

CLINICAL PASTORAL EDUCATION (CPE): A REFLECTION

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Abstract: Clinical Pastoral Education (CPE) is a widely used educational programme in many parts of the world. This article is a reflection on the author's personal experience of CPE, together with some very brief historical data, and approved quotes from the reflections of a small group of participants in a CPE module held in Scotland in the Autumn of 2002. It is offered to stir interest in CPE, rather than to give a deeply informative description of the process.

Keywords : clinical pastoral education; pastoral care; supervision; verbatim; living human document.

A Very Personal Experience

I sat at a table around which were gathered seven other people. These were not people I knew well, in fact, we had only met as a group twice before. On the first occasion, we were instructed on what would be expected of us. The second time was when two others in the group had done what I was about to do. I had no other previous experience to draw upon, and frankly I was scared. My normal pattern in a group situation had been to sit still and to listen. The only times I could remember presenting anything to a group had been excruciatingly painful experiences for me and not something to be welcomed. I was expected in this time allotted to me to present a conversation I had recently had with a patient on my ward, and to share my reflections on what had occurred. Not only was I expected to share with this group of virtual strangers what the patient had said to me, but also what I had said to him; not only what I observed was happening with him, but also how I had felt during the conversation; not only what I thought he might have gained from the experience, but also, and maybe more importantly, what I had learned. I was expected to lay before this group an example of my ability in pastoral ministry, to which they would respond. This made me anxious.

The group was made up of students like myself, and one supervisor. My worry was that I would somehow 'lose face'; that I would be revealed as unworthy of the job I was attempting to do, and that the supervisor would see my inadequacy most clearly. After all, as a deaconess ministering in the Church of Scotland I had long been aware of difficulties I

was having in the area of pastoral care, and of the inadequacies which I felt. But then, that was why I was here, in the United States of America, seeking training in CPE.

I presented my first 'verbatim'. What happened next was most unexpected. It was as if up to that point in my ministry I had been marching through heavy sand, and at last I had come upon a spring in the desert.

CPE : Historical Beginnings

Clinical Pastoral Education, or CPE, began in the USA, and arose partly as a reaction against traditional theological education as it was taught at the beginning of the 20th century, and partly out of the attraction towards medical psychology. Traditional theological education happened in the classroom where theological problems were studied by reading books and listening to lectures. CPE on the other hand brought students face to face with problems, through the study of the 'living human documents' (Powell 1975).

The generally accepted founders of CPE are William S. Keller, Richard C. Cabot, and Anton T. Boisen.

Keller began teaching courses in pastoral, medical and social work experience with supervision, in Cincinnati in 1923. His programmes included two of the basics of CPE, ie supervised clinical case studies (the forerunner to the verbatim) and the sense of

‘process’. The outbreak of world war two ended this programme.

Richard C. Cabot of Boston made history by introducing social workers to Massachusetts General Hospital in 1905, and twenty years later, he confronted theological educators with his case for the introduction of a clinical year in theological studies. Cabot’s creed was that the only absolute need of the human soul is the need to grow, and to that end he urged educators to develop what he called clinical theology, ie a theology brought into the situation of suffering. Cabot pleaded for a professional model of theological education – competence in pastoral work and training in pastoral theology. He was the teacher of Anton Boisen.

Anton T. Boisen, a Presbyterian minister, is generally recognised as the father of the modern CPE movement. Between 1889 and 1935 he experienced no less than six psychotic episodes, which involved three hospitalisations. Personally engaged in a struggle to make sense of his own illness, he functioned professionally as a mental health chaplain, as a researcher, and as an organiser of clinical training for theological students. During his time as chaplain to the Elgin State Hospital near Chicago, he organised the Chicago Council for the Clinical Training of Theology Students. In his work as researcher, he sought to construct a clinical theology with the help of ‘living human documents’, while at the same time relentlessly pursuing his search for the meaning of religious experiences, especially the relationship between religious experience and mental disorder. He pursued special studies in the essentials of case records for teaching purposes.

Boisen started off in 1925 with five theological students. This marked the beginning of modern CPE and the rest, as they say, is history. Today, there are CPE centers throughout the USA and Canada, and on every other continent.

What is CPE?

I have often been asked to explain CPE and have not found it easy to do so. CPE is an experience and a process, and like many experiences, understanding comes with experiencing the process, not with reading or hearing about it. CPE is, as its name suggests, primarily education, education which is to a large degree dependent upon an experiential process

whereby the student is asked to reflect upon his or her own practice of ministry. It encourages the student to engage with the study material – the pastoral conversation – and then to reflect upon the experience, allowing him or herself to be taught by the live situation and to integrate the learning. It is education directed towards enabling the student to come to a fuller understanding of the pastoral office. By integrating the formal theological learning s/he has engaged in with the practical situations s/he faces in ministry the student comes to a deeper understanding of self and profession.

It may be helpful to describe a fairly typical CPE programme as it would occur in the United States. One full unit or ‘quarter’ of CPE consists of 400 hours of supervised experience in a defined clinical setting such as hospital, prison, congregation or parish. It normally takes place over a ten week period. A typical CPE week would comprise of daily supervised seminars, morning or afternoon, with the rest of the day given over to clinical work. It is based upon a medical model, and so students would be expected to take responsibility for in house on call rotations. Each night, at least one student chaplain would remain in the hospital overnight and be on hand to respond to all pastoral calls.

There are three levels: Basic (internships), Advanced (residencies) and Supervisors in Training. In my own experience of CPE at the Tri Hospital CPE centre in Atlanta, the supervised seminars occurred in the morning. When we arrived at the hospital there was time for us to come together as a group to hear the daily report which would let us know of anything which had happened the previous night. We then had time to check in with the staff in the areas we covered and to deal with any urgent situations. Around mid morning we would again gather as a group. On Mondays the chaplains who had been on call on Sunday would present the worship service which they had prepared and delivered. They would be expected to explain their reasoning for doing what they did, and to reflect theologically with the group. On Tuesday and Thursday mornings we would gather for a verbatim seminar when at least two of the group would present a pastoral conversation. On Wednesday we took part in what is called the ‘Interpersonal Relationships’ seminar. This was an open group meeting at which some matters of housekeeping, e.g. course structure, would be addressed, and the rest of the time would be given over

to the expression of any problems which participants were encountering with any aspect of the course. Friday morning seminars would be more didactic, and would often involve someone from the hospital staff coming along to teach us about different disciplines in the hospital, or perhaps one of the more experienced students or chaplains teaching about an aspect of pastoral care. Once a week I met with the supervisor for a personal supervision session during which I was expected to present a verbatim for supervision purposes.

Scotland – 2002

In the autumn of 2002, four chaplains (two full and two part time) from different parts of the country took part in an extended basic unit of CPE, that is, 200 supervised hours. They were supervised by myself. We met together on one morning per week for twelve weeks. Each chaplain was expected to be doing at least twelve hours of pastoral work either in a hospital or in a parish setting. The weekly meetings included verbatim presentations, some didactic material, worship and reflection upon worship and some free group time. In addition, each group member was required to participate in personal supervision once per fortnight. At the end of the twelve weeks, each wrote an in-depth evaluation of their process.

As I indicated earlier, CPE is based on a process, and I hope it would be true to say that the process worked. It required a definite commitment from the participants, and each took their responsibility seriously. At no time was the course in danger because of lack of interest! Although it was a fairly intense process, it did in fact lack the intensity which is possible when the work is carried out on site and in the context of a group which meets for a shorter period but more often. It seems to me that the comments of the participants speak for themselves. Members of the group wrote in their evaluations :

I wanted to listen and to be listened to, so that I could hear myself and know myself better, and help others to do the same. I think that has been achieved.....I have been reminded of the habit of reflective practice and will try to continue it. I also have become aware of the need for some form of continuing supervision...I think I have a renewed sense of the value, the complexity and the hidden

depth of the everyday pastoral encounter, and so, a refreshed sense of the worth of pastoral ministry.

I suppose at base I was hoping for quick solutions – hope to do hospital chaplaincy and pastoral ministry in ten easy stages! So perhaps my main learning psychologically was accepting what I already know in a sense – that understanding is rarely instant, but is an ever continuing process. Although I have long understood and accepted the need for attentive listening, I think the course has really underlined this for me, helping me to be much more aware of the quality of my listening and responses...

In signing up...I set myself the goal of learning more about reflection, and hoped to experience something of supervision. During the course I have learned that everything matters and that in 'being there' pastorally for another requires of us attention, concentration and thought...I have tools within me to do the job but they need to be looked after, nurtured and developed.

I have become more aware that one of my motivations in this ministry was to 'fix it' for people...the course has helped me to accept the value of just listening...I'm not sure whether it's as a direct result of the course but I am now looking at things in a different way. When I first became a chaplain, I was anxious that the badge would mean that people would expect me to have answers. Now I am aware that it's a constant process of learning dependent on God. The phrase 'let go and let God' is important to me....

We hope to offer more courses of this type in the coming years with the possibility that we may also offer a full basic unit during the summer months. I trust this is a good beginning which can be built upon.

Conclusion

When I sat at that table and presented my first verbatim, my worry was that I would be 'found out'; that in opening myself up in this way it would be discovered that I was a fraud as far as chaplaincy was concerned. The reality was that I was affirmed in who I was and what I was doing. This is not to say that there were not times in my CPE experience when I was challenged to look at my own issues and to come to a deeper understanding of both myself

and the task in hand. I have no hesitation in recommending CPE as one of the ways in which we as pastors and carers can enhance our knowledge of self, and our competence in the work that we do.

References

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