Confluence: Moving Forward With Affective Strength

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• education
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Within an analysis of the interplay between cognitive and affective functions, psychologist William James (1947) asked whether a man walks with his right or left leg more essentially. He anticipated and received responses that spoke to the requisite balance. Implicit in the image of walking is an understanding of integrated functioning. An integrative image also associates with confluent education, a term coined 3 decades ago by Brown (1971) and defined in this way:

Confluent education is the term for the integration or flowing together of the affective and cognitive elements in individual or group learning. It describes a philosophy and a process of teaching and learning in which the affective domain and the cognitive domain flow together, like two streams merging into one river. (p. i)

Characterizations of occupational therapy over the years, whether describing direct care, education, or research, have suggested similarly integrative processes: a healing of sick minds, bodies, and souls (Dunton, 1919), a “spiritual vision of the end problem” (Slagle, 1927, p. 126) a reaching for hands and heart (Carlova & Ruggles, 1946), an art and a science (American Occupational Therapy Association [AOTA], 1972), an evolving blend of competence and caring (Peloquin, 1990), and a synthesis of purpose and meaning (AOTA, 1993a, 1993b, 1995b). Each characterization includes affective elements alongside cognitive and experiential ones, establishing the profession’s long-standing commitment to integration.

Many environments within which practitioners work today, whether profit-driven managed care systems or academic–research centers competing for research dollars, make it difficult to sustain affective practices. Constructs that might enable practitioners to enact the profession’s commitment to integrative processes thus seem important to consider. Confluence is such a construct.

The first purpose of this article is to combine a literature review on confluent education with a discussion of the relevance of the construct of confluence to all realms of occupational therapy practice. A second purpose is to deepen and extend an earlier introduction to the topic in which confluent approaches to occupation-
al therapy education were discussed (Peloquin, 1996a). The literature review explores confluent education in terms of its (a) essential features and principles, (b) origins and influences, and (c) applications within and outside of education. The review includes all accessible papers, dissertations, monographs, and books on the topic in order to elucidate the meaning of confluence. The discussion presents confluence as a construct that is widely generalizable to and timely for occupational therapy practice. Illustrations of confluent approaches successfully taken in direct care, education, and research cap the discussion and establish the feasibility of actions that may help practitioners honor their commitment to integration.

A Rationale for Confluence in Occupational Therapy

Emphasis in confluent education at the time of its emergence was on reclaiming the affective elements of human potential less valued in educational systems (Brown, 1971). Such affective elements associate with motivation, interest, satisfaction, intuition, imagination, creativity, interpersonal connections, values, and artistry (Webster’s New World Dictionary, 1995). Occupational therapy practitioners promote affective elements without using the term confluence. We propose client-centered care (AOTA, 1995a). We promote occupations with meaning (AOTA, 1993b, 1995b). We use interactive and narrative reasoning (Fleming, 1991, Mattingly, 1998). We support collaboration with those who seek our services (AOTA, 1995b). We enact educational practices that support the fullness of clinical reasoning (Neistadt, 1987). We evaluate affiliating students on their performance, judgment, and attitudes (AOTA, 1986). We endorse qualitative inquiry to complement quantitative research in the growth of our knowledge base (Ottenbacher, 1992).

Presently, however, we also see societal and professional trends to dismiss the affective elements of practice in direct care, education, and research. A dominant view of the nature of a professional has led health care practitioners to polarize practice in a way that disregards affective functions and dichotomizes them against others. Schön (1983) described the Model of Technical Rationality as having influenced this process because it is the view of professional knowledge which has most powerfully shaped both our thinking about the professional and institutional relations of research, education, and practice—professional activity consists in the instrumental problem solving made rigorous by the application of scientific theory and technique. (p. 21)

The superordinate function in this model is one form of reasoning: problem solving.

Health care professionals thus often speak preferentially of objective knowledge, competence, and science, voicing a disregard for intuition, caring, and artistry (Breines, 1999; Brice, 1987; Gebolys, 1990, Sarason, 1985). Practitioners struggle against this prevailing trend (Peloquin, 1993b). The trend emerges in actions as varied as a depersonalization of patients, a vulcanization of students, and a reduction of science to discontinuous research projects. Each of these actions warrants elaboration.

Depersonalization of Patients

The health care literature yields hundreds of stories of professionals who treat illness—the problem—while disregarding the person who is ill (Parham, 1987; Peloquin, 1993b). Helper behaviors that patients characterize as depersonalizing are (a) failing to see the personal consequences of illness and disability, (b) denying patients’ feelings, (c) ignoring patients and dismissing their concerns, (d) failing to show any feeling, (e) engaging in distancing behaviors, (f) withholding information, (g) offering discouraging words, (h) responding with brusqueness, and (i) misusing power (Peloquin, 1993a). Although such actions have been attributed less to occupational therapists than to other professionals, we have been included among those who depersonalize (Peloquin, 1993a). Depersonalizing behaviors, as they are described here, can be reframed as behaviors that exclude some affective element from the health care exchange.

Societal beliefs and professional expectations that those working within health care systems should be more accountable, effective, and productive have been associated with the trend toward depersonalization (Breines, 1999; Peloquin, 1993b). Long-neglected but sound management principles have been reclaimed as responsible practice. Professional beliefs that sound method and best protocol should drive interventions make sense. Unfortunately, a for-profit ethos combined with a problem-solving mentality so dominate some health care systems that many therapists deem care and service, rich with affective potential, at risk (Howard, 1991; Joe & Hettinger, 1995; Kerr, 1999). The situation seems one in which individuals do not deliberately disregard affective elements so much as preferentially value others.

Vulcanization of Students

Professionals within educational systems have also been affected. A vulcanization of students, comparable to depersonalization, has been described. Walters (1991) named the term after Spock, a science-fictional character from the planet Vulcan as portrayed in the first “Star Trek” television series. Vulcanization is an approach to students that fosters logical thinking while disregarding broader aspects of
human reason, such as creativity, imagination, and intuition (Walters, 1991). Outstanding in his logic, the emotionless Spock symbolized to Walters that which educational systems value as an idealized outcome. Spock would have made this connection: Vulcanized students are apt to depersonalize.

Schön (1983) characterized the problem with professional education as one in which educators do not focus on “an epistemology of practice implicit in the artistic, intuitive processes that practitioners bring to issues of uncertainty” (p. 49). He argued that the Model of Technical Rationality is incomplete, failing to account for divergent situations that shape the unique needs of individuals. Professional education, he wrote, must include preparation in modes of inquiry thought more “messy.” Among these are experience, trial and error, intuition, and “muddling through” (p. 43). When problem-based learning (Albanese & Mitchell, 1993) and critical thinking (Paul, 1993) fail to transcend a narrow focus on knowledge and skills, they too reflect the Model of Technical Rationality.

**Discontinuous Research Projects**

Professionals engaged in scientific inquiry face similar pressures from the Model of Technical Rationality. Technical emphasis is strong, with quantitative research so dominating other forms of inquiry that it often stands for science. In many settings, preferential status associates with quantitative inquiry and analysis of group effects. A proliferation of research projects and opportunistic research (quick and convenient) can follow an emphasis on methodology (Mosey & Abreu, 1998). Projects may emerge that show mastery of technique but contribute little to a knowledge base. I think of these as discontinuous projects when they neither flow from significant research questions nor promise a growing body of work. Such projects have merit as learning exercises but contribute little to knowledge development. Research in occupational therapy can grow opportunistic if masters-level education mandates research projects without mindful mentoring.

Another effect of the Model of Technical Rationality in the academic–research realm is that pressures to secure grant funding can engage researchers in competitive exercises that secure status and funds for institutional survival but can jeopardize a profession’s development. Given its integrative nature, occupational therapy warrants a broadly developed knowledge base that may transcend the scope of institutional needs.

Evidence-based practice, designed to integrate the results of research into clinical reasoning, is a method that may help shape practice in most professions (Tickle-Degnen, 1999). Several knowledgeable groups rate the quality of evidence-based literature, assigning highest value to randomized clinical trials (Hayes & McGrath, 1998). Such evidence is valuable to establishing credibility, but it is just one important type (Tickle-Degnen, 1999). One wonders about how a preferential valuation of one methodology will change practice. The dominant research culture may move occupational therapy in less integrative directions. Development of a holistic knowledge base for the future seems at risk when one type of evidence seems best.

The emerging sense of practice is one in which direct care, education, and research could easily assume characteristics less apt to develop human potential. This situation challenges our commitment to holism and invites confluence. A more precise understanding of what a commitment to confluence might entail emerges from a review of the literature on confluent education.

**Essential Features and Principles of Confluent Education**

The story of confluent education spans 3 decades; it tells of a construct and approach first described in 1971 and last critiqued in 1998. In his first text on the topic, Brown (1971) described youngsters watching a televised special on recently hatched turtles being scooped up and eaten by frigate birds. After the special, the children role played birds and turtles. They shared their feelings. They talked about similar situations in their own lives. They read, wrote, and heard stories; they learned scientific facts. Brown then rhetorically asked, “Can first graders experience tragedy as part of the condition of nature and life? Can they be stronger for this? And can they learn readin’, writin’, and ‘rithmetic as well as they would in a conventional lesson—perhaps better?” (p. 3).

Brown (1971) argued that confluent education is relevant to anyone who engages others in learning. He further argued that schools target cognitive learning because educators see their role as teaching others to be intellectually competent; they dismiss affective concerns. His rationale for promoting confluent education extended beyond classroom walls:

What is proposed here is common sense, is something we’ve “known” about for some time....The change would be simply to be aware that thinking is accompanied by feeling and vice versa, and to begin to take advantage of the fact. (p. 9)

The underlying thought here is that teachers teach more than subject matter; they teach students. Brown thus characterized confluent education as a philosophy, a process of teaching and learning, and a tool for social change.

Shapiro (1975) reported the work of a team in the Ford Foundation’s DRICE (Development and Research in
Confluent Education) Project engaged in a systematic attempt to “unpack” or deconstruct the concept of confluent education. The team used an analytic process to produce a conceptual map that distinguished the construct from others (Wilson, 1963). The unpacking resulted in nine essential features as well as seven cases thought contrary to confluent education (see Table 1). Five principles relating to participation, interpenetration, relevance, self, and goals were extrapolated from the essential features (see Table 2). A clear and generalizable understanding of confluence emerges from these essential features and principles; that clarity is enhanced by a review of contrary cases. The contrary case list seems a fine characterization of depersonalization, vulcanization, and the reduction of science to discontinuous research projects.

Brown’s (1971) text, Human Teaching for Human Learning, is an edited work with anecdotal contributions from other educators using confluent approaches. A later text, The Live Classroom, that Brown coedited with Yeomans and Grizzard, showcased work in curriculum development (Shiflett, 1975) and presented papers that linked confluent education with Gestalt therapy (Pearlman, 1975; Simkin, 1975), learning theory (McCarthy, 1975), and psychosynthesis (Yeomans, 1975).

Origins and Influences

Any proposal that practitioners embrace confluence should note origins and influences that clarify the essence of the construct. In Brown’s (1971) view, confluent education emerged from the work of those engaged in the “incorporation of the emotional dimension into learning” (p. 16). Specifically, Brown cited the influence of the Esalen Institute in California that marshaled knowledge from the behavioral sciences, religion, and philosophy to explore the development of human potential. Esalen is well-known for its influential leaders. A few among these are Rogers, known for client-centered therapy based on unconditional positive regard; Maslow, for his hierarchical view of personal needs; Perls, for his development of Gestalt therapy; and Frankl, for his discussion of the manner in which perceived meaning can affect survival (Brown, 1971).

The influential effects of Gestalt therapy on confluent education are notable. Brown led creativity training at Esalen and later became a Gestalt therapist. Such therapists hold that persons function as a whole rather than as dichotomous aspects of selves, such as mind, body, or spirit (Perls, 1969). Persons who turn to therapy often have an imbalance among three modes of experiencing: intellectual, sensorimotor, and emotional (Simkin, 1975). In therapy, persons learn to reengage their awareness and attend to nonverbal behaviors and feelings rather than to only think about a problem.

Gestalt work encourages a balance of objective and subjective knowing. In Gestalt therapy, the person is asked to accept what may seem opposite personal behaviors into a whole self. Because learning is a process of integrating that which is outside the self into the self, McCarthy (1975) argued that Gestalt is also a learning theory:

The movement from experiencing to conceptualizing to integrating to experiencing, is the cornerstone of Gestalt learning theory. It applies both to learning about the self and learning about the world. It is why we are able to substitute the word “student” for “patient,” and “teacher” for “therapist.” (p. 51)

Diverse and Current Applications

The Confluent Educational Program at the University of California in Santa Barbara merits brief mention. Officially accepted within the education department in 1968, the program was established with 10 to 15 masters-level students and 4 doctoral students soon to follow. By 1972, the program attracted students from all over the world (Shapiro, 1998).

Students and graduates of the Confluent Education Program described a number of confluent applications out-

### Table 1. Confluent Education: Essential Features and Contrary Cases

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<thead>
<tr>
<th>Essential Features</th>
<th>Contrary Cases</th>
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<tbody>
<tr>
<td>1. A context or climate of two-way openness to learning.</td>
<td>1. Denial, absence, or inhibition of personal-ness.</td>
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<tr>
<td>2. Awareness of the self as a legitimate object of learning.</td>
<td>2. Absolute or near-absolute teacher control.</td>
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<tr>
<td>3. Subject matter that is closely related to the significant personal needs and feelings of learners.</td>
<td>3. The presence of significant affective arousal in the classroom with no awareness or acceptance of this affect.</td>
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<td>4. Experience-based learning.</td>
<td>4. One-way flow of information or feeling from teacher to student group.</td>
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<tr>
<td>5. Awareness and intention to develop convergent cognitive processes integrated with other learning (affective action and will).</td>
<td>5. No learner responsibility for choice or variation in modes of learning.</td>
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<tr>
<td>6. Encouragement of the expression of feelings by both student and teacher.</td>
<td>6. Denial by the teacher of authentic (existential) expressions; denial of authentic interactions among teacher and learners.</td>
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<tr>
<td>7. Use of feedback to refine and develop learning.</td>
<td>7. Primary emphasis on the manipulation of extrinsic knowledge.</td>
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<td>8. Encouragement of divergent and imaginative thinking.</td>
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<tr>
<td>9. Re-subjectivization of meanings. The learner's re-creation and internalization of external, social, and transpersonal meanings.</td>
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Note. Shapiro (1975).
Table 2. Major Principles of Confluent Education Derived From the Essential Features

<table>
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<tr>
<th>Principle</th>
<th>Description</th>
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<tbody>
<tr>
<td>Participation</td>
<td>Consent, power-sharing, negotiation, and joint responsibility of co-participants are present.</td>
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<tr>
<td>Interpretation</td>
<td>Interaction and integration of thinking, feeling, and action occur.</td>
</tr>
<tr>
<td>Relevance</td>
<td>The subject matter is closely related to the basic needs, life, and meanings of the participants.</td>
</tr>
<tr>
<td>Self</td>
<td>The self is a legitimate object of learning.</td>
</tr>
<tr>
<td>Goals</td>
<td>The social goal, or purpose, is to develop the whole person within a humane society.</td>
</tr>
</tbody>
</table>

Note. Shapiro (1975).


In addition to the applications promoted through confluent education graduates, other authors have applied the construct to higher education and the helping professions. Romney's (1976) monograph described confluent approaches in science education projects at Syracuse and St. Lawrence Universities. King and Gerwig (1981) described a way of humanizing nursing education through a group process with confluent features. D’Emidio-Caston (1993) discussed the Math Teakst [Test] Buk, a confluent intervention that evoked early affective experiences in mathematics as a means of better teaching. Francke and Erkens (1994) promoted confluent education as an integrative method suitable for nurses enrolled in a program on pain management. In my own earlier work (Peloquin, 1996a), I described confluent education as a good fit with occupational therapy education.

Many educational constructs offer helpful perspectives to health professionals. Dewey’s (1990) press for experiential learning is still endorsed today. One can find other constructs in the current educational and psychological literature that resemble confluent education: adult learning with its emphasis on personal responsibility and choice; humanistic or student-centered learning with its focus on a learner’s natural inclinations and interests; constructivist learning with its emphasis on relevance and the context for learning; affective learning with its development of emotions and values; and holistic learning, perhaps the most similar construct, with its support for educating whole persons. None of these, however, carries quite the same thrust as confluent education: That human potential will be realized only if one integrates the affective elements of human nature.

The Visual Metaphor of Confluence

Becvar (1998) noted that “language is the means by which individuals come to know their world and in their knowing simultaneously construct it” (p. 4). The language that practitioners use reflects their views and shapes their behaviors. Unintegrative images embedded in language are common. Patients speak of depersonalization as if some part of persons were removed (like deboning a chicken). Such imagery has power. If one sees persons in this way, one also can see practice as missing parts or dichotomized—with competence split off from caring, science from art, and logic from intuition. The perception of so many parts makes a juggling act seem essential. We do speak of juggling, and we use the term professionally (Crepeau, Thibodaux, & Parham, 1999).

More integrative images of practice might invite integrative actions. I offer three images drawn from my grasp of confluence for consideration: the image of flow, the image of rhythm, and the image of embeddedness. Each offers a metaphor for practice that invites integration. Images of flow (such as that found in confluence) suggest a merging of diverse currents or strands—of thought, feeling, or action—into one stream. Images of rhythm, evoked by James’ image of walking (and dancing or riding a bike), invite tandem actions and concerted movements. Images of embeddedness—produced from linking, folding, or nesting actions—invite the placing of one element within another. These three images let one see connections of all kinds, and in so doing, they prompt approaches that are confluent. If the press to dichotomize functions is so strong in practice that polarities still come to mind, I suggest one last image: ski poles used in tandem, each giving support to the skiing process.

The imagery in language permits the crafting of societal and institutional vision statements (Becvar, 1998; Clinton, 1999). Imagining desired behavior is but one step in making change. Visions of confluence need grounding. Consider, therefore, a frequently asked question among those struggling against depersonalization: “How can I
spend time caring for patients when I can’t charge for units spent listening.” The question dichotomizes productivity and communication. Advice to “nest one within the other” begs a clear example. Think, then, of time-limited encounters with a cashier. Cashiers can embed positive affect in their exchanges through meaningful eye contact or a few kind words. Occupational therapists, with more time than cashiers, can embed affect in even brief encounters (Baker, 2000). The sense of being with another can flow into most of our doing.

**Approaches That Integrate Affective Strength**

A call to move forward with affective strength warrants practical examples. I thus share several with which I am familiar; most can be accessed fully from books, book chapters, or published articles. My familiarity with each supports my claims about the feasibility of confluent approaches. Each example includes essential features of confluent education (Table 1) and illustrates its principles (Table 2). None promises to resolve depersonalization, vulcanization, or the reduction of science to discontinuous research projects, but each, at least, supports confluence. Each leads to the possibility of integration.

**Confluence in Direct Care**

Abreu (1998) endorsed holistic occupational therapy rehabilitation for persons with brain injury, noting that “a holistic and confluent approach is particularly important if one aims to preserve the personalization of the rehabilitation process in a managed care environment” (p. 74). To illustrate this point, she discussed the case of Edgar. Evident at each point of intervention was an infusion of affective considerations. Before hearing the term confluence, Abreu had hesitated to classify affective interventions as treatment, thinking them “too obvious” a part of the therapist’s role.

Clear evidence of Abreu’s empowerment to include more affective aspects of treatment appears in a checklist of contextual modifiers that guides therapists in her setting (Abreu, 1998). Integrated among cues for a patient’s sensory or cognitive performances are clear affective prompts: seat the patient near a friend, ask the patient to help another, ask a question to elicit interaction, encourage group cohesion, give expressive touch, use gentle humor, move closer to the patient, actively listen to a patient’s concern, use encouraging words or gestures, give the power of choice, explain the purpose or goal of the task, and explain the role of the therapist. Affirmation of such actions on a facility-wide form raises them to a level of awareness and acceptance that might otherwise not occur. Patient responses and treatment outcomes can then be linked with affective cues. Such is the reclamation of affect that I propose.

In an article that asks, “Now that we have managed care, shall we inspire it?” I discussed examples of our capacity to inspire health care systems, even in an era of managed care (Peloquin, 1996b). I suggested that affective functions can merge with some practices aimed at managing costs. Consider, for example, that a good business deal for patients, payers, and referral sources can include Kidner’s (1929) exhortation to infuse treatment with kindness and decency. For another example, consider that advocacy letters written to appeal longer patient stays also meet the business function of keeping patients in systems when release risks higher costs. A confluent perspective permits one to see some compatibility with affective and management functions.

**Confluence in Occupational Therapy Education**

In a previous publication, I endorsed an infusion of the arts into occupational therapy courses alongside theories, charts, and cases (Peloquin, 1996a). Since then, AOTA has published a confluent course on interpersonal practice (Davidson & Peloquin, 1998). Developed in 1991, the course is structured thematically into 15 2-hour sessions consisting of complementary reflection and practice hours (Peloquin & Davidson, 1993). For any one theme, such as dealing with anger, the 1st hour of reflection prompts views of effective responses. Evocative resources from the arts provoke animated discussion. The 2nd hour starts with a lesson from the behavioral sciences and moves to role plays of probable encounters in practice. Students find comfortable ways to enact “best practice.” Journal assignments press them toward further integration. Reflection and action are seen as concerted actions. The title of the text, Making Connections With Others, speaks to a confluent aim (Davidson & Peloquin, 1998).

A second confluent course has been described and assessed as effective among students (Babola & Peloquin, 1999). The function of this course is to establish a clinical climate. Instructors use strategies that place students in clinic-like situations: (a) select random responders, (b) demand full sentences, (c) press for clarity, (d) expect active listening, (e) time assignments, (f) spring surprises, (g) impose ambiguity, (h) invite disagreement, and (i) give feedback openly. Students handle the emotions associated with being asked to clarify a point for 40 peers, publicly challenge a popular view, or hand in work not yet refined. When they write a progress note in 7 minutes, role play responses to patient concerns, or discuss one case from divergent frames, they engage in a confluence of cognitive, experiential, and affective performances that characterize “real” practice.
Confluence in Research

A high level of confluence characterizes the research grant work of Dunn and Primeau (2000), who integrated the major functions of community service, education, and research into a project named Learning Through Community Service. Students learn while leading occupational therapy groups in a Boys and Girls Club, a day program for homeless persons, and a facility for women recovering from addictions. The funded project builds on an earlier service-learning activity by K. A. Babola and E. M. Dunn (personal communication, May 15, 2000) and targets integrative issues: affective dimensions of student learning, client outcomes related to quality of life, and the satisfaction of individuals in the collaborating agencies. Academic and clinical therapists mentor students in clinical reasoning and professional behavior; students use evaluations, interventions, and documentation protocols that address affective concerns. The project promises to enhance the profession's knowledge base while meeting institutional needs.

In a triad of published articles (Peloquin, Abreu, & Schkade, 2000), each of us as authors shared ways in which we linked scholarly work with other functions in our practices. One example from the triad is this suggestion:

Picture a set of nesting eggs—four of them in a row. If the largest nesting egg that you see represents a scholarly presentation at the state level, you might see within it some potential for presentation at a national conference. That becomes the second egg. And within that may nest potential for a peer-reviewed article, the third egg. And, within that article might nest a book chapter—the last egg. Within that first presentation nested the prospect of others. The question that one asks with nesting is this: “What other activity might emerge from this one?” (p. 158)

To see nested within one function the potential for others is to embrace the interpretative philosophy of confluence (see Table 2). Among the linked activities that we described were research articles turned into newsletter columns, student presentations paired with those of scholars, and clinical research linked to documentation tasks.

One last research example will end this discussion. To offer a holistic view of competence in scientific inquiry, Abreu invited two individuals whose work stands at divergent ends of the scientific continuum to join her in reflection (Abreu, Peloquin, & Ottenbacher, 1998). A published outcome of the discussion was a matrix of three competencies for scientific inquiry: (a) knowledge (e.g., of content area or methodology), (b) skills (e.g., communication, peer review, grantsmanship), and (c) attitudes (affect, ethics, values). In this view, passion, integrity, and inspiration have equal footing with cognitive and technical skills. Knowledge of the affective dimensions of research is as important as knowledge of its cognitive or motor content. The matrix prompts a search for many types of evidence, a blend of varied skills, a use of diverse methods, and collaboration based on competencies. Confluent principles prevail.

Actions described by others in the occupational therapy literature may reflect similar kinds of integration. This sampling, drawn from ongoing work in one location, does not intend to exclude other examples so much as to add practical value to this discussion.

Conclusion: Moving Forward

Future practice calls for a steadfast enactment of our integrative aims. In confluence, we have visual metaphors, philosophical principles, and practical strategies that can help us advance into the future, true to our integrative ethos while responsive to salient change. Brown’s (1971) reflection about confluent education bears repeating:

What is proposed here is common sense, is something we’ve “known” about for some time….The change would be simply to be aware that thinking is accompanied by feeling and vice versa, and to begin to take advantage of the fact. (p. 9)

These words call us to move forward with affective strength. The call is to practice holistically, to act on the basis of that which we deem valuable within the Model of Technical Rationality while integrating other elements that we call affective. If we respond to the call, we will care about individuals, not just their problems. We will teach students, not just subject matter. We will engage in holistic inquiry, not discontinuous projects. The call to move forward with affective strength rises from our sense of what it means to be human; it is something we’ve known about for quite some time. It is a chance to reclaim the profession’s heart. ▲

References


