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CLINICAL PASTORAL EDUCATION

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INTRODUCTION
A HISTORY

Much has been said about "responding to the needs of the times". This can just mean anything, depending on the context one is using it. Sometime in 1925, a man, Rev. Anton Boisen[1] was a patient in a hospital in Boston, USA and did respond to a definite need of his times. In one of his loneliest moments he needed someone to whom to address his needs; there was no one who could give him time. He realized that health is an inner harmony of the many vitalities, which is not attained by medical materials alone, but also demands the combine efforts of spiritual and psychological instruments, such as, the Sacraments, prayer, scripture, guidance and counseling. It is the "wholistic" approach of healing the sick person that medical science, religious faith and other allied disciplines join forces and share their vast knowledge and resources to form the "healing team".

A program was begun in 1925 serving two-fold purpose: better care for the patient, and the supervised training for the clergyman. This evolved into what we now call **Clinical Pastoral Education**.[2]

Clinical Pastoral Education, today, has developed into an international response to a common need. The church during the past few decades, seems to have become aware of the basic humanness of each individual, including – or perhaps especially – the priest or the minister, himself. In times past, it almost appeared that once ordained, a man was supposed to automatically become adequately competent to deal with any pastoral situation that might arise. He was, or perhaps in some places, still is, sent immediately from the seminary classroom to the parish, and there expected to function in a manner befitting the title he bore. Often it was the first time he found himself in a position of really ministering to the

[1] **Anton** T. **Boisen** (1876-1965) was the visionary founder of the clinical pastoral movement that includes pastoral care, counseling and psychotherapy, and of clinical pastoral training and education. It was as a result of his own personal crisis and the caring he received from his classmate and friend Fred Eastman that modern day clinical chaplaincy was **born**. Although the practice of pastoral care has a long tradition in Christianity and to some extent in other faith traditions, the systematic analysis of pastoral practice associated with clinical pastoral education had its beginnings in the early 20th century.

[2] Although in the beginning it was usually based in a hospital, the training itself prepared the person for any apostolate he eventually found himself in, since the main thrust of the program was toward competent *pastoral care.*

needs of others; he attempted to put into practice all he had learned in his seminary training. And, in an effort to be all that he had understood a priest or minister should be, he sometimes forgot what he actually was - a fallible human being, with all the weaknesses and frailties of the people to whom he was ministering.

Fortunately, today we are beginning to understand that preparation for effective ministry necessarily includes more than mere classroom lecture and theories. A direct result of this realization is the rapid growth of the Clinical Pastoral Education centers in numerous countries throughout the world, many seminarians now requiring this training before ordination.

The objective of the Clinical Pastoral Education, as mentioned, is to help the priest or minister grow into so sensitive a person as to be able to lovingly and effectively respond to the needs of his fellowmen. Thus, with better-prepared clergyman, a more integrated approach is achieved in caring for the whole person, that is, his spiritual as well as his physical, emotional, social and psychological needs.

1. What is clinical pastoral education?

Clinical Pastoral Education (CPE) is a process of theological and professional education for ministry. Theological students, religious and lay directly minister to people in crisis, people who are vulnerable, and often in pain. This being done while being supervised.

Through hands-on practice, clinical supervision and academic study, CPE students are chaplain interns who learn how to listen and attend to patients more effectively. For instance – how to engage patients and their loved ones, establish rapport and maintain eye contact, pay attention and respond to both verbal and non-verbal communications, and better understand what they are observing during encounters. "What did you learn?" is a common question in CPE.

The participants are challenged to improve the quality of their pastoral relationships through the intense interaction with supervisors, other participants, these people in crisis[3] who are coping with a life-changing situation and various professionals[4] This also enables him to develop new insight into himself personally and professionally (a Pastoral identity). And within this interdisciplinary team process of helping persons, he develops skills in interpersonal and inter-professional relationships.

Through pastoral practice *written verbatim*[5], *case studies and evaluations*, *individual supervision, participation in seminars*[6] and doing *relevant readings*, it is hoped that the student comes to experience and develop genuine, caring pastoral and personal relationships. He learns by describing, analyzing, evaluating and reflecting upon his actual pastoral relationships, human encounters and acts of ministry.

Through reflecting on complicated life situations from various viewpoints, the participants are helped to gain a deep awareness and understanding about the human situation, and this will lead, hopefully, to more compassionate ministry. Students are encouraged, through theological reflection, to integrate their theology with life experience.

He also learns how to identify and address the needs of those to whom he offers spiritual care (Pastoral competence). Using action and reflection (the Clinical method of learning), he begins to articulate the meaning and purpose of his experiences as a spiritual caregiver and integrating these insights into his ongoing spiritual care practice.

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[3] E.g. the patient, family members, watchers, etc.

[4] Nurses, doctors, hospital staff, peer participants, etc.

[5] A verbatim report on what transpired in conversation with the patient, writing down his feelings, emotions, choice of words, gestures, etc. for group evaluation.

[6] Before doing his hospital rounds, instructions are given or group encounters.

Also, from a theological reflection on specific human situations, he gains a new understanding of this ministry. Clinical Pastoral Education, essentially, seeks to clarify for the student the resources, methods, and the meaning of Christian faith as expressed in "Pastoral Care".

Pastoral care is a ministry of healing. The word *"pastoralis"* means, the shepherd, the herdsman. For the Christian the ultimate model is Jesus, "the good shepherd". *Pastoral care* is an outreach of **compassion** often accompanied by an **action of care** always as part of, or on behalf of a faith community.

WHAT CPE IS NOT. CPE is not a program to provide therapy for troubled or troublesome participants, at whatever level. And it is not to be used as a tool to weed out undesirable candidates. That some elements of the CPE program prove therapeutic is generally recognized. And it is not uncommon that a participant may reassess a vocational choice at the end of CPE. However, in order for a participant to profit from a CPE program, and to engage in reflection upon pastoral life experiences in the context of theological orientation, it is important that the participant possess a basic maturity and stability which will enable him to set aside, at least momentarily, personal crisis.[7] Personal and pastoral issues may be a matter for supervision and peer group interaction, while the focus remains on ministry.

2. The program outline

A. Patient Visitation and Verbatim Reports:

Each learner will be assigned a variety of pastoral situations and will be expected to minister to his designated "parish" as fully as he is able. Since the clinical method utilizes the study of "human documents", written records of pastoral visits will be submitted to the supervisor. It is through these reports the supervisor "goes with" the learner and supervises his pastoral encounters. The verbatim reports will assist the student and supervisor to discover and evaluate the various dynamics of the pastoral encounter.

The students will function as chaplains and will without doubt provide a helpful ministry; however, we want to stress that the main purpose of the students being here is to learn. It is sometimes a temptation to become so involved in ministry that he feels training is getting in the way of "doing his jobs". **Being** is the student's job for the program.

B. Group Seminars:[8]

There will be group seminars and the specific group will agree upon the frequency. For many students, the group interactions and relationships is the most important aspect of the program. The primary media by which pastoral care is offered is interpersonal relationships. The group provides immediate relationships, which can serve as a microcosm as to how the students relate. The students are expected to enter into discussions as freely, openly, honestly and spontaneously as possible. As the students share their acts of ministry, their

[7] It happens that personal issues would arise during encounters and evaluations, e.g. issues on fear, rejection, authority, abandonment, etc.

[8] Within any unit of Level I/Level II CPE you will be part of a peer group (minimum of three but usually more) who learn from case studies, critique and feedback on your practice of ministry. Peer groups also critique each other's verbatims, which are word- by- word reviews of a pastoral visit. You work with a qualified supervisor who is first and foremost a pastoral educator, a companion in your own pastoral formation process. This supervisor has pastoral experience and a Masters of Divinity or the equivalent. By certifying as a CPE supervisor, he/she has pursued approximately four- five years of post- graduate work.

experiences, feelings, insights, they will come to know one another, know themselves better, learn from one another, and supervise one another.

C. The Supervisory Conference:

The student-supervisor conference will generally be one period a week (in a 10-week CPE program); the student or the supervisor may request additional sessions. The supervisor is interested in providing a relationship in which the learner is enabled to discover his own personal and pastoral strengths and limitations. Students meet with their CPE Supervisor for about an hour during which they discuss ministry events, personal issues, theological questions, peer relationships, or any other experiences that might have an impact on their ministry and/or their pastoral identity.

3. Student responsibility

A. Assignments:

The student will be assigned to various areas for ministry (his particular apostolate). Initiative will be left to the student as to how he plans to provide pastoral care to his charges. He will want to discuss his plans with his supervisor.

B. Seminar:

During the regular seminars, the verbatim or other CPE instruments will be the primary data. There will be unstructured Group Concern Seminars, which will focus on personal concerns growing out of the program. Additional seminars and conferences will be scheduled depending on need, possibility and availability.

C. Reports and Reflections:

Each learner is asked to submit typewritten verbatim periodically (frequency to be agreed upon). He will also write his reflections regarding his growth and will submit this to the supervisor.

D. Written Evaluations:

A written evaluation at the end (or also at the middle) of the program will be prepared. Guidelines will be presented at those times.

4. The essential elements in CPE

The program provides students with an opportunity to learn through a blend of:

- Providing spiritual care to people in crisis - the actual practice of ministry to persons.
- Detailed reporting and evaluation of that practice.
- Pastoral Supervision by a certified supervisor.
- Reflection in seminars and workshops – process conception of learning.
- A theoretical perspective on all elements of the program.
- Case study presentations and reflections.
- A specific time period.
- Group dynamic seminars – small group of peers in common learning experience.
- PCE accreditation of the CPE Center.

5. The individual learning contract

- **Pastoral Reflection**: Reflection on one's self as a person, in relationship to persons in crisis, the supervisor, and peer group members, as well as the curriculum and institutional setting.

- **Pastoral Formation**: Focus on personal and pastoral identity issues in learning and ministry.
- **Pastoral Competence**: Deepening and unfolding of competence in pastoral function, pastoral skills and knowledge of theology and the behavioral sciences.
- **Pastoral Specialization**: Some Centers can focus on the student's desire to become competent and knowledgeable in a particular area of ministry, e.g. oncology (cancer treatment), urban ministry, parish ministry, hospices ministry, youth ministry.

CPE serves as a part of one's preparation for parish ministry, chaplaincy, lay ministry, youth ministry, teaching and counseling.

Many theological schools require one unit of CPE as a part of a theological degree program. Approximately, 6-8 weeks for 400 hours.

6. General objectives for clinical pastoral education – a summary

- To become aware of oneself as a minister and the way one's ministry affects persons.
- To develop the skills to provide intensive and extensive pastoral care and counseling to persons in their crisis situations.
- To understand and utilize the clinical method of learning.
- To accept and utilize the support, confrontation and clarification of the peer group for the integration of personal attributes and pastoral functioning.
- To utilize individual and group supervision for personal and professional growth and for developing the capacity to evaluate one's ministry.
- To develop the ability to make effective use of one's religious/spiritual heritage, theological understanding, and knowledge of the behavioral sciences in pastoral ministry to persons and groups.
- To become aware of how one's attitudes, values and assumptions, strengths and weaknesses affect one's pastoral care ministry.
- To become aware of the pastoral role in interdisciplinary relationships and to work effectively as a pastoral member of an interdisciplinary team.
- To become aware of how persons, social conditions, systems, and structures affect the lives of self and others and to address effectively these issues in ministry.
- To develop the capacity to utilize one's pastoral and prophetic perspectives in a variety of functions such as: preaching, teaching, leadership, management, pastoral care, and as appropriate, pastoral counseling.

7. Implication to formation

The Clinical Pastoral Education is part of the Program of Formation, speaking here of the Phil-Macau Province ***iter formationis***. After the 2nd Year of Theology, the Junior (temporary Professed) takes the **Spiritual and Pastoral Formation Year** (SPFY). The SPFY is divided into **four parts**.

1. Clinical Pastoral Education (CPE).
2. Exposure and immersion in a rural parish.
3. Exposure in media organizations.
4. Exposure in the various sectors of our apostolate and formation.

It is here that CPE comes in.

CPE brings one closest to the suffering and invokes compassion for humanity, the training helps candidate to be aware of their own woundedness, needs for healing and integration before they can minister to others or even in the process of ministering to others.

In the initial stages of formation, the participant will, usually, have little theological background; thus, personal rather than pastoral issues are more likely to surface. The participant may be dealing with authority problems, self-centeredness, weak ego and related issues in the CPE program. It is likely that the same issues will be matter for formators and spiritual directors during the initial stages of formation. CPE can provide a framework for reflection and for dialogue and supervision, as well as for peer group interaction. A participant who learns to come prepared for a supervisory conference or a peer group session, will be able to do the same in spiritual direction or a formators' conference. There is little theological integration at this stage of formation, but there is a format for theological reflection.

After three or four years of formation, it is expected that the CPE participant would be able to integrate some theological issues with lived experience: e.g., how does one's faith enable one to cope with crisis? This integration is a matter for deeper reflection after a few years in active ministry. And in mid-life renewal, or career change, one may wish to concentrate on integration of personal or relational issues: e.g., emerging emotional needs, teamwork ministerial skills, theological reflections, etc.

Pope Francis would say: «*The thing the Church needs most today is the ability to heal wounds and to warm the hearts of the faithful; it needs nearness, proximity. I see the church as a field hospital after battle. It is useless to ask a seriously injured person if he has high cholesterol and about the level of his blood sugars! You have to heal his wounds first. Then we can talk about everything else. Heal the wounds, heal the wounds… And you have to start from the ground up*».

«*Seeing the people, He felt compassion for them, because they were distressed and dispirited like sheep without a shepherd*» (Mt 9:36).
«*I will give you shepherds after my own heart*» (Jer. 3:15).

In these words from the prophet Jeremiah, God promises his people that he will never leave them without shepherds to gather them together and guide them: «*I will set shepherds over them [my sheep] who will care for them, and they shall fear no more, nor be dismayed*» (*Jer.* 23:4).

APPENDIX

I. What is a spiritual struggle or distress? Some examples

Illness can cause spiritual struggle or spiritual distress, "a state of suffering related to the impaired ability to experience meaning in life through connections with self, others, the world, or a superior being." A health crisis – experienced first-hand by a loved one – can challenge a person's entire belief system or view of life. The negative emotions we experience an express during a health crisis are evidence of our spiritual distress:

- Shock: "I never thought this would happen to me!"
- Disruption: "Why did God let my child die?"
- Anger: "That drunk driver should get what he deserves for what he did to my son!"
- Hopelessness: "I was hoping the clinical trial would work. What's left?"
- Resentment: "My mom doesn't deserve this. She's the kindest person I know!"
- Guilt: "My children have been after me to stop smoking. I guess I got what I deserve."
- Abandonment: "Where is God now?"

Spiritual struggle also can be caused by death or loss because these experiences can change our connections with ourselves and others, sometimes permanently.

- "I could always count on my dad's advice. Now that's gone."
- "How can I continue jogging now that I'm losing my leg?"
- "I can't have normal conversations with my wife anymore because of her dementia."

Serious illness may prompt us to think of our own mortality:

- "I had hoped to travel more before this hit me. Now, it may be too late."
- "I don't know how much time I have left, but I have to make it to my daughter's wedding."
- "I need to make amends with my sister. It's been too long, and I may not have much time left."
- "What happens when I die? Will I go to heaven?"

Simply being in a hospital may complicate your ability to deal with an illness, regardless of the impact of the illness itself. Hospital patients are:

- Isolated from family and loved one
- Depersonalized in the hospital environment
- Disconnected from their worshipping community
- Not able to employ their traditional coping methods, such as using religious literature and artifacts, journaling, walking through nature, enjoying quiet time or privacy, or eating their favorite foods.

Patients and their families aren't likely to use the terms spiritual struggle and spiritual distress, but that doesn't mean they aren't experiencing it. The spiritual distress they may feel may not be expressed in language traditionally associated with religion or faith; however, spiritual struggle or distress is always revealed as a change or loss of meaning and, sometimes, trying to reconstruct what is purposeful.

II. Feedbacks from the CPE program

- Engaging in the incredible power of listening in such a way that someone knows that he/she has been heard. I have sat or walked with people while they talked and talked and felt as if I were not doing a thing, but I have learned that my reflective listening helped them process and sort through issues they were struggling with to help them come to deeper insights about themselves, their purpose, their relationship with God, and their relationships with other people.
- Deepening my ability to identify my own emotions.
- Discovering appreciation for emotions that I have wanted to run from throughout my life. In particular, I've dealt with anxiety throughout my life and perpetually tried to eliminate it, but now I consider it one of many emotions that comprise my everyday life and have begun to appreciate the many ways anxiety has helped me in life.
- Appreciating my past and embracing hope as a way to live and learning practices that will help me live hopefully.
- My experiences in CPE also helped me hone my theology. I'll conclude with my thoughts on the central themes of my religious heritage and theological understanding which shape my ministry
- "CPE program was one of the best educational experiences I've ever had. I went into the program thinking it was primarily about learning how to minister to people in a hospital setting. I did learn about ministry in hospitals, but more importantly, I came away personally transformed. CPE was about who I am. A great combination of theory and hands-on training along with personal supervision and group work. It helped me identify and build on my strengths while also challenging and helping me grow in my weaknesses. I am better equipped for ministry because of CPE".

III. Theological realizations

- Image of God – all people are made in God's image; therefore, God chooses all people as his friends, giving all people infinite worth.
- Hope – God has invested each person and all creation with purpose.
- Community – God is a divine community in three persons. We humans are made to be in community as well, and we need each other.
- Sin – Life is difficult and full of misery, and people will make poor choices that hurt others and themselves.
- Grace – God's compassion looks upon all people with the same love that a healthy mother has for her young child. (See Psalm 131)
- Incarnation – God made us and all creation with matter, and God entered the material world through Jesus Christ.
- God's providence – God cares for people and all creation intimately.
- God's immanence – God is present throughout the world and with all people. God rejoices and weeps with us, his friends.
- God's transcendence – God is not limited by the material, temporal world.