

CLINICAL PASTORAL EDUCATION

A Brief Historical Overview

‘The clinical pastoral education (CPE) movement has been a story of explorations and struggles towards new or different vistas as its participants sought an identity with which they could live and hopefully flourish and through which institutionally they could guarantee consistent and quality education. The movement emerged out of dissatisfaction with theological education for clergy; of changing views of ministry; of reform in educational theory in general and of reformed professional education in particular; and of a new optimism about the usefulness of psychology in leading to personal fulfilment. Over a number of years a number of theological educators and certain physicians called for some form of clinical training for clergy. In the 1920s the CPE movement was born, then called ‘clinical training.’

Stephen D. W. King, *Trust the Process: A History of Clinical Pastoral Education as Theological Education*, p.vii.

Factors contributing to its birth in the USA

Dissatisfaction with
clergy training

Changing
conceptions of
ministry

Reform in
educational theory-
John Dewey

Reform in
professional
education

Optimism about
the value of
psychology for
personal fulfilment

Precursor to CPE: Elwood Worcester and the Emmanuel Movement

Worcester was an episcopal priest

He believed that that church neglected people's inner and emotional lives and that it should be concerned with health and healing

He began an ecumenical interdisciplinary clinic at his church which functioned from 1906-1929

He was a consultant to Anton Boisen and associated with Richard Cabot and Helen Flanders Dunbar, all of whom were involved in the beginnings of CPE

Precursor to CPE: William Keller

Keller: a physician and Episcopal layman

He argued that clergy should have practical experience in community health and social welfare agencies

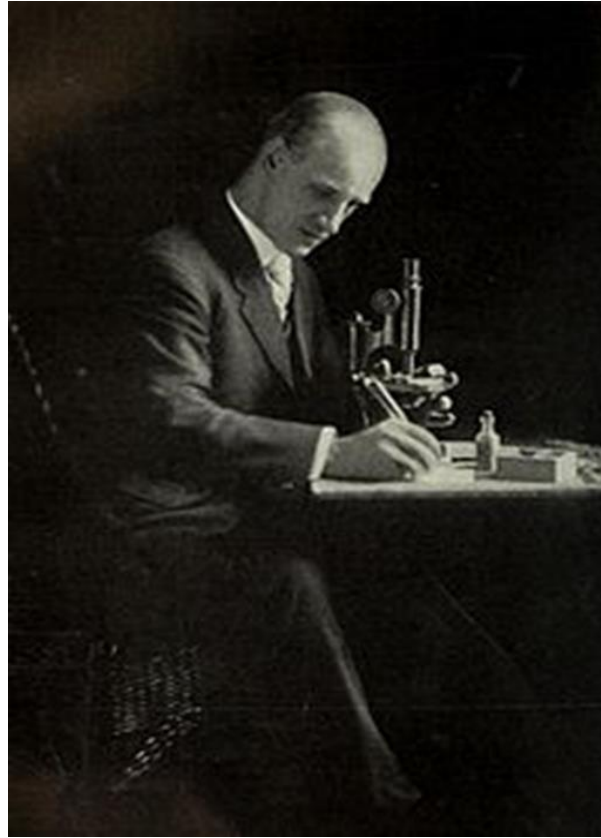
In 1923, in conjunction with Bexley Hall (episcopal seminary), he established a program in which theological students worked in community agencies

Students met regularly in Keller's home for reflection and discussion about their experience

Supervision was initially provided by lay persons- later by theologians

in 1935-6 the program was renamed the Graduate School of Applied Religion

CPE Personalities: Boisen, Cabot, Dunbar



Anton Boisen: The 'Father' of CPE

- ▶ Boisen was a Protestant minister
- ▶ He experienced a number of psychotic episodes and was hospitalised several times, the first episode being for 18 months
- ▶ During his hospitalisation he realised that the hospital took no account of the religious and spiritual needs of the patients
- ▶ He was led to study abnormal psychology, the psychology of religious experience (William James) and experiential education (John Dewey)
- ▶ Critical of the church for its neglect of mental disorders, he became chaplain at Massachusetts State Hospital in order to offer religious care to patients and to conduct research into the link between psychiatric disorders and spirituality

The beginnings of CPE

- ▶ In 1925, Boisen offered the first summer program in clinical training for theological students at the Massachusetts State (Psychiatric) Hospital
- ▶ Five students started the program: three from a theological seminary, one trainee chaplain and Helen Dunbar who was a social work colleague
- ▶ The students were expected to work as attendants during the day and meet for study and discussion in the evening
- ▶ One student left after a week
- ▶ One student left after being locked in a cupboard by a patient
- ▶ Three completed the program which focused on writing case studies
- ▶ In later programs students worked in pairs for five hours each day with the rest of their time spent recording observations, case studies and attending conferences with the medical staff

Boisen's Focus

Boisen's teaching focused on close observation of patient behaviour and the development of case studies resulting from discussions with patients to learn the patients' interpretation of their illness and its relation to spiritual struggles

He was interested in the intrapsychic dynamics of religious experience

He sought to develop a depth understanding the relation between spiritual struggles and mental illness

He stressed a content-oriented approach to clinical training (what do students need to *know*)- later supervisors developed different emphases- What do students need to *do* (Cabot)- what do students need to *understand* (Dunbar and Hiltner)- who do students need to *be* (Gerkin)

Nouwen: 'Boisen was rigid in his ideas and emotionally distant ... more of a lecturer than a supervisor, and was inflexible and inattentive to [students'] questions (King, 34)

Richard Cabot

Physician- worked in Outpatients Clinics at Massachusetts General Hospital

Recognised that healing involves both physical and social factors

Initiated a cooperative working relationship between medical and social work staff

Especially concerned for the disenfranchised

Participated in the Emmanuel Movement

Advocated a clinical year for theological students

Emphasised competence in pastoral caring rather than pastoral psychotherapy

Supported Boisen's work

1930: with Boisen and others established The Council for Clinical Training of Theological Students

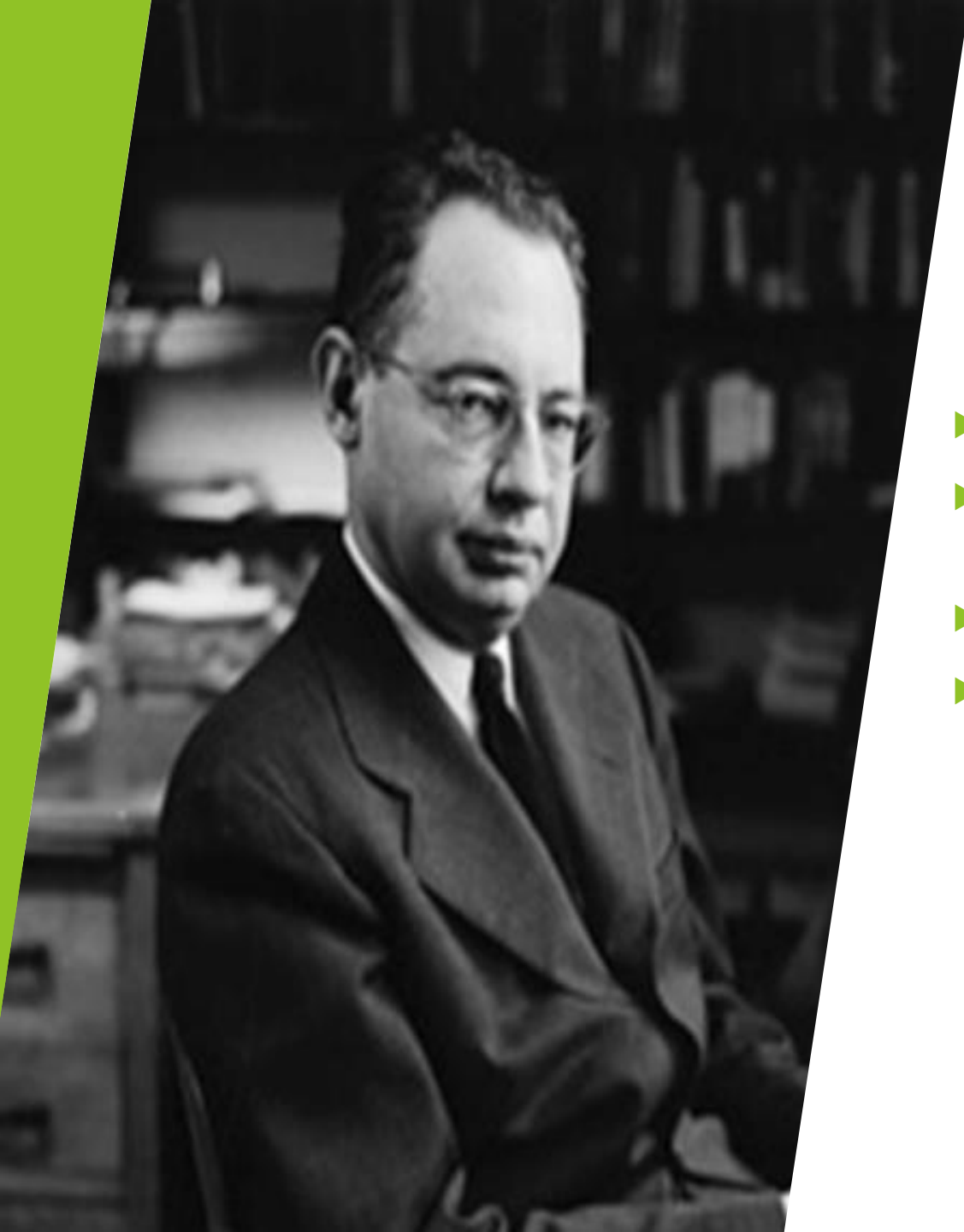
Helen Flanders Dunbar

Described as an 'intellectual Amazon,' she became a qualified psychiatrist

First Director of the Council for Clinical Training from 1930

Emphasised the distinction between religious care and psychiatry- concerned that trainees not see themselves as amateur psychiatrists

Advocated 'the fostering of a distinctive pastoral identity, function and techniques, and a focus on the inner person: emotions and goals and the patient's spiritual worldview



Seward Hiltner

- ▶ Inspired by Boisen
- ▶ First full-time secretary of the Council for Clinical Training
- ▶ Pastoral theologian
- ▶ Concerned that clergy be well trained and experienced in both theology and psychodynamic theory



Charles Gerkin

- ▶ He was active in 1960s in bringing together the Council for Clinical Training and the Institute for Pastoral Care to become the American Council for Clinical Pastoral Education in 1967
- ▶ He was concerned to ensure that CPE retains an educational and not a therapeutic focus and that its emphasis remains theological not psychological
- ▶ He is the author of a number of important books on the theological dimension of pastoral care

CPE Origins in Australia



Victoria

Late 1950s - interest in developing CPE programs-
Bruce Rumbold, Graeme Griffin

1969 Victorian Association for Supervised Pastoral Education

NSW

NSW-1963- formation of NSW
Council for Clinical Pastoral
Education- seminars

First intensive (Basic) CPE
courses-1973 Sydney (George
Stewart and Geoff Simmons)
and Newcastle (Eric Stevenson)



NSW initiators

Royal North Shore
Hospital, Sydney

- ▶ Rev'd Geoff Peterson
- ▶ Rev'd Eric Stephenson
- ▶ Dr John Yeo
- ▶ Mrs Kath (George) Kline

1970s: Theological Students Orientation Program

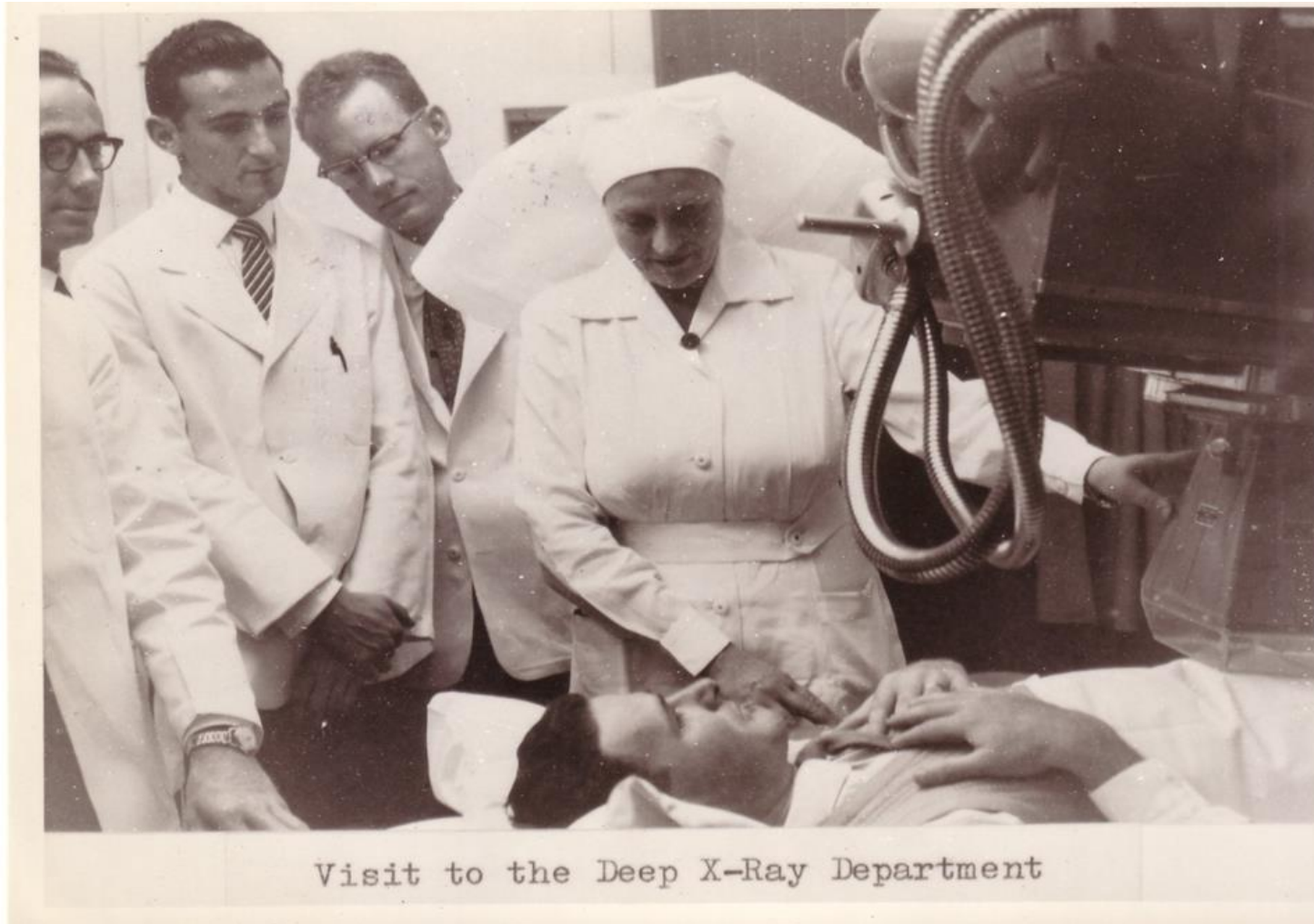


Theological Students' Orientation



Teaching Round in the Clinical
Research Unit

Theological Students' Orientation



Visit to the Deep X-Ray Department



First CPE Group at Gladesville Hospital
1977

Royal North Shore Hospital: CPE supervisors



NSW: 1980s and 1990s

- ▶ Establishment of new CPE Centres- St Vincents, Mental Health, Westmead, Sydney Adventist Hospital, Gosford, Hunter, Canberra
- ▶ Training of CPE supervisors: Educators: Russell Fowler, Keith Little, Diana Davidson
- ▶ Development of MA programs in Chaplaincy and Pastoral Supervision
- ▶ Early 2000s- NSW Council of CPE became NSW College of CPE and a member institute of the Sydney College of Divinity

NSWCCPE



The NSW College of CPE is the state body for CPE in NSW. It:



Registers CPE Centres



Sets standards in accordance with CPE international standards



Issues certificates



Trains and accredits supervisors



Is a member institution of the Sydney College of Divinity-MA (Chaplaincy) and MA(Pastoral Supervision) degrees

ANZACPE

In 1990 CPE State Associations across Australia joined with the NZ CPE Association to become the Australian and New Zealand Association for Clinical Pastoral Education. It:

Conducts annual supervisors' conferences

Sets standards for CPE, and for CP Supervisors, CP Educators and Education Consultants

Accredits CP Educators and Education Consultants

Has developed agreed Australia/NZ wide standards

ANZACPE Conferences

