternatives.
   (f) I wrote, phoned, faxed or visited an elected or appointed public policy maker.
   (g) I discussed health care system with some health care providers.
   (h) I joined a group to work on reforming the health care system since the workshop.
   (i) I found myself questioning how my faith affects my other political stances.
   (j) Other ways that the Ethical Choices Workshop affected me: (Please specify)

Ethnographic research tools were also used to measure the impact of the Ethical Choices Workshop and training program on facilitators and participants. More than 150 telephone calls were made and interviews conducted. Church Women United embraced the methodology of Participatory Action Research. The research partnership involved a collaborative inquiry in which control over both the research process and the product is more equally shared between researcher and participants. As an evaluator, I was not a detached, neutral observer. I identified my values and participated in the two Ethical Choices Workshops. (Much was made of the Canadian evaluator; a beneficiary of a universal health care system.) But Participatory Action Research methodology raises a serious concern about the distance required by an evaluator requires to collect
The dissertation committee detected confusion between my role as a Church Women United employee—hired to evaluate the project with the staff who designed the workshop—and my role as a doctoral student to critically assess the project as a pedagogical model. It also had concerns about the objectivity of the designers of the program. Consensus on the specific goals of the Ethical Choices Workshop was never achieved even after completion of the project.

The Ethical Choices Workshop: An experiment in Freirean pedagogy

To illustrate the Freirean elements of the Ethical Choices Workshop, we will draw on several letters that form part of the workshop evaluation by participants. In these letters reflect key principles of Freire’s pedagogy can be identified: The generative theme was identified by a national survey of the grassroots of the movement in 1991. Education is never neutral—the goal here was clearly health care reform. Content reflects the personal experiences and issues of the participants—the Ethical Choices Workshop challenged participants to make the connection between personal experiences and public policy. Education hinges on problem-posing, as opposed to “banking” education—dialogue was a key element in the format of the workshop. And, reflection is linked to action—participants were expected to take a stand on a public policy issue. These three letters present divergent vantage points and provide evidence of a process of transformation.

The first voice is a letter from a grassroots leader of Church Women United in a town in the Mount Sequoyah region of Arkansas. While Mildred felt confined by the structured format of the workshop, she expressed great enthusiasm for the project and the discussion it engendered:

I am sending a copy of the initial major concerns as they developed from the newsprint. You will notice that their first major concern was ‘fear of socialized medicine.’ To myself, I thought Single Payer was in trouble. As the forum progressed, they were surprised that their questionnaire responses put them in the single payer column. They were truly surprised, the forum sort of changed its complexion and pace. The format was followed except since the group was small they elected to stay in one group. It did save time. Frankly, we were all exhausted when we finished, but thrilled and exhilarated with our experience.

Mildred’s description of her activities reveals the educational process that took place. The process takes on a fervent spirit. First, the group is disappointed that it is smaller than expected. But it does not accept the situation. True to Freirean pedagogy, the group identifies the problem; it explores the root causes of the problem and then becomes empowered to act.

The fact that this forum happened at all is a major accomplishment in an area as conservative and politically repressed as ours. The question arose—why isn’t there a big crowd, considering everyone’s concern for the issue and the national publicity generated by the White House Task on Health Care Reform? The group
agreed that few people feel that they have any avenue for input and that it would count for little against powerful lobbyists. They were impressed that our discussion would join thousands of other Church Women United participants nationwide and find its way to Hilary Clinton’s desk.

Mildred has become politically empowered and is now a spokesperson for health care reform in her community. She takes on the role of pastoral care worker—although she does not identify herself as such.

Our forum was publicized in the local newspaper and I was interviewed on local radio, both very local and small in area. I received calls from women who knew little or nothing about Church Women United but because of serious health limitations would be unable to attend. They wanted to be sure that their concerns were voiced; drug costs, being uninsurable because of serious health problems, availability of a liver transplant, affordability of chemotherapy, etc. These women were desperate to be heard, I will visit with them personally. I have been invited to an abbreviated forum for the Senior Adult Center, their concerns will surely be strikingly different in their urgency.

The second voice offers a different perspective. This woman was a participant at a special workshop on the background of the Ethical Choices Workshop that Timmel led for church staff and training teams who work on social action and outreach programs. Although participants’ support for universal health care, learning about the pedagogy of the Ethical Choices Workshop provided a framework which they could then apply to other issues. For example, this survey respondent used the workshop as an educational tool for practical theology courses.

I teach at Harvard Divinity School and used [the workshop] in one of my classes for two reasons: 1. as an education model and 2. because I thought this was an issue that students preparing for ministry should wrestle with.

The next question asked: “Speaking from your experience of education and community-based learning, name the best feature of the Ethical Choices Workshop.” This professor answered:

1. The concreteness. 2. Pressing for choices helps get away from “general opinion.” 3. The questions focused on issues that are of genuine concern to people. By putting questions alongside options then being discussed in Congress, it helped clarify and demystify the political posturing in Congress.

Demystifying the issue for the average middle class citizen was critical in a campaign in which confusion, misinformation and fear were used as strategies against reform. For Freire, culture is not static. It enhances myths which “mystify” us. In their effort to fight universal health care, the insurance companies developed strategies that are designed to “mystify” the American public using the weapons of confusion, misinformation and fear. To fight such attempts to “mystify” us, Freire calls for “cultural action.” The workshop
provided an example of how “cultural action” can work. It engaged participants in a process of articulating their values through making “forced choices.” Participants then compared those values with the health care options advocated in Congress. In this way, the workshop challenged participants to claim ownership of the knowledge—to “demystify” the issue, and claim the authority of their own values and experience. These, too, are elements of a Freirean pedagogy.

Equivocal Results: From critical reflection to political action

The results of the questionnaire seem to confirm that Church Women United has made a major contribution to the development of a model of religious education that engages Christians in a process of self-reflection to critical reflection. However, the impact of the workshop on the process from critical reflection to political action is open to interpretation. Seventy percent of questionnaire respondents reported that their small groups reached consensus that health care is a right for every person. Seventy-six percent of respondents linked personal experience of health care to public policy. For example, “I didn’t get the care I should have when I had my gall bladder out because the health care system is such-and-such…” But these results do not make the model entirely Freirean. Did the workshop help participants move from critical reflection to political action? Why weren’t more participants able to move to political action, as Mildred did? Fifty-three percent of respondents reported that they talked about health care reform in terms of their personal faith commitment; for example, “This is what Jesus would do,” or “This is what I believe is a Christian response,” or “This is part of God’s Kingdom.” Fifty-one percent of respondents reported that this was the first time they talked about their faith values in the context of health care reform.

Furthermore, the data from participant feedback 12 to 18 months after the workshop confirm that the majority of participants did not take action on their value commitments as expressed in or clarified through the workshop:

- 28 percent of respondents reported that they had written, phoned, faxed or visited an elected or appointed public policy maker
- 10 percent reported that they joined a group to reforming the health care system since the workshop
- 62 percent reported they had questioned how their faith had affected their other political stances.

What prevented the majority of the questionnaire respondents from taking action on their values? Connie’s story provides a clue. I met Connie at a training event for facilitators of the Ethical Choices Workshop. Connie was working for a small community health care organization in North Carolina, and we talked informally about her work and the potential of the Ethical Choices Workshop for social change. Six months after the workshop, I contacted Connie to ask her to complete one of the research questionnaires. She had just been contracted by the United Methodists to write a training manual for community health care advocacy in low-income, inner city, neighborhoods. Two years after the workshop, Connie was elected to the national executive of council of Church
Women United. And one year after that, Connie joined a team of community health care workers in Pakistan whose work focused primarily on women and health care advocacy.

If transformation must be immediate as it was in Mildred’s experience, then the workshop was a failure as a Freirean experiment and Connie’s story cannot be considered a transformative experience. The research findings are equivocal. Why weren’t more participants able to link their faith with their opinion on public policy and move from critical reflection to action? To rephrase the question in terms of Mezirow’s framework—What happens when participants are not ready to integrate “disorienting dilemmas” and transformation is blocked?

According to Mezirow, transformative learning occurs when adults are faced with “disorienting dilemmas” or “manifest situational contradictions.” By means of discussion and dialogue (“dialogic education process”) and reflection (critical discourse), awareness of “distorted perspectives” and false ideologies are slowly revealed. The challenge is to resolve contradictions and integrate them into their meaning schemes. The goal of educational programs that are potentially transformative is to develop “a more inclusive, discriminating and integrative perspective,” which bears fruit in “making choices or otherwise acting upon these new understandings.”¹² But transformation “may be impeded by lack of information, situational constraints, psychological distortions (epistemic, psychic and sociolinguistic) or the absence of required skills.”¹³ And so, Mezirow argues, “Although reflection may be an integral part of making action decisions as well as post facto critique of the process, critical reflection cannot become an integral element in the immediate action process. It requires a hiatus in which to reassess one’s meaning perspectives, and, if necessary, to transform them.”¹⁴ Mezirow considers the decision to take a hiatus an action nonetheless:

Upon reflection, one can decide not to change one’s behaviour. Or a change in behaviour to implement the decision to act upon a reflective insight may be delayed because the immediate situation does not permit it or because one lacks dependable information, requisite skills, or the emotional commitment to proceed” (1992, p.251).¹⁵

Mezirow is right when he writes that Freire does not deal with these “mediating factors.” Freire is interested in socio-cultural transformations only.

But Mezirow is not consistent. In responding to his critics, Mezirow states that “action is an integral and indispensable component of transformative learning.”¹⁶ The issue is when that action might take place. It is on this point that Mezirow parts company with Freire. Mezirow acknowledges that Freire includes premise reflection as a form of action, but he reminds his reader that when Freire writes of transformation he means

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¹³ Mezirow, Ibid., 144.
¹⁴ Mezirow, Fostering Critical Reflection in Adulthood, 13.
¹⁵ Mezirow, Learning As Transformation (San Francisco: Jossey-Bass, 2000), 144.
¹⁶ Mezirow, Transformative Dimensions of Adult Learning, 209.
social transformation. For Freire, “a transformation in meaning without further action to transform the social structures is only an “intellectual game” (Evans, Evans, and Kennedy, 1987, p.222). In the absence of evidence it is difficult to conclude whether learning has ceased or continues to occur during a hiatus period. What goes on during the hiatus process is opaque. Mezirow merely assumes without in fact providing evidence for the ongoing occurrence of critical reflection during the hiatus. The phenomenology of the hiatus process requires further study. In the meantime, a creative synthesis of Freire and Mezirow repairs the weaknesses in each author’s argument and lays the groundwork for a more comprehensive understanding of what transformative education might mean.

How do we assess the success of a Freirean pedagogy in the North American middle class? Using Mezirow’s terminology—by the extent to which participants are able to resolve the contradictions posed to them and integrate them into their meaning schemes. And the extent to which “perspective transformation” has occurred. On this point, Freire and Mezirow would agree: Perspective transformation involves three elements. First, “an empowered sense of self that is made manifest in greater self-confidence, a more critical understanding of how one’s social relationships and culture shape one’s beliefs and feelings, and more functional strategies and resources for taking action.” Mildred’s story provides a particularly poignant example. The training sessions for facilitators were designed for empowerment. They focused on skills building—how to build coalitions, run meetings, facilitate consensus in group decision-making and take stands on public policy issues. (The returned questionnaires indicate the success of these training sessions.) Second, “a more critical understanding of how one’s social relationships and culture have shaped one’s beliefs and feelings.” Third, “more functional strategies and resources for taking actions.” The Ethical Choices Workshop offered alternatives and a planning tool for follow-up action. This study suggests a fourth criterion for assessing the success of a Freirean pedagogy for the North American middle class—evidence that participants have engaged in a process of transformation involving the movement from self-reflection to critical reflection to subsequent action.

Educational Issues

Most social justice programs for the non-poor are designed to effect change by orchestrating experiences for the middle class through immersion programs or outreach projects to the poor. The evaluation study revealed that the Ethical Choices Workshop worked with the middle class in what was largely perceived as a middle class issue. Participants were called on to recount their own experiences of health care and broaden their knowledge of the health care system and options for reform. Why did people change their stances on health care reform? William Bean Kennedy states that some transformative educators believe that, whether based on guilt, self-interest or a more positive motivation, “people will voluntarily sacrifice, give up, let go, if and when they see real situations of oppression and understand how people are being hurt.”

17 Mezirow, Transformative Dimensions of Adult Learning, 137.
18 Mezirow, Ibid., 161.
than present “situations of oppression” outside the context of the participants, the Ethical Choices Workshop used the self-interest and experience of the average middle class citizen as a point of departure. Then it attempted to link participants’ personal experiences of health care to public policy.

Can transformative education, such as the programs of Highlander, Antigonish and others, make a contribution to changing the social order? Yes, but there are tremendous obstacles to change. Donald Schipani writes that “a [conscientization]-inspired teaching-learning process will aim to identify, precipitate, facilitate, and reinforce the transformation of the learners’ meaning perspectives as well as the implementation of corresponding action strategies.” Educators of the non-poor must be realistic. We can develop techniques for stimulating learners to engage in critical reflection, but the various factors that lead to a change of perspective and transformation are not in our hands. Some of the participants in the Ethical Choices Workshops were changed, and that sufficient as proof of its value.

The Ethical Choices Workshop offered the possibility for changed perspectives and active response. As this study has shown, most participants were able to identify issues and some came to a decision about a response. Leaders were pleased, and some were surprised, to learn that the majority of workshop participants supported universal health care. But they expressed disappointment that “the diversity of participants was lost” and concluded that the workshop method would not lead to increased membership in Church Women United. The Ethical Choices Workshop will need to be revised and adapted if it is to meet its full potential as a pedagogy of transformation for other public policy issues. One useful inquiry would be to determine whether those participants who did not make a commitment to action during the workshops have since changed their minds. Mezirow’s theory of a ‘hiatus’ needs to be tested at durations following a potentially transformative experience.

A second educational issue addresses the use of dialogue in transformational education programs. Clear openings must be presented in the educational process to invite people to convey their ideas about the basic problems and possible solutions. “Telling ain’t teaching!” is Kennedy’s dictum. Educator Jane Vella expresses it this way: “Don’t tell what you can ask; don’t ask if you know the answer; tell, in dialogue.” While affirming the importance of dialogue in the process of transformative education, the evaluation study raised an important issue about how conflict is dealt in educational processes. Naturally, the Ethical Choices Workshop encouraged the airing of different points of view. But facilitators reported that the training program did not prepare them sufficiently for the conflicts that arose.

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21 Kennedy, 242.
This is not just a weakness in the design of the Ethical Choices Workshop, Schipani writes:

In Freire’s approach we often miss the reference to the difficult negotiations—both internal and interpersonal and among group—involved in the teaching-learning process, the painful struggling with diverse and even differing or conflicting views and the need to compromise and revise, to name a few, to say nothing of the nuanced complexity, dynamism, and precariousness of a given social reality per se.23

Training programs for transformative education must include materials that deal extensively with facilitating dialogue in small groups. Nicholas Burbules’ presentation of four types or genres of dialogue—dialogue as conversation, dialogue as inquiry, dialogue as debate, dialogue as instruction—resolves the inconsistency apparent in Freirean pedagogy and provides tools for developing dialogical skills. Three rules govern dialogue: participation, commitment and reciprocity. Dialogue comprises a range of “moves”—the word alludes to board games—and sequences of moves, and so can be suited to many different types of subject matters, teachers, and types of students. However, Burbules warns that while dialogue is a flexible and adaptive approach to teaching and learning, it can fail:

Every form of dialogical engagement can fall into patterns that become antidialogical…Debate can become an argument; inquiry can become an obsessively narrow, ends-driven endeavor; conversation can become a meandering chat that leads nowhere important or interesting; instruction can become manipulative.24

Nevertheless, dialogue is an intentional component of transformative learning. Furthermore, “evidence of adults exercising critical thought is one of the chief things we look for when assessing the democratic health of a society,”25 Stephen Brookfield describes the essential link between personal values and public policy:

Central to critical thinking is placing one’s own situation in a broader context, so that aspects of one’s problems are seen as connected to broader social forces. Helping people explore the often contradictory and ambiguous nexus where private troubles and public issues meet often entails making clear the connection to social action.26

Thinking critically “entails the habit and ability of asking awkward questions.”27 Such questions aim to make the connection between personal circumstances, such as the

23 Schipani., 24.
24 Ibid., 143.
26 Ibid., 62.
27 Ibid., 67.
closing of a local health facility, and broader political agendas, such as cutting health services budgets. In sum, dialogue plays a central role in transformative education and must be included in the training materials for facilitators of adult education.

A third educational issue that the Ethical Choices workshop raises about transformative education is related to the first two principles. To what extent is indoctrination avoided when leaders are trying to convey their own ideas regarding the basic problems and solutions of a public policy issue? The Ethical Choices Workshop was a tool for health care reform advocacy. It worked on the assumption that if participants were given “forced choices” they would choose the morally correct option (universal health care). But, as this study has indicated, not all participants left the workshop convinced of this position. This invites the educational question: To what extent do we need to look at radically different points of view in educational models for transformation and hear opposing arguments? Schipani discusses this weakness in Freire’s method, noting “the contradiction of justifying the curtailment of dialogue and freedom for the sake of advancing the cause of liberation.” An educational model for transformation must reveal its pedagogical assumptions and political agenda of the model and its teacher-learner facilitator, even if the facilitator is a member of the same class, race or community. As well, the principles of adult education that support the pedagogy must be as transparent and accessible as the methodology to the “audience.”

The fourth principle underscores the importance of the grassroots in determining the “generative” themes and carrying out the program at the local level. “Introduce programs at the grassroots rather than at the national level of denominations,” was the directive of several Executive Council members following the presentation of this study’s findings. “We were affirmed that the grassroots is where it’s happening,” wrote one Church Women United leader on her questionnaire. She was referring to the fact that the quadrennial priorities had been set by an extensive consultation process with the local units of the movement, rather than by a process within the executive and staff of the organization.

The story of Shirley Holness illustrates the importance of grassroots networking. Shirley had served in the African Methodist Episcopal Zion Church in a number of roles for several years. Shirley reported in a telephone interview that she had not facilitated any workshops in her area, but quickly added in an apologetic tone that she had circulated it to her church. In fact, Shirley Holness had distributed the Ethical Choices Workshop to a meeting of 12 mission supervisors and 12 area workers. “How many workshops do you think actually took place, 50 or 100?” I asked “Oh no!” she replied, “Perhaps hundreds, probably thousands. It’s impossible to know!” Shirley has worked within church structures for many years; but when she wants to get the word out she doesn’t go through official or formal channels; she uses her informal networks. Further research on the process by which social justice grassroots movements become co-opted by bureaucratic structures as they become institutionalized will provide further insights into the contribution of informal networks to social justice movements.

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28 Ibid.
29 Schipani, 24.
“Think nationally, work locally,” is the fifth educational principle. Learning is enhanced by the process of identity-building as a distinct group within the community, and by the development of local networks which function during the period after the initial program is presented. This principle is particularly important in light of the findings that indicate the breakdown of neighborhood communities as the hubs of political discussion and activity. The networks that were formed as part of the follow-up to the Ethical Choices Workshop helped to fortify the neighborhood groups that once provided the catalyst to change at a local level. One executive member wrote that she was surprised “that the Workshops helped to develop relationships that have continued to last through other coalitions.” Another volunteer leader commented on the extent to which “more people network after this contact.” The readiness of the local leaders to engage across denominational boundaries also took the leadership by surprise. The commitment to ecumenism is played out on the local level. Ultimately, people need to be affirmed in their new stances, challenged to take action, and encouraged to experience solidarity with others who share common perspectives. The local units of Church Women United that have structural ties to historic religious organizations provide relationships of support that are denied to non-Church members. Where would these other women turn for reinforcement of their new perspectives, affirmation and follow-through for action?

The Ethical Choices Workshop raises a sixth educational issue: How do transformative educators help people learn social analysis and think critically? The Ethical Choices Workshop underscores the need for persons to transcend the simplistic, individualistic understanding of how the system works and probe the root causes of injustice. This requires careful and sophisticated analysis in order to make the connections between local, national and global problems, between the personal the social, between faith and values. Religious educators should explore the ways critical reflection can serve transformative education “as the hermeneutical nexus between personal experience and religious tradition, between present and past-and-future, between the personal and the societal, between the particular and the hegemonic ideologies.”

It is important that the transformative pedagogical methods develop tools for social analysis that do not reduce social relationships to oversimplified polar opposites. This is a difficult task. One ninety-minute evening session is not long enough to develop the critical skills that participants can apply to other issues. It provides hardly enough time to present the issues. It would be helpful if the model had been designed specifically for use in Christian congregations. There could be concomitant contributions to the overall nurture of the faith, the preaching of the Gospel, the prayer and spiritual life of the

31 Kennedy, 25.
32 John Algot Nasstrom, “A Personal Journey Toward Popular Education: Engaging in a Small Church Group in Critical Reflection and Action.” (Ph.D. diss., University of California, 1991). Nasstrom suggests that when problems are interpreted through the lens of polar extremes, the potential for resolution is limited. Must the schism be widened before resolution can be attempted? For Freire, education for social action holds the greatest potential when relationships can be best interpreted as polar oppositions. He does not entertain the possibility that qualitatively different relationships, such as the relationship established by intermediaries, are possible. (p.114)
congregation, and a wide and longer-range study of the Christian tradition. The impact on transformative education efforts would be significant. The Christian community offers three key elements in overcoming inertia and moving from insight to action—prayer, planning and other people. A Christian congregation would provide a community committed to long-term study. This in turn would lead to a deeper social analysis and a greater commitment to social justice issues—greater because faith would be linked to values.

How might the church’s tradition have been engaged more fully and fruitfully in the educational model of the Ethical Choices Workshop? This is a challenge for transformative educational methods. “This is an excellent model,” wrote one Church Women United leader. “If we want faith-based issues to be pushed, we must be more assertive.” While critical reflection and social analysis played central roles, there was little or no theological reflection. One national leader of Church Women United wrote that she was surprised to learn that “people made choices based on experience rather than faith.” Is it possible to adapt the Ethical Choices Workshop model so that it connects faith with experience more explicitly?

Transformative education is concerned with the processes by which the non-poor learner moves from what theologian Douglas John Hall describes as a state of self-concern to a state of caritas—the processes by which that new consciousness and those critical movements are generated and developed.

The predicament of the non-poor at its most rudimentary theological level of expression is their lack of caritas—not “charity,” but “suffering love” (agape). The Christian educator must seek to move the non-poor from the state of anxious self-concern to that of concern for ‘the other.’ This is a tall order. It is one thing to approach persons with the message that Christ wills to free them from their oppression and despair and give them freedom and hope; it is something else to approach with a gospel that aims to free them from their possessions and give them love. All “rewards” of faith are rather obvious in the first instance—even from a Christian point of view. History is not overflowing with masses of Christian believers walking the Via Dolorosa gladly.

The Christian community is the place where the educator attempts to move the Christian to a new concern for “the other.” When the Christian story and traditions of the Christian community come into dialogue with the present, then theology, self-perception, political and ethical stances come under scrutiny. Anything can happen. Thomas Groome’s shared praxis attempts to link critical pedagogy to the Christian tradition. Groome calls this process in Christian religious education shared praxis, which he describes as a group of Christians sharing in dialogue with their critical reflection on present action [i.e.

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33 Patricia O’Connell Killen and John de Beer, The Art of Theological Reflection (New York: Crossroad, 1999), 44.
“observing”] in light of the Christian story and its Vision [“judging”] toward the end of lived Christian faith [“acting”]. The Ethical Choices Workshop could have been strengthened by greater attention to the importance of an explicitly Christian pedagogical method.

Patricia O’Connell Killen and John de Beer present a method of theological reflection that would fortify the Ethical Choices Workshop. It closely reflects Groome’s shared praxis approach. They define theological reflection as

the discipline of exploring our individual and corporate experience in conversation with the wisdom of a religious heritage. The conversation is a genuine dialogue that seeks to hear from our own beliefs, actions, and perspectives, as well as from those of the tradition. It respects the integrity of both. Theological reflection therefore may confirm, challenge, clarify, and expand how we understand our own experience and how we understand the religious tradition. The outcome is new truth and meaning for living.

Killen and de Beer’s framework for theological reflection is composed of four parts: focusing on some aspect of experience (personal experience, tradition or culture); describing the experience to identify the heart of the matter; putting the heart of the matter into conversation with the wisdom of the Christian heritage; identifying new meanings and truths to take into daily living. The authors recommend theological reflection groups and the keeping of journals that note images, themes or pieces of tradition that recur frequently. They offer suggestions about how to plan effectively. But more importantly, “authentic theological reflection” has consequences in our daily living. It “does not draw us into an individualized and private relationship with God and our Christian heritage.”

Killen and de Beer offer five tools for guiding the movement of theological reflection—people, purpose, parameters, presence, process. The fact that “people” are placed first is no accident. The emphasis on the participants and the importance of defining their context is a fundamental principle in designing popular education programs. It respects the fact that transformative education programs begin with the learners as subjects of the learning process. A needs assessment is the first step in organizing any transformative education program. Jane Vella most clearly illustrates this focus in her model for adult education at the Jubilee Popular Education Center in Raleigh, North Carolina. The needs assessment focuses on seven questions which she names as the Seven Steps of Planning—Who? Why? When? Where? What? What for? How? These steps focus the design and invite consideration and use of the popular education principles. They are an integral part of the design of adult learning as dialogue. This leads

36 Killen and de Beer, 51.
37 Ibid., 119.
38 Ibid., 82.
39 Ibid., 85-86.
40 Ibid., 78-79.
back to the first principle of transformative education—to provide opportunities for participants to name issues and come to decisions about action based on their own experiences and out of their own contexts.

In conclusion, the Ethical Choices Workshop was a pedagogy that attempted to apply Freirean pedagogy to the North American middle class. Was it successful? Yes. Was it truly Freirean? Potentially. A Freirean pedagogy for the middle class is still in the early stages of development. The Ethical Choices Workshop represents one experiment of transformative pedagogy. It raised important issues that transformative educators should consider as they design programs for the middle class based on pedagogical methods that were designed for contexts of the poor. This may prove to be an arduous undertaking, but not—to judge by the Ethical Choices Workshop—a fruitless one.